



Sexuality in the perception and experience of elderly women members of a living group

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ABSTRACT. This paper is a result of a descriptive research with a qualitative approach, aiming to examine the perception and experience of women participating in elderly groups about sexuality in the oldness. The study was conducted with 29 old women members of five different elderly groups located in the northern region of the state of Rio Grande do Sul. The data were collected through interviews with semi-structured open questions. The survey resulted in two analytical categories. The first one is associated with the participants' understanding about sexuality in the oldness. The second one is related to new relationships as consequence of group insertion. The results indicate the importance of the awareness and the recognition of the main aspects that affect positively and negatively the practice of sexuality in the oldness, allowing the development of strategies for health education targeted to this population, considering the physical, emotional and cultural aspects of the group.

Keywords: ageing, woman, sexuality, group practice.

Percepção e vivência da sexualidade na voz de mulheres idosas participantes de grupo de convivência

RESUMO. Este trabalho é resultado de uma pesquisa descritiva, com abordagem qualitativa, cujo objetivo é analisar a percepção e a vivência de mulheres participantes de grupo de convivência acerca da sexualidade na velhice. O estudo foi realizado com 29 idosas integrantes de cinco diferentes grupos de terceira idade de um município localizado na região norte do Estado do Rio Grande do Sul. Os dados foram coletados por meio de entrevista semi-estruturada com questões abertas. A análise dos dados ocorreu conforme a orientação da análise temática, o que resultou em duas categorias analíticas. A primeira versa sobre o entendimento das idosas acerca da sexualidade na velhice e segunda discorre a respeito da inserção grupal como espaço para novos relacionamentos. Os resultados apontam para a importância de conhecer e reconhecer os principais aspectos que interferem positiva e negativamente a prática da sexualidade na velhice, o que possibilita elaborar estratégias de educação em saúde, para esse contingente populacional, considerando as dimensões física, emocional e cultural.

Palavras-chave: envelhecimento, mulher, sexualidade, prática de grupo.

Introduction

In recent years, demographic data have shown a growth in elderly population in Brazil and worldwide. This partially due to reduced death and fecundity rates, longer life expectancy, and improvement of health conditions. In this way, evidences indicate a progressive increase in the average age of Brazilian population. The human aging is a dynamic and progressive process with morphological, physiological and biochemical changes, and gradual modifications in the organism that becomes more susceptible to intrinsic and extrinsic attacks, which may lead to death (CARVALHO FILHO, 2000). However, it is an individual process where each person gets old with

different speed, because the multiple organic and psychical structures have different rates of aging.

Aging and its natural consequence – oldness – are a concern of mankind since the dawn of civilization. In the same way, the ideas about oldness are as old as their origin and few problems have received much attention and concern from man as the aging and functional disability associated (PAPALÉO NETTO, 2002).

According to data of IBGE (2010b) the life expectancy in Brazil was 54.6 years in 1960, and increased to 75.1 years in 2006, approximately a 17 years increase. Regarding the difference between male and female, while men live on average 68.5 years, women have a life expectancy of 76.1 years, that is, they have on average more 7.6 years.

This difference explains in part the aging feminization in Brazil. This condition also points characteristics such as: elderly women are more exposed to poverty and loneliness; have higher institutionalization rate; visit doctors more frequently; have less opportunities to rely on their spouses in later years, since they usually get marry older men, which associated with a higher male mortality increase the woman survival in relation to her spouse (SILVA, 2005). Moreover, Salgado (2002) affirmed that women are distinguished by gender bias and genderphobia: not only because they are women, but also because they are old. As consequence, this population group deserves social interventions that take into account its specific conditions.

With increased number of elderly in relation to total population, the sexual practice in the oldness is an issue that gains more importance, but is scarcely discussed, and frequently neglected by health professionals and by society in general. This probably due to the idea that the sexual activity disappears with age (GRADIM et al., 2007). Also, Almeida and Lourenço (2008) said that elderly people are not seen as physically attractive, neither able to feel any sexual desire or interest in maintaining such act. These factors added to the lack of information contribute to the maintenance of prejudice and discrimination with those that somehow show sexual interest.

