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CONCEPTIONS OF ELDERLY PEOPLE ABOUT THE VULNERABILITY TO HIV/AIDS

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ABSTRACT

Objective: To describe elderly people's conceptions about the vulnerability to HIV/AIDS.

Methods: This is qualitative exploratory research which was developed in a Health Unit of João Pessoa, Brazil. Three elderly people participated and, then, signed the consent form. We used semi-structured interviews with Free Word Association (HIV/AIDS and elderly people) and questions about access to information, conceptions, and ways of transmission, prevention and sexual behavior. The thematic content analysis was used. **Results:** The elderly people's conceptions were represented by the following categories: Social conditions - information about HIV/AIDS - the elderly people's knowledge based on negative ideas with information sources in lectures, television and experiences; Cognitive conditions - the elderly people's knowledge about transmission and prevention of HIV/AIDS - vulnerability perception focuses on the idea of risk groups; Behavioral conditions - the elderly peoples' attitudes about HIV/AIDS - the non-use of condoms is justified by sexual practice with one partner, and from a historical time of little concern with AIDS. **Conclusions:** The conceptions have expressed negative thoughts about HIV/AIDS. There is a lack in their knowledge which is based on prejudices regarding the transmission of the disease, inferring that there is a need for health education to this population segment.

Keywords: Elderly people; HIV; Health Vulnerability.

INTRODUCTION

Longevity and health advances of modern life, such as hormone replacement therapy and medications for impotence, have influenced the senior citizens' life for a greater chance to live their sexual experiences. However, the elderly people tend to be seen as a "sexless" being⁽¹⁾. This view is expressed by the older people, who rarely seek health services in order to discuss their sexuality because it may not be considered susceptible to infection by sexually transmitted diseases. In this context, they become vulnerable to infection by Acquired Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), maintaining an active sex life unprotected⁽¹⁻²⁾.

The fact that the company considers the elderly as asexual generates a reduced credibility to their sexuality and a lack of acceptance, respect and dignity, which should be assured of their sexual expression, in order to allow maintenance. The denial of sexuality in the elderly people imposes the notion of conformity, deprivation of meaningful and loving sexual experiences or suffering arising from feelings of guilt and abnormal when there is sexual interest⁽³⁾.

Although most cases of HIV infection is detected in the age group 15-49 years-old, there has been a significant increase in the incidence rate of this infection in people over 50 years-old⁽⁴⁾. According to the United Nations for the Prevention and Control of AIDS (UNAIDS), it is estimated that from the 40 million people living with HIV/AIDS in the world, about 2.8 million are aged less than 50 years-old⁽⁴⁾. In Brazil, there has been an increase in the number of individuals diagnosed in the age group above 60 years-old. The increase in the number of AIDS cases occurred in both sexes. In males it increased from 394 in 1999, to 938 in 2009. In females, the number of cases increased from 191 in 1999, to 685 in 2009⁽⁵⁾.

Numerous vulnerability factors contribute to this change in the epidemiological characteristics of HIV/AIDS in relation to the elderly people. Seniors do not see themselves as vulnerable to HIV infection and they attribute susceptibility this to young people and groups of risk⁽⁶⁻⁸⁾. Some impressions persisted since the beginning of the epidemic, others have gained new meaning with the advent of treatment, but AIDS still appears, according to common sense, as the disease of the other, those who adopt risky behaviors⁽²⁾.

The vulnerability is referred to the chance people's exposure to illness as a result of a number of not only individual aspects, but also collective and contextual ones. Different subjects' vulnerabilities can be particularized by the recognition of three interconnected components - individual, social and programmatic or institutional.

The individual component of vulnerability refers to cognitive issues (quantity and quality of information that individuals have and the ability to elaborate it) and behavioral (ability, skill and interest to turn these concerns into protective attitudes and actions); the social component of vulnerability involves access to information, the possibilities to transform them and the power to incorporate them into practical changes in everyday life; institutional or programmatic component of vulnerability involves the degree and quality commitment, resources, management and monitoring of national programs, regional or local prevention and important care to identify needs, channeling existing social resources and optimize their use⁽⁹⁾.

