

UNDERSTANDING OF SEXUALITY BY ELDERLY MEN FROM A RURAL AREA

COMPREENSÃO DE SEXUALIDADE POR HOMENS IDOSOS DE ÁREA RURAL

COMPRESIÓN DE SEXUALIDAD POR ANCIANOS DE ÁREA RURAL

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Objective: understand the meaning of sexuality for elderly men from a rural area. **Method:** qualitative research with an exploratory and descriptive design, developed with 23 elderly men from a rural area between 60 and 69 years of age. The data were collected by completing a socioeconomic and health survey and by holding a single, individual semistructured interview at the participants' homes. The data were analyzed using Bardin's thematic content analysis technique. **Results:** the understanding of sexuality is closely linked to the construction of the sexual and love relationship, with new conformations in sexual practices and with interferences from the chronological age and health problems. **Conclusion:** for the study participants, the meaning of sexuality associated with sexual practice itself, with the actual sexual act stands out. Nevertheless, the more subjective understanding of sexuality based on affection and love relationships is also present, which includes feelings, kindness, caresses and dialogue between the partners.

Descriptors: Sexuality. Men's Health. Health of the Elderly. Rural Areas. Family Health Strategy.

Objetivo: compreender o significado de sexualidade para homens idosos de área rural. Método: pesquisa de abordagem qualitativa, de caráter exploratório e descritivo, realizada com 23 homens idosos de área rural, com idade entre 60-69 anos. A coleta deu-se por meio do preenchimento de questionário de identificação socioeconômica e saúde, além de entrevista semiestruturada única, individual e no domicílio. Os dados foram analisados pela técnica de análise de conteúdo temática de Bardin. Resultados: a compreensão de sexualidade está intimamente ligada à construção da relação sexual e amorosa, com novas conformações na prática da sexualidade, e a fatores de interferência – idade cronológica e condição de saúde alterada. Conclusão: para os participantes deste estudo aparece com ênfase o significado da sexualidade associada à prática sexual em si, ao ato sexual. Entretanto, há também a compreensão mais subjetiva da sexualidade embasada na afetividade e nas relações amorosas, que inclui sentimentos, carinho, carícias e diálogo conjugal.

Descritores: Sexualidade. Saúde do Homem. Saúde do Idoso. Área Rural. Estratégia de Saúde da Família.

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Objetivo: comprender el significado de sexualidad para hombres ancianos de área rural. Método: investigación de aproximación cualitativa, con diseño exploratorio y descriptivo, desarrollado con 23 hombres ancianos de área rural, con edad entre 60-69 años. Los datos fueron recolectados mediante la cumplimentación de cuestionario de identificación socioeconómica y de salud, además de entrevista semiestructurada única, individual y en domicilio. Los datos fueron analizados mediante la técnica de análisis de contenido temático de Bardin. Resultados: la comprensión de sexualidad está íntimamente ligada a la construcción de la relación sexual y amorosa, con nuevas conformaciones en la práctica de la sexualidad, y a factores de interferencia – edad cronológica y condición de salud alterada. Conclusión: para los participantes de este estudio se destaca el significado de la sexualidad asociada a la propia práctica sexual, al acto sexual. Sin embargo, también existe la comprensión más subjetiva de la sexualidad basada en la afectividad y en las relaciones amorosas, que abarca sentimientos, cariño, caricias y diálogo conyugal.

Descriptores: Sexualidad. Salud del Hombre. Salud del Anciano. Medio Rural. Estrategia de Salud Familiar.

Introduction

Aging is a biopsychosocial process that occurs gradually, taking into account the specificities of each individual. A broader understanding of healthy aging is necessary, and adapting to physical, social, and emotional deficiencies is essential for the elderly person to maintain balance and satisfaction with life. Therefore, becoming elderly does not necessarily mean the accumulation of losses and abandonment of perspectives, including sexuality⁽¹⁾.

Sexuality is how people demonstrate their identity and goes beyond the biology of the body and the physiological aspects. It is an inherent dimension of the person, expressed in a unique and particular way, present during life. Despite the changes peculiar to the aging process, the sexual response cycle of the elderly person continues, especially if they are in good health and experience sexual satisfaction with another person⁽²⁾.

