

AFFECTIVE AND SEXUAL EXPERIENCES OF ELDERLY IN A FAMILY HEALTH UNIT

Vivências afetivas e sexuais dos idosos de uma Unidade de Saúde Familiar

Experiencias afectivas y sexuales de ancianos en una Unidad de Salud de la Familia

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ABSTRACT

Background: sexuality is a complex phenomenon, but little studied in the elderly population. **Objective:** to describe the affective and sexual experiences of the elderly in a Family Health Unit. **Methodology:** exploratory, cross-sectional and descriptive study. A questionnaire consisting of sociodemographic data and the Scale of Affective and Sexual Experiences of the Elderly (EVASI) by Kay Vieira (2012) was applied to a sample of 62 elderly people obtained in a non-probabilistic way, for convenience. **Results:** the elderly have a positive attitude towards sexuality in old age (M=4.63), and it is mostly experienced by affections and values. The sexual act is less frequent (M=2.69), but they recognize that it improves self-esteem (M= 3.69) and the couple's relationship (M=3.76). They accept the changes caused by aging (M=4.06), and have a positive self-image regarding their physical appearance (M=4.13). They feel that there is prejudice on the part of society in relation to sexuality in old age (M=3.02). **Conclusion:** sexuality is experienced differently at this stage of life, but just as importantly. It is important for family nurses to integrate less positive attitudes and avoidance behaviors into their care practice, and to demystify stereotypes in order to promote the expression of sexuality and healthy ageing.

Keywords: sexuality; nurse; family; elderly person; family nursing

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RESUMO

Enquadramento: a sexualidade é um fenómeno complexo, mas pouco estudado na população idosa. **Objetivo:** descrever as vivências afetivas e sexuais dos idosos de uma Unidade de Saúde Familiar **Metodologia:** estudo exploratório, transversal e descritivo. Aplicado um questionário constituído por dados sociodemográficos e a Escala das Vivências Afetivas e Sexuais do Idoso (EVASI) de Kay Vieira (2012), a uma amostra de 62 idosos obtida de forma não probabilística, por conveniência. **Resultados:** os idosos têm uma atitude positiva em relação à sexualidade na velhice (M=4.63), e é vivenciada maioritariamente por afetos e valores. O ato sexual é menos frequente (M=2.69), mas reconhecem que melhora a autoestima (M= 3.69) e a relação do casal (M=3.76). Aceitam as mudanças causadas pelo envelhecimento (M=4.06), e apresentam uma autoimagem positiva em relação ao aspeto físico (M=4.13). Sentem que existe preconceito por parte da sociedade em relação à sexualidade na velhice (M=3.02) **Conclusão:** a sexualidade é vivida de forma diferente nesta fase da vida, mas igualmente importante. É importante que o enfermeiro de família integre na prática de cuidados, as atitudes menos positivas e os comportamentos que evitam este tema, e desmistifique estereótipos a fim de promover a expressão da sexualidade, e um envelhecimento saudável.

Palavras-chave: sexualidade; enfermeiro; família; pessoa idosa; Enfermagem familiar

RESUMEN

Marco Contextual: la sexualidad es un fenómeno complejo, pero poco estudiado en la población anciana. **Objetivo:** describir las experiencias afectivas y sexuales de ancianos en una Unidad de Salud de la Familia. **Metodología:** estudio exploratorio, transversal y descriptivo. Se aplicó un cuestionario compuesto por datos sociodemográficos y la Escala de Experiencias Afectivas y Sexuales de los Ancianos (EVASI) de Kay Vieira (2012) a una muestra de 62 ancianos obtenidos de forma no probabilística, por conveniencia. **Resultados:** los ancianos tienen una actitud positiva hacia la sexualidad en la vejez (M=4,63), y es mayoritariamente vivida por afectos y valores. El acto sexual es menos frecuente (M=2,69), pero reconocen que mejora la autoestima (M= 3,69) y la relación de pareja (M=3,76). Aceptan los cambios provocados por el envejecimiento (M=4,06), y tienen una autoimagen positiva respecto a su apariencia física (M=4,13). Sienten que hay prejuicio por parte de la sociedad en relación a la sexualidad en la vejez (M=3.02). **Conclusión:** la sexualidad se vive de forma diferente en esta etapa de la vida, pero igual de importante. Es importante que las enfermeras de familia integren en su práctica asistencial actitudes menos positivas y conductas de evitación, y desmitifiquen los estereotipos para promover la expresión de la sexualidad y el envejecimiento saludable.