Given the current background, more and more elderly people seek and access different social spaces, either to perform daily instrumental activities or for leisure and social purposes. A social space where the elderly people can share their experiences and feel valued are the living groups. The interaction among elderly people is important for health, once it provides more incentive for life. This is in line with the multidimensional nature of health-disease process, because it deals with the social dimension of the human being (ANDRADE, 2003).

For Moura et al. (2008), the participation in elderly groups allow accepting and better understanding of the aging process, its physical, emotional and psychological limitations. In addition, the group starts to play important role in this phase of the human being development, consent to the formation of new bonds, new friendships, interchange of knowledge, experiences, and even arouse interest for sexuality, once forgotten (MOURA et al., 2008).

Specifically in relation to sexuality, this brings physical satisfaction, and reassures the identity by showing how much one person can be valuable to

another one. The sexuality in oldness is closely linked to a better quality of life. It can be exercised in many different ways, not only performing the sexual act. The look, the embrace, the love, the affection, and above all, the complicity of the couple are also ways to express sexuality (CATUSSO, 2005; GRADIM et al., 2007; MOURA et al., 2008).

Risman (2005) highlights that many elderly people, due to their suppressed formation, have difficulty to talk about sex, which frequently hampers the clarification of their doubts in this area. Love and sexuality in oldness are still erroneously seen by people that insist to consider that the sexual activity disappears with time. Sexuality and love are feelings and desires that pervade throughout the life. But the sexuality in old age faces prejudice and taboos that permeate current days. There is the prevailing idea that over the years the people become sexless, negatively influencing the elderly life (GRADIM et al., 2007).

One factor that leads to a decline in sex life is the lack of a partner. A study identified that the majority of widows after the death of their husbands, had no longer sexual intercourse. This fact would be linked to aspects of gender, whereby the woman was culturally educated to have a single partner (GRADIM et al., 2007).

By developing activities along with elderly population, the approach was addressed to the individual integrity and to converge to the rescue of cultural values, experiences, and knowledge of the subjects. In this way, the aspects related to the sexuality in oldness also need to be observed and studied. However, investigations with this approach are scarce, pointing the relevance to study this theme. Given this, this study aimed to characterize the sociodemographic profile and health conditions of elderly women participant of living groups of a municipality in the northern region of the state of Rio Grande do Sul. Moreover, the study intends to analyze the perception and experience of women members of elderly groups about sexuality in oldness.

Material and methods

The present study has a qualitative analytical approach, developed in a municipality in the northern region of the state of Rio Grande do Sul. The participants were elderly women aged 60 years or over, attending five different elderly groups linked to the Municipal Secretariat of Social Welfare. The number of elderly people that attend each group ranges from 20 to 60, adding up to around 180 people.

The sample was intentional, so that the people were selected from characteristics considered representative of the population and according to their importance in relation to the chosen subject (TURATO, 2003). In this way, it was looked up the marital status of the elderly women, since this condition guides different opinions in relation to sexuality in oldness.

To make up the sample, it was established the following criteria: be elderly woman aged 60 years or over, join a living group, have cognitive conditions to be interviewed and accept voluntarily to participate. In order to ensure the anonymity, the fragments of the speech were coded with nicknames related to flower names.

As this is a qualitative research, the number of interviews was determined by the saturation of data, i.e., when the researcher identified the repetition of information, the interviews were interrupted. By following this guideline, the sample was composed of 29 participants. The selection occurred on the day of the group meeting, previously scheduled with the coordinators of each group, when the researcher invited the women to participate in the study, according to set criteria.

The period of information gathering occurred between December 2009 and January 2010. We performed semi-structured interviews with open questions, with the elderly women that accepted to participate, and to guide them to focus the speech on the investigation subject, the interview was driven by the following questions: 'Talk about what do you understand about sexuality in oldness? How do you live your sexuality in this life stage?'