It is understood that, in the third age, misleading beliefs and misguided thinking of immunity to infection by HIV indicate an increase in vulnerability. Factors such as prejudice, low education, poor access to information and reduced discussion on the problems in the health services unprotect the elderly people and point to the need for education of public health actions specific to this population group⁽⁷⁾.

Thus, it is understood that further studies are needed in the health sector to address issues related to sexual behavior in older people, opinions and knowledge about HIV/AIDS for planning preventive actions of this infection, taking into account the sexuality of the

context of Elder and vulnerability to HIV/AIDS. This study aims to describe the nursing concepts of vulnerability to HIV/AIDS.

METHOD

This is an exploratory research with qualitative approach developed in an Integrated Family Health Unit in the city of João Pessoa, PB, Brazil.

The study participants were three elderly who attended the social group of a health unit. The selection criteria were: age less than 60 years-old; to be assisted in the Family Health Unit; to have, at the time of interview, good cognitive conditions, evaluated by the mini-mental of Folstein and Mchugh⁽¹⁰⁾ to respond to the data collection instrument. The score used in the assessment of the elderly people for this research ranges from 0 to 30. If the mini-mental score reached the cut-off point, that is, greater than or equal to 20 points, the research would continue, and the interview script would be applied.

The data were collected during the month of May 2014, using the “in-depth interview”. This instrument of data collection consists of a “privileged relational space”, where the researcher seeks the participant’s protagonism. In this space, which was created and proposed by the researcher, the participant expresses freely his opinions, experiences and emotions that constitute his life experiences, being the researcher’s responsibility to control their flow⁽¹¹⁾. The interview guide contained in the first part the sociodemographic variables and the implementation of Free Association of Words⁽¹²⁾, using as inducing words: HIV/AIDS and the elderly people; in the second part we included questions about access to information on HIV/AIDS, the concept of HIV/AIDS transmission and prevention of HIV/AIDS and sexual behavior adopted by the elderly.

The thematic content analysis Categorical⁽¹³⁾ was used in this study. Data were analyzed following steps: creation of the corpus; selection of context units and registration; cut; codification; grouping and pre-established categorization according to the concept of vulnerability⁽⁹⁾, distributed as follows:

- Category 1 - Social vulnerability: information on HIV/AIDS;
- Category 2 - Individual vulnerability: elderly people’s knowledge about transmission and prevention of HIV/AIDS;
- Category 3 - Individual vulnerability or personal behavior: attitudes of the elderly towards HIV/AIDS.

The thematic categorization was defined according to the information from the content analysis of the interviews. For presentation and discussion of the data, we considered the literature review relevant to the topic.

The research was conducted within the standards required by the Declaration of Helsinki and approved by the Ethics Committee of the Federal University of Paraíba. Among the ethical care adopted, the elderly were invited to participate in the study through a face-to-face dialogue in which they sought nursing care, and those who accepted had declared such acceptance by signing the Informed Consent, respecting what advocates of the National Health Council Resolution 466/2012 on research involving humans⁽¹⁴⁾. The interview was conducted individually with the elderly patient in a private place of the Health Unit, in order to guarantee the confidentiality of the data informed by them and to provide a comfortable environment for the interview.

This study is linked to a research project approved by the Ethics Committee in Research of the Health Sciences Center of the Federal University of Paraíba, receiving a favorable opinion for its implementation Protocol 27945014.0.0000.5188. It was also asked the consent of Health Department of João Pessoa - PB for the research.

RESULTS

Three elderly people participated in this study, one male, named subject 2; and two elderly women, named subject 1 and subject 3. Two elderly people are in the age group 76-80 years-old and one elderly is the age group 71-75 years-old. The information on the marital status shows that two participants are married and one of them is a widower. With regard to religion, they affirmed to be Catholic. Regarding the level of schooling, two participants reported having the 1st phase of incomplete primary education and one of them has the 2nd phase of elementary education. With regard to family income, one receives less than the minimum wage, another receives a minimum wage and the last participant receives more than a minimum wage.

The results from the words of Free Association are shown in Figure 1.



Figure 1 – Words evoked by the elderly people in regard to the context of vulnerability to HIV/AIDS, João Pessoa, 2016.