Palabras clave: sexualidad; enfermero/a; familia; persona mayor; enfermería familiar

INTRODUCTION

Portugal has been undergoing profound demographic transformations, characterized by the increase in longevity and the elderly population, and the reduction in birth rates and the younger population. With greater life expectancy, "knowing how to age well" becomes crucial for a healthy and happy life. However, for the elderly, aging healthily and happily is not a linear process, it is more than just being in good health and also involves psychological well-being and interpersonal relationships (Mantovani et al., 2016).

Healthy aging is thus understood by the elderly as the process of balancing physical capacity, cognitive function, happiness, autonomy, lifestyle, and affective and social dynamics (Mantovani et al., 2016). As sexuality is a part of human needs, it cannot be overlooked or considered non-existent in the elderly. Currently recognized as an important dimension for quality of life, sexuality can be directly related to life satisfaction and happiness (Portella et al., 2017; Teixeira et al., 2012).

However, the sexuality of the elderly is often overlooked by healthcare professionals and society, usually due to associated stereotypes. It is essential to understand and accept that the expression of sexuality is inherent to a person's personality, being a natural, positive, and fundamental component for quality of life (Lobo & Cândido, 2017) and for the self-esteem of the elderly (Vieira et al., 2014). It becomes important to implement strategies to allow healthy aging and sexuality (Vieira et al., 2014). Based on these aspects, our objective is to describe the affective and sexual experiences of the elderly in a Family Health Unit in the North of the country. We believe this is indispensable for new reflections by

healthcare professionals to promote an approach centered on their needs rather than being based on disease-oriented models (WHO, 2015). Health professionals appropriately sensitized to this issue can be crucial in promoting well-being and healthy aging, allowing for the acceptance of sexuality as a basic human need.

BACKGROUND/THEORETICAL FRAMEWORK

Sexuality is present throughout the entire human lifespan and involves moments of intimacy and all forms of pleasure, from desire to sexual acts, without fear, shame, violence, or intimidation (Alencar et al., 2014). The experience of sexuality is subjective and translates into thoughts, fantasies, desires, beliefs, attitudes, values, and behaviors. Biological, psychological, social, economic, political, cultural, religious, spiritual, lifestyle, and individual experiences influence how sexuality is experienced (Vieira et al., 2014). However, the sexual relationship changes over the years, with the common pattern being a decrease in sexual frequency and desire (Antunes et al., 2010). This is a natural process resulting from physiological changes associated with aging, along with psychosocial factors (Campos et al., 2017; Silva Jr. et al., 2009). This does not mean that sexuality ends in old age, it becomes "more sensual than genital, and a look or a caress can be worth more than many declarations of love" (Santana, 2017, p.39). Sexuality should not be reduced to sexual acts (Paulo, 2021), it involves much more, presupposing love and affection (Silva Jr. et al., 2009).

The changes associated with age have consequences for the sexuality of elderly couples, creating space for expressions of closeness, affection, companionship,

and increased pleasure through caresses, masturbation, and sexual fantasies (Campos et al., 2017). Additionally, as a consequence of physiological changes, women go through menopause during this phase, experiencing hormonal changes related to estrogen deficiency that can lead to discomfort or pain during sexual intercourse (Teixeira et al., 2012). In men, the aging process is different. Physiologically, there is a gradual and inconspicuous reduction in testosterone production. Although these changes do not occur uniformly among all men, they are characterized by a softer erection, requiring more time to achieve orgasm, a decrease in involuntary nighttime erections, delayed ejaculation, and a reduction in pre-ejaculatory fluid. Any sign of sexual impotence causes great concern in men in general, and more pronouncedly in the elderly (Alencar et al., 2014; Silva Jr. et al., 2009; Teixeira et al., 2012).

There is also an increase in the prevalence of sexual dysfunctions due to medical, psychological, and/or as a side effect of chronic medication. In this situation, it can be difficult to differentiate normal age-related changes from symptoms due to some pathology (Silva Jr. et al., 2009). However, the causes of sexual dysfunction go beyond physical aspects. Psychological factors should also be considered, as they may be related to accepting one's own body image and the ability to adapt to physiological or pathological changes. Modern society contributes to this, where youth is a model of beauty and health, and consequently, being "old" has negative value, generally associated with illness and disability (Vieira et al., 2016).