The sexuality of the elderly is generally reduced to the biological aspect, including by health professionals, who minimize the complaints arising from hormone deficiencies and/or pre-existing conditions. In addition, the lack of information leads to the creation of stereotypes about the sexuality of the elderly, giving rise to a false idea of asexual subjects, including the denial of the maintenance of an active sexual life and the reinforcement of other social roles⁽³⁾.

Most professionals in the Family Health Strategy (FHS) do not tend to address sexuality

in their consultations, because, almost always, health care is focused on the disease, centered on the curative view of the care process. Sexuality is an important dimension of the subjects' quality of life and is part of the elderly person's physiological needs. Therefore, health professionals should also measure it, including nursing professionals, whose actions should depart from a humanized science, able to see the subject in a comprehensive way, able to address and advise elderly people from the rural area about this theme, considering their specificities and culture⁽⁴⁾.

The consideration of elderly men's sexuality in the rural area could shed light on an integrative perspective of sexuality, extending the limits of the cultural conceptions. From a general viewpoint, sexuality tends to hegemonize its concepts based on constructs that certain groups often do not take into account. Therefore, the understanding of sexuality is relevant, starting from the rural elderly men's own perception, to permit the reconstruction of the human sexuality demands in this phase of life. Thus, the purpose of this study is to understand the meaning of sexuality for elderly men in a rural area.

Method

This is an excerpt from the analysis of the results of the PIBIC 2017-2018 Research Project entitled "Understanding of Rural Elderly People on Sexuality in the City of Cruz das Almas-BA".

The research is qualitative with an exploratory and descriptive design. The study received approval from the Institutional Review Board (IRB) of the Federal University of Recôncavo da Bahia (UFRB), in compliance with CNS Resolution 466/2012, under Opinion 2.125.856 and CAAE 66042017.7.0000.0056.

The interviews were conducted after the participants had consented and signed the Prior and Informed Consent Form. Anonymity was maintained and each participant was identified using the expression Elderly, followed by the letter “E” and the Arabic numeral corresponding to the order in which the data were collected.

The research was carried out at home with the help of the Community Health Agents (CHA). Seventy-eight elderly men living in a rural area were identified, 25 of whom met the inclusion criteria. Only 23 continued as research subjects though, as two were not interviewed because they were absent from home throughout the data collection period.

The participants were selected based on the following inclusion criteria: age between 60 and 69 years old, male, living in one of the five rural regions of the place of study, being registered at the Family Health Unit that serves the rural area and receiving regular care from the health team. The exclusion criterion only related to participants with some cognitive impairment and/or (hearing and verbal) communication difficulty.

Data collection took place between September and December 2017, through the completion of a socioeconomic identification and health survey and a single and individual semi-structured interview, previously scheduled and guided by the following question: How do elderly men from a rural area in the city of Cruz das Almas (BA) understand sexuality? The average length of each interview was 30 to 45 minutes.

The analysis of the collected data was based on the thematic content analysis technique⁽⁵⁾. The categories emerged from a detailed analysis of the interviews, which were digitally recorded and transcribed *ipsis litteris*, following the order: reading of the transcriptions (interviews),

underlining the content most relevant to the objective of the study and highlighting, with different colors, the content identified; review of what had been underlined and highlighted, including the elaboration of a table with the findings; rereading the context extracted from the findings and organizing the ideas found by similarity, establishing a central category; evaluation of the central category and distribution of the findings into subcategories.

Based on the detailed analysis of the data, the category “Understanding of sexuality by elderly men in a rural area” could be established, with two subcategories: sexual/love relation and interferences in the sexuality.

Results

According to the analysis of the participants' socioeconomic and health profile, the majority (13-56.5%) was between 65 and 69 years of age, incomplete elementary school (15-65.2%), family income of one minimum wage (12-52.2%), labor activity on the farm (10-43.5%), marital or cohabiting (16-69.6%) and with children (21-91,30%). 78.3% (18) lived with first-degree relatives. Of these, 47.8% (11) lived with their spouses. Regarding health, 39.1% (9) of the elderly men were hypertensive and unanimously claimed to attend the Family Health service for medical consultations and medication.