The free word association demonstrated in the reality studied the visualization of the first idea that comes to mind of the elderly when using the term inducer HIV/AIDS. Thus, the words refer to the understanding of HIV/AIDS as a disease that leads to death, highlighting the existence of cases in the family. There is a perception, for the elderly, more vulnerable evidenced by promiscuity and homosexuality, and an understanding of the importance of disease prevention through condom use and its treatment with drug use.

The conceptions expressed by these elderly people indicate the complexity that surrounds the context of vulnerability to HIV/AIDS in specific in the elderly population and were represented by the thematic categories: I - Social vulnerability: information on HIV/AIDS; II - Individual vulnerability: elderly people's knowledge on the transmission and prevention of HIV/AIDS; III - Individual and Behavioral vulnerability: elderly people's attitudes in regard to HIV/AIDS, they are presented below.

I - Social vulnerability: information on HIV/AIDS

With regard to social conditions, the participants of this research expressed conceptions on the concept of HIV/AIDS, as well as tell which sources of information they have about the disease. Regarding the concept of HIV/AIDS, they understand: “*Serious illness that is taken through the sexual intercourse*” - Subject 1; “*You know that no one escapes, it is definitely death*” - Subject 2 “*it is a disease that has no cure*” - Subject 3.

The sources of information on HIV/AIDS, they refer to lectures, television and experience of cases in the family. The following data show the sources of information on HIV/AIDS: "I got information from a lecture that I went with my cousin who had AIDS" - Subject 1; "On television and a brother who had it" - Subject 2.

II - Individual vulnerability: elderly people's knowledge on the transmission and prevention of HIV/AIDS

Regarding cognitive conditions, older people expressed views on ways people can get HIV/AIDS, as well as ways to protect against infection. For persons who can acquire AIDS, the elderly point out that: "Those women living in prostitution and gay" - Subject 1; "Who does not prevent" - Subject 2; "Who has relation with transvestites, who has relations with other people out there" - Subject 3.

When asked about how they can get AIDS, the elderly mention the following possibilities: "Through sex and blood" - Subject 1; "Through sex and the saliva kissing" - Subject 2; "By blood and sex" - Subject 3.

III - Individual and Behavioral vulnerability: elderly people's attitudes in regard to HIV/AIDS

Regarding behavioral conditions, the elderly, the study participants, reported their attitudes to sexual activity in the last 6 months, the number of partners, condom use and frequency of condom use in sexual relations. Regarding the continuity of sexual activity currently and during the last 6 months, the following statements emerged: "No. Relations just with my husband" - Subject 1; "I keep sexual activity here or there with other women because my wife is sick and cannot do it, and I cannot be with the same woman all life and I need to have a relationship" - Subject 2; "No, because my husband died. I only had one partner, my husband" - Subject 1; "No. Since my husband died I decided to respect him, even though he had betrayed me" - Subject 3.

They reports that have extramarital sex, expressing their loyalty to the spouse, even after his death; and one elderly keeps sexual activity out of marriage, revealing a behavior that can lead to vulnerability to HIV/AIDS.

In this study, older people mention they do not or did not use condoms during sexual intercourse because it happened only with their spouse, according to an elderly woman who says she has not used a condom in her last sexual relationship because her sexual contact is just with her husband. Moreover, the subject 3 relates that she has't worn frequently a condom because in earlier time there was not so much concern about these diseases. The following statements demonstrate such conceptions: "I did not use a condom because it was only with her husband" - Subject 1; "No, because it was only my wife and I

respected her and she respected me" - Subject 2; *"I do not use"* - Subject 2; *"No, because in my time we did not have these things"* - Subject 3; *"No, because I do not like"* - Subject 2

DISCUSSION

It was observed, in this study, negativity associated with AIDS, and in the conceptions of the elderly people studied, there is not a difference between having AIDS and HIV positive. A similar phenomenon occurs in studies in which older people associate HIV/AIDS with sadness, pain, despair, contempt, danger, loneliness, weakness, thinness, hospital, death, homosexuality⁽¹⁵⁾, incurability and next to the representation of cancer, a dangerous disease that kills⁽⁷⁾.

Associations of negative aspects to the disease are perceived arising from a historical construction explained by the experience of the older adults, at the beginning of the AIDS epidemic, in which the absence of antiretroviral therapy caused intense physical debilitation. In this context, death is brief and almost inevitable⁽⁸⁾.