Elderly women usually react more negatively to changes in physical appearance, which can hinder the experience of sexuality in this phase of life (Alencar et

al., 2016). Therefore, it is understood that a highly relevant factor for a good sexual experience is the self-esteem of the elderly, as they need to first like themselves and accept themselves as they truly are.

This phase of life usually coincides with changes in social relationships related to the end of professional activity, leading to distancing from work colleagues and a lack of alternative activities that can influence sexuality. The lack of healthy sexual education and the fact that it is a taboo subject widely suppressed by family, church, and society make it a "non-issue" among the elderly. Women are most affected by this repression, as they have been instilled with the belief during education that sexuality serves only reproduction purposes (Bessa et al., 2010). Many elderly individuals also suffer from prejudice within the family, as their right to sexuality and to reestablish their love life is often not recognized by family members (Uchôa et al., 2016). This can be exacerbated when the elderly lives with other family members, as socializing with others can create a repressive environment regarding affection (Bessa et al., 2010). Unfortunately, stereotypes, taboos, myths, and prejudices, based on the idea that the elderly are "asexual" (Santana, 2017; Uchôa et al., 2016; Vieira et al., 2014; Vieira et al., 2016), are not physically attractive, and have no interest in sex, are still common in society. These assumptions are easily accepted by the elderly themselves as true, conditioning the expression of sexuality and inhibiting the pursuit of new romantic relationships (Santana, 2017; Vieira et al., 2014).

Despite the changes that occur in sexual life during aging, sexuality should be understood as an "experience" that integrates various dimensions and is subjective in its forms of expression and experience,

not being a static and definitive phenomenon (Uchôa et al., 2016).

METODOLOGY

This is a descriptive, exploratory, cross-sectional study of a quantitative nature, where the research variable is the affective and sexual experiences, and the attribute variables are sociodemographic factors (age, gender, marital status, education, family composition, occupation, religion, and monthly income).

The study population was defined based on the following inclusion criteria: individuals aged 65 years or older enrolled in a Family Health Unit in the Northern region of the country where the study took place. The exclusion criteria included individuals with any cognitive deficit, assessed through the Mini Mental State Examination (MMSE) adapted for portuguese by Guerreiro et al. (1994), and those not currently experiencing an affective and sexual relationship at the time of the survey. This is a non-probabilistic convenience sample. Data collection took place between January and March 2020.

The questionnaire used was structured in two parts. The first part included variables for the sociodemographic characterization of the elderly, and the second part consisted of the adapted version of the Elderly Affective and Sexual Experiences Scale (Escala das vivências afetivas e sexuais dos idosos-EVASI) by Vieira (2012), with semantic adaptation for european portuguese (Faria et al., 2021). The EVASI scale comprises three dimensions representing the measure of Elderly Affective and Sexual Experiences and demonstrated satisfactory statistical parameters. For the different dimensions, it presented the following Cronbach's Alpha values: for the sexual act

dimension, it was 0.96; for the affective relationships dimension, it was 0.96, and for the physical and social adversities dimension, it was 0.71. It has a total of 38 items, with Likert-type responses ranging from 1 (never) to 5 (always), with values ranging from 1 to 5. A higher score indicates greater satisfaction with the affective and sexual experiences of the elderly. The scale is subdivided into three dimensions: "Sexual act", "Affective relationships", and "Physical and social adversities". Statement 36 in the "Sexual act" dimension and statements 30, 32, and 37 in the "Physical and sexual adversities" dimension are questions with reverse reading.

Data processing was carried out using the Statistical Package for the Social Sciences (SPSS®) software, version 26.0 for Windows. Descriptive statistics were used, including measures of central tendency (mean) and dispersion (standard deviation).

For the development of this study, authorization of opinion nº38/2020 was obtained from the ethics committee of Northern Regional Health Administration (ARS Norte) and permission was also obtained from the Grouping of Health Centers (ACES) and the Family Health Unit where the study was conducted. In this research, the freedom of individuals to participate or not in the study was respected in advance through the signing of the informed consent document adapted from Northern Regional Health Administration.