Data analysis was based on thematic analysis, consisting of organization, reading and discussion of data collected, made up by three phases: pre-analysis, exploitation of the material, and treatment of the results and interpretation (MINAYO, 2007).

This study was approved by the Research Ethics Committee of the Federal University of Santa Maria, Process number 23081.015584/2009-15 and the interviewees signed the Consent Form.

Results and discussion

The analysis of the data permitted to characterize the participants, interpret and discuss the issues related to the study goal. For this, the information was pooled into two categories: 'No oldness for sex: understanding by elderly women about sexuality in aging' and 'Group insertion as a space for new relationships'.

Sociodemographic characteristics of the population

The chronological age varied between 60 and 79 years. In relation to marital status, 21 were

widowed (72.4%), four were married (13.8%), two were separate (6.9%), and two were single (6.9%). However, three widows currently have a companion. These data are similar to other studies (ARAUJO; ALVES, 2001; CATUSSO, 2005).

Regarding the occupation, 11 (38%) were retired, 11 (38%) did house chores, six (20.6%) received pension, one (3.4%) was retired and received pension. In relation to the income, 15 (51.8%) received a minimum wage, 10 (34.5%) two minimum wages, three (10.3%) three minimum wages, and one (3.4%) received five minimum wage. Tamblyn (1996 apud LOYOLA FILHO et al., 2005) stated that with increased life expectancy, the elderly people become more susceptible to chronic health problems, thus much of their income is used in health services and exacerbated purchase of drugs and treatment.

Another item examined was how long the interviewees had attended formal education, and it was verified a variability from one to 14 years. Also, six elderly women (20.6%) had more than eight years of education. These data are similar to the IBGE census (IBGE, 2010a).

As for housing, 27 elderly women had their own home. Of the total, 14 live alone, and the other with someone with family ties, like husband, son, daughter, grandchildren, siblings. The elderly people have the right to choose with whom they want to live with, so that they can feel secure and supported. The housing and the environment have close link to the elderly life, and may play strong impacts on their lives. Besides, the environment is able to support or inhibit the social and physical function of these people (PERRY; POTTER, 2005).

Considering the number of children, 28 elderly women had from one to eight, and one interviewee reported she was childless. With regard to health conditions, 14 (48.3%) reported a good or excellent health status, and 15 (51.7%) informed a regular condition, attributed to some type of disease, such as diabetes, hypertension, osteoporosis, among others. Importantly, the participation in elderly groups assists in health promotion. In the groups, the living with other people reasserts the friends cycle and may transmit greater security and social support to these people (MOURA et al., 2008).

Relative to health habits, 27 (93.1%) elderly women did not smoke, and 22 (75.9%) did not drink alcoholic beverages. The other women used to consume in festivities. In relation to physical activity, 22 (75.9%) participants did exercises up to three times a week, and seven (24.1%) reported no conditions to perform such practice. According to World Health Organization (WHO, 2005), the

participation in regular and moderate physical activities may delay functional declines, assist elderly people to be independent for a longer time, and reduce the risk of falls.

As for religion, 26 (89.7%) were catholic, two (6.9%) were protestant, and one (3.4%), Adventist. This condition is similar to other study (CATUSSO, 2005).

Finally, regarding the time they attended elderly groups, it ranged from one to 15 years. The two main reasons that have led them to attend the groups were the attractions offered. One related to the possibility to perform craft activities, dance, and travel, and the other, to minimize the loneliness caused by the loss of loved ones. For most of them, from joining the group, there were changes reported by expressions such as: it completely changed my life, I knew new people, I made new friends, and I no longer needed to take medication.

The elderly groups have thus an important role in their lives, once because they are no longer in the labor market, frequently they quit attending the social environment, and it is in the groups that they rebuild bonds and share histories of life (CATUSSO, 2005). These groups are a reference for the elderly people: "Many elderly are not valued by those around them, thus they seek a safe haven that, every week, is ready to welcome them with open arms" (CATUSSO, 2005, p. 18).