In regard to the access to information about HIV/AIDS, it is still limited even with technological advances regarding the treatment and monitoring of HIV, as well as planning of preventive campaigns⁽⁷⁾ and availability of rapid tests, causing that AIDS remains a stigmatized disease. The knowledge that older people have presented about AIDS is still based on negative ideas such as death, severity, absence of cure.

There is distinction between "I've heard about it" and have defined information about HIV/AIDS. The "hearing" does not guarantee that the elderly have knowledge/information on the disease and thus they're perceived as a vulnerable individual⁽¹⁶⁾. The vulnerability integrates the individual, social and programmatic aspects, going beyond the concept of risk⁽⁹⁾. Thus, commonly understood, there is the social determinant of disease that requires the renewal of health practices, focusing on analysis and multidimensional interventions⁽¹⁶⁻¹⁷⁾.

The social character of the vulnerability is highlighted in the conception rooted in the society of which sex is the prerogative of the youth, thus constituting a factor that may be related to the reality of the lack of information about HIV/AIDS presented by the elderly people studied here. Therefore, because they do not recognize sex as an activity that continues to occur in older people's life, they contribute to keep them out of the prevention priorities of public health programs⁽¹⁵⁾.

It is believed in the importance of health services and staff to address aspects related to sexuality, behavior and knowledge about STDs and AIDS in elder care⁽¹⁶⁾. It is essential that health professionals are familiar with the changes related to the aging process and able to develop appropriate strategies to promote knowledge of the elderly on HIV/AIDS in relation to the concept, transmission and vulnerabilities.

The health professionals involved in care services also do not usually address issues of sexuality and HIV/AIDS during consultations with the elderly people⁽¹⁸⁾. This gap in care, with the principle of impaired completeness, comes from the denial of the sexuality of the older adults by society, in which the perception of vulnerability of this group goes unnoticed and therefore important issues related to sexual activity, behaviors and knowledge about HIV/AIDS are no longer investigated, extending this vulnerability⁽⁷⁾.

About the access to information on HIV/AIDS they relate they get it from television, through the experience of living with cases in the family and participation of lectures on the subject. Some studies reaffirm that, in Brazil, the sources of information are the traditional media such as radio, newspapers, pamphlets, and especially television⁽⁶⁾, considering sources insufficient due to lack of educational campaigns geared specifically for the elderly people^(7,19).

Regarding their knowledge on the transmission and prevention of HIV/AIDS, the participants of this study have mentioned that people who are disposed to acquire AIDS are those prostitutes, homosexual, who does not prevent, and people who have sex with transvestites. It is realized in this study that the elderly do not see how an individual subject is contaminated with HIV. This non-perception of vulnerability to HIV/AIDS is based on the belief that only the risk groups are susceptible to HIV infection^(15,20). This aspect was discussed in a previous study in which the representation of HIV infection is anchored in male homosexuals and in people who are related to transvestites and seen as a disease of promiscuity, bohemian zone, dirty places associated with sex and pleasure⁽⁸⁾.

The concept of vulnerability refers to the chance of exposure of people to illness as a result of a number of aspects that relate immediately to the individual. However, the chances of illness are also influenced by the social and political context. Individual vulnerability relates to obtaining quality information, the individual assimilates about a problem and from this information prepares its protective practices against certain problem⁽⁹⁾. In this context, it stresses the importance of investments of preventive public policies, both at the individual and collective, including the senior citizens⁽¹⁾.

Understanding the concept of vulnerability involves the evaluation of three articulated axes (single, social and programmatic component), generating practical implementations to individual care, enabling greater social support as the universal rights of every citizen⁽⁹⁾. The operation of this concept could contribute to a qualification in public health practices, where the responsibility of caring encompasses all society in a reflexive approach⁽²¹⁾.

In consideration of the individual's vulnerability, information on the modes of HIV transmission is still present with misconceptions in this study. Seniors report that can get AIDS through sexual intercourse, blood, and saliva into the kiss, showing that there is still little knowledge on how that HIV is acquired. In another research⁽⁶⁾, insufficient knowledge about HIV prevention practices is also identified, in which the elderly people believe in adopting hygiene measures as a conduit capable of preventing HIV infection.