RESULTS

Sociodemographic characterization

The study involved 62 elderly participants, mostly male (53.2%), with ages equal to or greater than 65 years (M=71.1; SD=5.78). The majority of participants

were married (91.9%), and the rest were divorced or separated. Regarding educational qualifications, 74.2% of participants attended only the 1st cycle, 14.5% the 2nd cycle, and 11.3% completed secondary education. No participant was illiterate or attended higher education.

Regarding the duration of the relationship, 91.9% of participants had been in a relationship for more than 11 years ($M=43.83$; $SD=13.38$). Family households were mostly composed of 2 people, the elderly person and their partner, with only 3 elderly individuals living alone ($M=2.38$; $SD=0.96$). Regarding occupational activity, 79% of participants were not employed, and the rest were still professionally active.

"Sexual act" Dimension

Statement 1, "I have a positive attitude towards sexuality in old age", had the highest result ($M=4.63$, $SD=0.63$), with 71% of the sample responding with "Always". Statement 5, "My partner and I have sexual relations", obtained the lowest value ($M=2.69$, $SD=1.12$), as 11.3% of the sample responded "Rarely", and 22.6% responded "Never."

However, in statement 36, "As I age, I consider that I have lost interest in sex", 38.7% responded "Never", 14.5% responded "Rarely" ($M=3.52$, $SD=1.46$), and in statement 26, "I feel good when we have sexual relations", 56.5% of participants responded "Always", and 24.1% responded "Never" ($M=3.69$, $SD=1.71$). Regarding statement 20, "Sexual experiences make me feel more alive", 61.3% of the sample placed their response in the "Always" score ($M=3.76$, $SD=1.7$). Regarding statement 29, "I need sexuality to live", 32.2% of the sample mentioned "Always", and nearly half of the sample, 46.8%, responded "Never" and "Rarely" ($M=3.03$, $SD=1.62$).

Another relevant aspect is the self-image of the elderly, considering their positive result ($M=4.13$, $SD=1.17$) in statement 24, "I consider myself to be a beautiful person in old age", where 56.5% responded in the "Always" score. In statement 35, "My partner and I usually date", the result was ($M=3.21$, $SD=1.19$), with the majority of responses, 33.9%, concentrated in the "Frequently" score.

"Affective relationships" Dimension

The results reflect values above 4 in almost all statements that make up the "Affective Relationships" dimension, with statement 7, "My partner and I are friends" ($M=4.82$, $SD=0.56$), and statement 27, "I know I can count on my partner" ($M=4.76$, $SD=0.78$), obtaining the highest result, with 88.7% of responses in the "Always" score.

Statement 3, "My partner and I have moments of intimacy", had the lowest average in this dimension ($M=3.02$, $SD=1.14$), with 45.2% of participants responding "Sometimes".

"Physical and social adversities" Dimension

In statement 30, "I feel bothered by changes in my sexuality caused by aging", 30.6% of responses were in the "Never" score, and 27.4% in the "Rarely" score ($M= 2.5$, $SD=1.36$). When questioned about health status and its interference with sexuality, in statement 32, the response was in the "Rarely" score ($M=2.85$, $SD=1.62$), with 33.8% of the sample expressing that their health "Never" interferes with their sexual experiences, and 24.2% expressing the opposite - "Always".

Regarding statement 37, "I feel that there is prejudice and discrimination from society regarding sexuality in old age", the responses were in the "Sometimes" score ($M=3.02$, $SD=1.22$). The majority stated in statement 34 that they "live their own sexuality

without caring about what others will think" (M=4.15, SD=1.23), with the highest score being "Always", accounting for 59.7% of the responses.

As for the overall assessment of affective and sexual experiences, we observe in Table 1 that the "Affective

Relationships" dimension presented more positive results (M=4.45; SD=0.58), followed by the "Sexual Act" dimension (M=3.59; SD=0.98), and lastly, the "Physical and Social Adversities" dimension (M=2.79; SD=1.29).

Table 1

EVASI Dimensions- mean and e standard deviation

	M	SD
Sexual act	3.59	0.98
Affective relationships	4.45	0.58
Physical and social adversities	2.79	1.29

Legend: M – Mean; SD – Standard Deviation.