Theme I: 'No oldness for sex': understanding by elderly women about sexuality in aging

When analyzing the manifestations of the respondents, a portion of them reported safely and convincement that sex is part of people's lives, regardless the age group.

A subject little known nor understood and sometimes neglected by society, health professionals, and elderly themselves is associated with sexuality in old age (GRADIM et al., 2007).

I think that in the old age, according to our status, it is very normal, natural and necessary (Rosa, 64 years, widow).

I think that in the oldness, the sex is one of the things the person needs, even in the third age the person needs sex, love, and I think that this is very nice, and is part of our lives, daily life of the woman (Bromélia, 60 years, widow).

The sexuality is the key for a human life, because we are people endowed of feelings, and the feeling of sexuality gives a complement in the body of the human life (Florde-Lis, 62 years, viúva).

It is necessary to understand that the third age people also have the right to express the sexual desire and exercise their sexuality as any other individual of other age group (CATUSSO, 2005).

Almeida and Lourenço (2008) corroborate that the oldness is as fruitful as any other life phase, regarding the sexuality.

The elderly women focused their understanding about the sexuality almost exclusively around the sexual intercourse. They mentioned that the practice of coitus remains, especially when the women has a companion. An inverse situation occurs in his absence, when there is often the abandonment of sexual activity, as observed in the speeches below:

The sexuality in the old age continues as normal and if we have a partner who matches and respect us, I think this is something necessary (Rosa, 64 years, widow).

I think that this depends on the person. I don't have sex, I don't have a husband, I am widowed, but the people who have, have to do, I think that this is very good for people, the sexuality is part of the people's lives (Azálea, 79 years, widow).

The sexuality is when we have a husband, have sex, but after he had passed away, I had never had anyone (Dália, 68 years, widow).

The sexual intercourse is closely linked to the marital status (VASCONCELLOS et al., 2004). The condition that the woman does not have a companion does not prevent her of having interest and express her sexual desire. In this scenario, the insertion of elderly people in the social life allows contact with other people, including of the opposite sex, which may encourage and awaken to the sexuality aspects again, even they do not give continuity for the relationship by several situations.

Oh! I feel desire, but I have many fears, sometimes I dance with wonderful people. How can't we feel? I defend myself from the desire. If I'm really excited, I take a cold shower, pray a little and go to bed. That's the way, I have nothing, I can't (Begônia, 75 years, widow).

The feelings and desires remain throughout life, not being an exclusive attribute of youth. The love between elderly people tend not to idealize the other, does not require sharp changes in the other or even in their practices. Unlike, they usually seek companionship, affection, love, tranquility, harmony, contact, wisdom, and experience that the companion provides (ALMEIDA; LOURENÇO, 2008).

In this way, some respondents stated that the sexuality is not only the sexual act, but encompasses a set of attitudes and feelings that can be expressed as touch, love, affection, respect, companionship, among others. The sexual intercourse is a complement to live well.

Sexuality is not only sex. Is being friend, companion... (Camélia, 77 years, widow).

Sexuality is the living, chat, walk, and take a tea (Lírio, 62 years, widow).

Sexuality in old age is companionship, have a person to talk, to take a walk, to be not lonely (Cravo, 65 years, single).

For Catusso (2005), the sexuality can be lived by elderly people in various ways, but it happens as a true expression of affection. These feelings are not lost over time. However there are factors that contribute to cancel the affective-relational desire and sexual practice, which can be of religious, psychosocial, and moral nature (ALMEIDA; LOURENÇO, 2008). Agreeing with this, in this study for some women, the advancing age and some understandings of what sexuality is, have led them to a concomitant annulment of the sexual desire.

For me it's over, and till my death I can't have this type of person, a man living with me, because I have God in my heart, and He determines me (Margarida, 71 years, widow).

I'm against sexuality in the old age. I think we don't have that...At this phase it is not required (Girassol, 66 years, widow).

After we got old, we don't have. At this age, I don't think it's important, but when we were younger, then it was important (Tulipa, 72 years, married).