The category “Understanding of sexuality by rural men” emerged, supported by two subcategories. The first of them understands sexuality as a sexual and love relationship. According to the interviews, the participants associated sexuality with the sexual practice itself:

Sexuality is sex. It is a good thing and the person cannot live without it. (Elderly E3).

For me, sexuality is good. It's the man and the woman together [...] everyone likes and no one lives without sex. (Elderly E4).

Besides the sexual act, the research participants also mentioned the love relationship based on sentimentality, deriving from the understanding of sexuality:

For me, sexuality is living together with two, kisses and hug. (Elderly E7).

Sexuality is a serious thing, you have to be careful. It is love with responsibility. (Elderly E16).

Sexuality, for me, is caring. (Elderly E20).

As the aging process advances, the understanding of sexuality as a love relationship is accompanied by affective valuation, manifested by the couple's expression of feelings, affection, caresses, and dialogue:

Today I still flirt, but what we have more is companionship actually. (Elderly E1).

Today I practice more love, affection, and conversation [...] (Elderly E5).

Nowadays, I practice dating and flirting with my wife [...] exchange of affection and looks [...] (Elderly E11).

The participants' understanding of sexuality based on affectivity showed some problems in practice, such as chronological age, tiredness, and illnesses, limiting factors for continuity, thus defining the second subcategory: Interferences in sexuality. The following statements illustrate this:

I only do it once in a while. What interferes, if not every day, is fatigue, the age coming and not having the strength anymore [...] (Elderly E8).

[...] I used to do it more times per day, but today I do not because of age. I do not think that this sexuality thing is for me anymore [laughs]. (Elderly E15).

[...] the interference is age, diseases [...] this is killing us, we are getting weak [...] (Elderly E21).

What interferes are health problems, diabetes [...] (Elderly E18).

Discussion

According to the discourse analysis, elderly rural men's understanding of sexuality is based more intensely on the idea of a sexual relationship, often justified by the restricted knowledge about the broad meaning of sexuality, converging to the genital organ and, consequently, markedly to the sexual act.

The bond of sexuality as a bodily and genital action is a product of ignorance itself, the elderly being part of a historical time closely linked to the narrow conceptions of sexuality⁽⁶⁾.

The participants' discourse expressed the understanding of sexuality based on their own age and the context they were immersed in. Through the perspective of the sexual relationship as such, besides presenting a complexity that goes beyond the sense of intimacy, it manifests itself in feelings of closeness, affection, kindness, and accompaniment.

The construction of sexuality as a human act, linked to reproduction and sex, has been a social conception transmitted from generation to generation. It is the fruit of the taboo, of the limited understanding of the broad sense of sexuality, which is still too closely linked to reproductive practice and chronological age⁽³⁾. Sexuality as a construct is complex, yet it can be understood as an experience that derives from culture, history, fields of knowledge, subjectivities, instead of being a static and definitive phenomenon with countless forms of expression and experience of pleasure⁽⁷⁾.

The complexity of its conceptual construction, determined by the context in which people develop, refers to different perspectives, with the need to value attitudes that translate relational affectivity, even though it is still very focused on sex, as a form of expression of the physical body and an exchange of emotions closely linked to pleasure and the reproductive life cycle⁽⁸⁾.

In addition, in the discourse, sexuality is defined as a love relationship, implying that, with the passing of the years and the changes imposed by longevity, it needs to be resignified and not denied; lived with greater emphasis on feelings of love, affection, complicity, companionship, embrace, kisses and caresses⁽⁷⁾. This is a much broader approach to sexuality for older men, conceiving it as conduct of love, affection, and accompaniment, generating a feeling of well-being, security, and sharing. Hence, it combines with the concept of bodily expression, not only limited to the physical body, the expression of subjectivities, in search of emotions that continue to value the relationship⁽⁶⁾.

Thus, sexuality takes directions that manifest in various stages of life and as age advances. Based on the notion that there are limiting

factors to the sexual act itself, it takes on a broader meaning of corporeality and openness to new discoveries in the couple's life. Among the factors that interfere with sexuality and how to experience it fully and satisfactorily, without distinction, chronological age and health status are highlighted⁽⁹⁾.