DISCUSSION

Regarding the "Sexual act" dimension, participants consider their sexual experiences in old age to be positive, important for quality of life, and conducive to well-being. For these elderly individuals, sexuality is not solely about the sexual act itself. It is noticeable that, at this stage of life, they attribute less importance to coital relationships, which become less frequent in their sexual experiences. This result aligns with the study by Cambão et al. (2019), which concluded that the importance attributed to sexual life decreases with age, as "elderly individuals with an active sexual life have an average age (72 years) lower than those who do not have an active sexual life (75 years)" (p.16).

However, participants confirm that there is desire, and they feel good when engaging in sexual relations. These findings are corroborated by the study of Rozendo and Alves (2015), which found that 69% of the sample maintained sexual desire, and 75% claimed to have the need for sexual relations.

Regarding desire in relationships, Antunes et al. (2010) also noted that it does not necessarily have to diminish, especially because it is a life stage where children are already adults, and most difficulties have been overcome, which can facilitate sexual desire and impulse.

As for the statement "I need sexuality to live" (Statement 29), this result shows that despite the importance attributed to other statements in this dimension, these elderly individuals do not see sexuality as a priority or a mandatory condition for continuing to live. Santos et al. (2020) also confirm the relativity of sexuality in the face of the many difficulties experienced in the aging process.

In the "Affective relationships" dimension, the literature unanimously considers that sexuality in the elderly is much more than the sexual act, primarily established through affectionate relationships (Alencar et al., 2014; Alencar et al., 2016; Antunes et al., 2010; Bessa et al., 2010; Cavalcante et al., 2019; Lobo & Cândido, 2017). For Bessa et al. (2010), "in old age, love is made with values and desires" (p.23), and

for Antunes et al. (2010), "one does not stop loving, but rather reinvents loving forms" (p.136).

The result regarding the statement "My partner and I have moments of intimacy" indicates that when addressing sexuality, the elderly tend to associate it with moments that involve closeness and trust. Supporting this result, Alencar et al. (2014) state that "the meaning of sexuality is mostly reduced to the genital organ and coitus" (p.3538), emphasizing the need to separate genitality from sexuality. In another study conducted by Alencar et al. (2016) with 235 elderly individuals, it was found that the conception of the elderly about sexuality is still linked to genitality, with only 20.4% stating that sexuality involves much more than sex.

The results obtained in the "Physical and social adversities" dimension were also found in the study by Vieira (2012), where the author states that "the normal physiological changes that accompany the human aging process may have little or no interference in the sexuality of elderly individuals" (p.63). Contrary to these results, Antunes et al. (2010) argue that advancing age can impair efficiency or even cause performance difficulties for both men and women. Also, in the study by Alencar et al. (2016), women mentioned vaginal dryness and decreased sexual desire, while men cited difficulty in erection as the main physiological problems affecting sexuality. For Bessa et al. (2010), many factors unrelated to age can negatively interfere with sexuality, and one of the difficulties mentioned by the elderly was related to physical health problems.

Regarding the statement "I feel that there is prejudice and discrimination by society regarding sexuality in old age", the result shows that participants feel discrimination and prejudice when the topic of

sexuality in the elderly is addressed. This result is also supported by various authors (Cavalcante et al., 2019; Vieira, 2012; Vieira et al., 2016; Lobo & Cândido, 2017; Vieira et al., 2014). Sexual education is an important factor in sexual behavior, determining how it will be experienced throughout life. Given the average age of the participants, it can be inferred that they likely had a repressive sexual and family education, based on the concept of sexuality aimed at procreation. Lobo and Cândido (2017) confirm the "desexualization" of the elderly in society's view, as well as the perception that "sexuality is lived with sex associated with marriage, with little acceptance of the elderly as beings who have full capacity and the right to live their sexuality in various ways" (p.594). Due to this cultural pressure, many elderly individuals who still have sexual desire sometimes feel feelings of guilt and shame.

CONCLUSION

In summary, affective relationships assume greater importance in the conjugal life of the elderly, and values such as love, companionship, complicity, affection, and friendship nourish and maintain these relationships. They have a positive attitude toward sexuality, and sexual experiences are important for self-esteem and quality of life.

The sexual act itself is becoming less frequent in the sexual experiences of the elderly, and it is normal to lose interest in sex as age advances. Despite this, they recognize that sexual relations improve the couple's relationship, increase the feeling of well-being, and reciprocate sexual desire. Various forms of sexuality, such as dating, kisses, and caresses, are present in elderly couples and play an important role in their

affective relationships. They accept the changes caused by aging and have a positive self-image regarding their current physical appearance. Despite feeling that there is discrimination and prejudice when the topic of sexuality in the elderly is addressed, the elderly lives their sexuality, relativizing the opinions of others.