The participants had prejudice against practicing sexuality at this stage of the life, since they reported that from a given age it is no longer necessary and stress its importance in the youth. This may be due to the way they were educated, previous experiences, family and society appeal, all contribute to make them insecure regarding their own desires, especially when related to sexuality (ALMEIDA; LOURENÇO, 2008).

For these authors, in the old age, the sexuality is frequently based on old stereotypes and also may be associated with some dysfunction or dissatisfaction. Some of interviewees affirmed that the sexuality is not a part of their current lives, by either not having a companion, or difficulty to find one, lack of interest or any erectile dysfunction of the companion.

Now I'm widowed, I have no longer sex, but before when I had, it was with love, affection, it happens. Now I have no desire, I don't want to, I don't want another companion, it's good this way (Violeta, 62 years, widow).

We don't have intercourses because he has a problem. I miss it, but this is normal, what can we do? I think I have a regular life, with all obstacles, but I'm still happy (Primavera, 66 years, widow).

I miss it because my husband can't do it. We have to face living without sex, we liked it, but thinking what can we do, health always come first (Hortênsia, 60 years, widow).

The elderly person, frequently becomes a diffuser of prejudices in relation to own sexuality, embodying beliefs common to younger ones, forgetting thus that desire has no age.

In the speech below, it is evidenced the concern about disease transmission via sexual intercourse, and the participant rejects any relationship with a possible partner. This is relevant, since maybe this is not the understanding of most of the population, once the literature data shows that the society in general understands that the elderly people are not at risk of being infected.

Some people think that only get HIV/AIDS those people taking dissolute lives, i.e., men and women with multiple partners, homosexuals and who use illicit drugs (MOURA et al., 2008).

I don't have intercourses, because it has to be an old person, and old men don't use condom, then for me I don't accept. As for the desire, I have to stifle it (Primula, 68 years, widow).

Another reason that had led to a stagnant sexual life is due to negative influences from previous relationships, control of the descendants, or even due to the suffering of some family member, as observed in the speeches below:

After I got widowed, I had no longer sex, but I live well without it. Today I don't feel the desire to have a strange man inside my house and my daughter says that will never accept have another man in the place of her father in the home (Gérbera, 74 years, widow).

I don't miss anything. I don't want anyone. I have suffered a lot with my first husband, and now I don't want anyone, I think it's nice this way (Orquídea, 66 years, widow).

I don't know the answer, I never practiced, I never did. I never did because I think it depends on each one, and I always thought that my mom suffered a lot when she was married (Jasmim, 60 years, single).

The family has a strong influence on the practice of sexuality of elderly people. Traumas of childhood or adult life also contribute to decrease the interest for sexual life in oldness (CATUSSO, 2005). In the reports above, it is evident that the grief caused by the first marriage led to the complete abandonment of the search for a new relationship, and the suffering of a family member, to the annulment of sexual desire. Some respondents do not know the meaning of the word sexuality and attribute this to the lack of study that they have had.

Sexuality in aging, I don't know how to answer, because we had few classes, and poorly knew the world life; I don't know the response (Primavera, 66 years, widow).

I don't know what it is. I don't know what to say... (Violeta, 62 years, widow).

Most elderly women had good comprehension of the aspects related to sexuality in oldness. They have expressed their knowledge through different ways, some considered that the sexuality was based on sexual intercourse, and others manifested that it flows naturally in the life of anyone and is marked by love, affection, attention, companionship, and that the sexual intercourse is a complement of the couple's life. In this way, be old does not mean be finished, useless, but to have wisdom, desires, will to continue living, even with limitations brought with age.

Theme II: Group insertion as a space for new relationships

World population as a whole is older. The longevity is a great achievement of the just ended century, the aging of the Brazilian population is evident and irreversible. The aging population has led to increased need to create and provide social spaces to serve this population. According to Moura et al. (2008) a way to aggregate and socialize these individuals is through the creation of elderly groups that, in recent years, have been spread across the country.

From the insertion in elderly groups, there were significant changes in the lives of interviewed women. All mentioned that with the attendance, they began to enjoy the life blessings, such as making new friends, travel, know new places, among others.