It is emphasized as well the importance of studies with older people, in different socio-cultural contexts, to promote educational and preventive actions directed to inform them on ways of HIV transmission⁽¹⁵⁾ and the importance of public investment in education for the health of the elderly, given that this segment is still not prioritized by public policies⁽¹⁾.

Regarding behavioral conditions: elderly's conduct about HIV/AIDS, it is clear that seniors know the preventive measures and have the notion that anyone can acquire STD/HIV/AIDS, in addition, to understand that the use of condoms prevents against such infections.

The statement of non-use of condoms by the participants is contextualized by arguments of maintaining sex just with spouse, in other cases because they have more active sex life, and because "in his time" there was no such concern with the use of condom.

The woman's fidelity to her partner represents for her a guarantee of protection against HIV infection, exhibiting a strong influence of gender relations in the context of sexuality of the elderly people⁽¹⁹⁾. In the statements expressed by the elderly women studied, there is no evidence of concern to modify their behavior regarding prevention of HIV transmission, revealing that there is a determination of the male as the use of condoms, respected by them. Inequality of power expressed by gender relationship can let them vulnerable to HIV⁽¹⁹⁾.

There is a tight association of condom use with the contraceptive function by the elderly women, for them it is unnecessary in sexual relations between elderly people. However, the focus of use should be directed to the prevention of infection by HIV/AIDS and other STDs⁽⁸⁾, and for this vision to be built by the elderly, health education is should be directed to this specific population.

Social vulnerability is related to obtaining information and changes in practices, not only dependent on the individuals, but other factors such as access to communication, education, availability of material resources, coping cultural barriers that must be increased in vulnerability analysis⁽⁹⁾.

It can be seen in this context the importance of awareness of society in general, including health professionals, to consider the sexuality of the elderly as reality, and in the case of health professionals, they can guide these seniors for preventive measures against STD/HIV/AIDS. This can give through dialogue with society and through programs aimed at the elderly, in order to reduce the adoption of behaviors vulnerable to HIV infection⁽⁶⁾.

Moreover, it is understood that AIDS, as a disease of the 80s, is not part of the sexual experience trajectory of elderly participants of this study, which may explain the resistance as condom use for them. In such contexts, the reason for not using condoms is the fear of failure in sexual performance, confidence in partners and sex education which was not built to focus on preventing STIs therefore the habit of condom use in their relations is not established⁽¹⁸⁾.

It is realized the need to create spaces for discussion by health teams, targeted to guide seniors about preventive measures against STDs, including HIV/AIDS, starting from the premise that the elderly person is a being whose sexual activity remains active⁽⁶⁾.

It is believed, therefore, that the assistance to the elderly in the context of vulnerability to HIV/AIDS should be guided by the need to know the changes achieved in the aging process, the cultural aspects that involve the sexual activity of the elderly, as well as determinants of the sexuality of the elderly.

CONCLUSION

Elderly people's conceptions about vulnerabilities to HIV/AIDS have been described, indicating that there is a lack of knowledge about HIV/AIDS among them and a spread of concepts rooted in prejudices regarding HIV transmission. In this study, the knowledge of the older people is based on negative feelings such as death, severity, illness without cure, and they obtain critical opinion forming information through lectures, television programs and experiencing cases in the family.

The participants of this study believe that AIDS is a typical disease of risk groups such as prostitutes, homosexual men, and people who have sex with transvestites. They mention

the non-use of the condom, justifying that they only establish sexual relations with the partner, and claiming that in their time there was not so much concern about AIDS and the use of condoms.

Based on the understanding of these conceptions, it is concluded that the negative feelings of these elderly people regarding HIV/AIDS can be considered as social factors that compromise effective practices in the face of vulnerability to HIV/AIDS.

In this study, the small number of participants prevents lifting inferences for large groups. However, it instigates thinking about issues related to aging and HIV/AIDS. It is believed, also, the importance of a satisfactory level of attention to the sexuality of the elderly in prevention and care directed to the control of HIV/AIDS, as well as new research involving the issue analyzed, given its relevance to understanding of the vulnerability of the phenomenon of the elderly to HIV/AIDS.

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