The importance of the affective and sexual experiences of the elderly was confirmed, contributing to demystifying sexuality in the elderly population. The development of this study allowed a better understanding of the aging process, usually characterized as a period of decline and losses. It is important for society to recognize the qualities and potentialities of this life stage, acknowledge that sexuality in old age is possible, and promotes pleasure and well-being. Research on the factors that interfere with the sexual experiences of the elderly, without the common stigmas in this age group, should be debated in the scientific field and in social spaces, with health professionals, especially Community Health Nurses specializing in Family Health Nursing, being mentors of the educational process.

The limitations of this research were mostly related to the scarcity of studies and assessment tools directed at sexuality in this life stage and the need to apply the Mini-Mental State Examination. Nevertheless, we consider the data collection phase very rewarding, and as nurses, we understand that if we do not address the topic of sexuality with the elderly person, it is not easy for them to take the initiative to share their experiences and concerns. In this sense, health professionals must provide spaces and time for active listening, openness, and respect, disengaging from value judgments or social stereotypes.

We hope that this study will be a valuable contribution to Family Nursing, especially due to the positive visibility given to aging and the theme of affective and sexual experiences in elderly couples. We anticipate that these results will contribute to reflecting on the subject and fostering the development of future research.

REFERENCES

- Alencar, D. L., Marques, A. P., Leal, M. C., & Vieira, J. C. (2016). Exercício da sexualidade em pessoas idosas e os fatores relacionados. *Revista Brasileira de Geriatria e Gerontologia*, 19(5) <https://doi.org/10.1590/1809-98232016019.160028>
- Alencar, D., Marques, A., Leal, M., & Vieira, J. (2014). Fatores que interferem na sexualidade de idosos: Uma revisão integrativa. *Ciência & Saúde Coletiva*, 19(8) <https://doi.org/10.1590/1413-81232014198.12092013>
- Antunes, E., Soutto Mayor, A., Almeida, T., & Lourenço, M. (2010). *Considerações sobre o amor e a sexualidade na maturidade*. https://www.academia.edu/1059943/Considera%C3%A7%C3%B5es_sobre_o_Amor_e_a_Sexualidade_na_Maturidade
- Bessa, M. E., Viana, A. F., Bezerra, C. P., Souza, L. B., Almeida, J. J., & Wanderley, L. W. (2010). Percepção de idosos residentes em instituições de longa permanência acerca da sexualidade na terceira idade. *Cadernos da Escola de Saúde Pública do Ceará*, 4(2) <http://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/45>
- Cambão, M., Sousa, L., Santos, M., Mimoso, S., Correia, S., & Sobral, D. (2019). QualiSex: estudo da associação entre a qualidade de vida e a sexualidade nos idosos numa população do Porto. *Revista Portuguesa de Clínica Geral*, 35(1)12-20. <https://doi.org/10.32385/rpmgf.v35i1.11932>
- Campos, S. O., Scorsolini-Comin, F., & Santos, M. A. (2017). Transformações da conjugalidade em casamentos de longa duração. *Psicologia Clínica*, 29(1), 69-89. <http://pepsic.bvsalud.org/pdf/pc/v29n1/a06.pdf>
- Cavalcante, H., Guedes, E., Viana, G., Oliveira, L., Mendonça, P., & Silva, W. (2019). Abordagem da temática sexualidade com mulheres na terceira idade:

- Relato de experiência. In S. M. Rosa, (Org.), *Políticas de envelhecimento populacional 2* (pp. 180-187). Editora Atena.
<https://doi.org/10.22533/at.ed.772191311>
- Faria, S., Monteiro, M., & Caramelo, A. (2021). *Vivências Afetivas e Sexuais e a Felicidade Subjetiva dos Idosos de uma Unidade de Saúde Familiar do Norte do País*. [Dissertação de Mestrado, Universidade de Trás-os-Montes e Alto Douro]. Repositório. <http://hdl.handle.net/10348/11117>
- Guerreiro, M., Silva, AP., Botelho, M., Leitão, O., Castro-Caldas, A., Garcia, L. (1994). Adaptação à população portuguesa da tradução do Mini Mental State Examination (MMSE). *Revista Portuguesa de Neurologia*, 1-9.
- Lobo, M. F., & Cândido, A. D. (2017). Representações sociais dos idosos quanto à sexualidade. *Revista de Psicologia*, 11(38), 585-596.
<https://idonline.emnuvens.com.br/id/article/view/923/1345>
- Mantovani, E. P., Lucca, S., & Neri, A. L. (2016). Associações entre significados de velhice e bem-estar subjetivo indicado por satisfação em idosos. *Revista Brasileira de Geriatria e Gerontologia*, 19(2), 203-222.
<https://doi.org/10.1590/1809-98232016019.150041>
- Organização Mundial de Saúde. (2015). *Relatório mundial de envelhecimento e saúde: Resumo*. http://apps.who.int/iris/bitstream/10665/186468/6/WHO-FWC-ALC-15.01_por.pdf?ua=1
- Paulo, F., Ferreira, M., & Filho, R. (2021). Contributo das terapias integrativas na sexualidade da mulher com neoplasia da mama: scoping review. *Revista de investigação & inovação em Saúde*. 4(1), 99-110.
<https://doi.org/10.37914/riis.v4i1.143>
- Portella, M. R., Scortegagna, H. M., Pichler, N. A., & Graeff, D. B. (2017). Felicidade e satisfação com a vida: Voz de mulheres adultas e idosas. *Revista Brasileira de Ciências do Envelhecimento Humano*, 14(1), 93-101.
<http://seer.upf.br/index.php/rbceh/article/view/5960/pdf>
- Rozendo, A., & Alves, J. (2015). Sexualidade na terceira idade: Tabus e realidade. *Revista Kairós: Gerontologia*, 18(3), 95-99.
<https://revistas.pucsp.br/index.php/kairos/article/view/26210/18869>
- Santana, M. C. (2017). Sexualidade na velhice: Silêncio discreto. *Revista Brasileira de Sexualidade Humana*, 28(2), 35-40.
- Santos, S. C., Souza, M. A., Pereira, J. S., Alexandre, A. C., & Rodrigues, K. F. (2020). A percepção dos idosos sobre a sexualidade e o envelhecimento. *Brazilian Journal of Health Review*, 3(2), 3486-3503.
<https://doi.org/10.34119/bjhrv3n2-180>
- Silva Jr., F. J., Marques, A. C., Macedo, L. M., Barbosa, T. D., & Rocha, F. C. (2009). A visão do idoso sobre sua sexualidade: Uma contribuição da enfermagem. In *61º Congresso Brasileiro de Enfermagem* (pp. 195-207), Fortaleza, Brasil, 07 a 10 de dezembro.
http://www.abeneventos.com.br/anais_61cben/files/00036.pdf
- Teixeira, M. M., Rosa, R. P., Silva, S. N., & Bacaicoa, M. H. (2012). O enfermeiro frente à sexualidade na terceira idade. *Revista da Universidade Ibirapuera*, 3, 50-53.
<http://www.revistaunib.com.br/vol3/47.pdf>
- Vieira, K. F. (2012). *Sexualidade e qualidade de vida do idoso: Desafios contemporâneos e repercussões psicossociais*. Dissertação de mestrado, Universidade Federal de Paraíba, João Pessoa,
https://repositorio.ufpb.br/jspui/handle/tede/6908?locale=pt_BR
- Vieira, K. F., Coutinho, M., & Saraiva, E. (2016). A sexualidade na velhice: Representações sociais de idosos frequentadores de um grupo de convivência. *Psicologia: Ciência e Profissão*, 36(1), 196-209.
<http://www.scielo.br/pdf/pcp/v36n1/1982-3703-pcp-36-1-0196.pdf>
- Vieira, S., Hassamo, V., Branco, V., & Vilelas, J. (2014). A vivência da sexualidade saudável nos idosos: O contributo do enfermeiro. *Salutis Scientia - Revista de Ciências da Saúde da ESSCVP*, 13.
- Uchôa, Y.; Costa, D.; Junior, I.; Silva, S.; Freitas, W.; Soares, S. (2016). A sexualidade sob o olhar da pessoa idosa. *Revista Brasileira Geriatria e Gerontologia*, 19(6): 939-949.
<http://dx.doi.org/10.1590/1981-22562016019.150189>