After I got into the group, many things in my life have changed, I have distractions, made new friends, I go to the beach, this is very good (Bromélia, 60 years, widow).

My life has changed for better, I found what I looked for, I feel happier now (Prímula, 68 years, widow).

The activities developed in the groups, all helps in the elderly welfare, and what is more valuable is the involvement with friends (Orquídea, 66 years, widow).

In the oldness, the physical activities and above all enjoying a balanced life with quality, maintain alive the interests and objectives and make positive this life stage as the time goes by (GRADIM et al., 2007).

Also, some elderly women cited the retirement and loneliness, frequently by the loss of spouse, as the main reason to attend a living group. Currently it is common to find elderly widows, which is related to the longer life expectancy of the female population.

After I began to attend the elderly groups, I feel alive, because since I lost my husband, I felt lifeless. Not now, I take care of my grandchildren; take them

to the day care center. I'm happy, is very good (Alfazema, 75 years, widow).

For whom is widowed living alone, it's quite interesting to participate in the groups, to small talk, hang out, have fun (Gérbera, 74 years, widow).

Besides the new friends, trips, interaction, there is the formation of emotional bonds among the group members. This leads them to awake the sexuality, once forgotten.

It was in the group that I found a companion, in the balls. It was the best thing that had happened to me in the group (Amarílis, 67 anos, separate).

By continuing to practice the sexuality at 60 years or over is a personal desire of each, and if desired, it is an exercise that encourages the people's daily life, from small gestures to the most significant, like true forms of affection (CATUSSO, 2005). Furthermore, Almeida and Lourenço (2008) asserted that in the oldness it is important to remain sexually active, because the regular sex helps maintaining healthy the self-esteem and sexual organs. In the manifestations below, it is observed that the respondents fully experience their oldness, including aspects related to sexuality.

I'm very happy, very sexually satisfied, very satisfied in the group, really satisfied, everything is great. We always seek new ways to make love, there are so many ways (laughs), all the ways is good, we make little moves, and it always worked out (Amarílis, 67 years, separate).

I felt very lonely, but now I have a companion and he changed my life. The sexuality is very good, because he is a caring person, and I'm happy. Everyone says that I'm renewed after I started dating him. Before I had body pains, but now it normalized, I'm very good, wonderful (Crisântemo, 62 years, widow).

I'm in a relationship, I think it's cool, it's serious. We don't have any difficulty, I feel happy, fulfilled (Copo-de-leite, 69 years, widow).

The sexual life meets the expectancies for each life period they are living. The sexuality experienced by an elderly couple can be full and happy. But this only occurs if the oldness and sexual intercourse are faced with the same peace of mind of when they were young. According to Almeida and Lourenço (2008), the affection exchange enhances as decreases the concern about the requirements with a good sexual performance, thus, the lower the expectancy, the greater the freedom to enjoy the pleasure.

Several factors have contributed to quality of life of women from the insertion in elderly groups. Among them, stands out the building of new friendships, possibility to travel and meet a new partner, which favors the exercise of sexuality.

Conclusion

For part of elderly women the aging did not imply in stagnant sexuality, because they still feel sexually satisfied and have no difficulty in exercising it. However, for most of them, the sexuality became inexistent, especially because of the loss of husband.

The insertion in groups awakened interests common to other women of the same generation that also seek to break the stigma of passive oldness, by adhering to the proposal of living the old age as a time for freedom and fulfillments. The elderly women reported seeking new alternatives to sexually satisfy himself and his partner. But others realized that the sexuality is expressed through love, affection, companionship, and the sexual intercourse is only a complement of the life together.

Highlighting that they understand that the sexuality in the old age come with physiological changes, and there are greater incidence of diseases, and declining physical conditions. Thus, studies in this area must continue, since the women have sexual needs and express that desire does not end as the years go by. It is important that health professionals provide information about sexuality in old age with a view to eliminating prejudices that lead to stagnant sex life of older people.

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