In addition, many elderly men are dissatisfied with their bodily condition, which exerts a negative influence on the sexual and even affective practice⁽⁸⁾. The way society sees old age but intensifies the stereotypes and taboos built, whereby the view of elderly people's sexual functioning ends up being also of reduced or absent need, with other more acceptable social functions⁽¹⁰⁾.

In addition to the bodily changes caused by old age, the presence of diseases interferes in the sexuality of these men, as these commonly affect sexual potency. Diseases such as coronary artery disease, urinary incontinence, bladder and prostate cancer, diabetic peripheral neuropathy, depression and the use of many drugs significantly influence the decrease or absence of male sexual practice⁽⁷⁾. Such diseases, especially chronic conditions, and the side effects of the drugs that control them are related to the objection of older men against maintaining their sexuality active⁽¹¹⁾.

Due to the intimate relationship between the sexuality of elderly men and sexual functioning, there is an intense increase in the commercialization of medication that can help maintain the sex. In addition, social discourse supports this configuration because society frequently relates male sexual potency to age, which corroborates the understanding that older men lose desire and sexual potency, and it is necessary to use medications that interfere in sexual functionality⁽¹²⁻¹³⁾, even though they have sought new ways of experiencing their sexuality⁽¹⁴⁾.

The barriers are geared towards chronological age as a factor that modifies the body, besides the emergence of diseases. These factors are determinants for the reconfiguration of sexuality when it is linked to the body. Thus, elderly rural men are aware of these changes

and the reconceptualization of sexuality in a broader sense. It is a new way of seeing his own sexuality⁽¹⁴⁾. With old age, the expression of sexuality is modified, giving rise to new adapted and reinvented alternatives⁽¹⁵⁾. These adaptations relate to other ways of experiencing sexuality in the emotional and physical realm. The new forms of expression play a fundamental role in the performance of sexuality (love, kindness, union, respect, friendship, loving, dialogue, dating, and companionship), as well as for the recognition of new erogenous zones that are capable of giving pleasure (caresses, kisses, touching, masturbation), directly associated with happiness, defining sex not only as the only determining factor for satisfaction⁽¹⁶⁾.

Sexuality follows a subjective construction path that originates in the community and cultural attributes, also showing that elderly men in rural areas associate it with sexual functioning, including the limitation imposed by old age, physiological deterioration characteristic of aging and/or preexisting diseases.

Being part of the concept of sexual health that is present in the life cycle, sexuality contributes to a better quality of life for people of any age. It is therefore imperative to continually rethink ways of living sexuality in a resignified and satisfactory way: to consider the concepts of the rural reality regarding the human sexual experiences lived, to restructure the thoughts around sexuality and old age; to contribute to the naturalization of elderly men's practice of sexuality; and to suppress still present and limiting sexual taboos.

In the discourse, even very discretely, a practice of sexuality taking other forms than the sexual was manifested in thoughts, behaviors, and feelings, which revealed one of the many favorable points of old age: valuation and retrieval of love relationships.

As a limitation, there were difficulties in the research to locate the USFs in the rural area, far from the urban center of Cruz das Almas (BA) and with restricted public transportation. The distance of some households was another difficulty to collect the data, besides the absent or incomplete records in the registration forms.

Conclusion

According to the study participants, the meaning of sexuality seems to be more strongly associated with the sexual practice itself, the sexual act, the expression of the physical body. There is also a more subjective understanding of sexuality though, based on affection and loving relationships, which include the couple's feelings, affection, caresses, and dialogue.

It has been shown that aging does not imply stagnating sexually. Most of the elderly rural men who participated in the research lived their sexuality, resignifying other mechanisms of joint life and pleasure.

The myths and taboos surrounding old age favor the idea of the asexual elderly man. At the same time, as a result of the changes brought about by the aging process, chronological age and altered health conditions exert a negative influence on the broad exercise of sexuality. On the other hand, the male view stands out that it is possible to exercise sexuality, even if the practices are adapted or resized because, in the end, what matters is satisfaction and pleasure in the relationship with oneself and the other.

This research reverberates the still frequent limitation in the discussion about the sexuality and old age of elderly people, strengthening the need for a broader approach of health, including the theme in its different social scenarios. As for nursing, greater effort is needed in the planning, application, and evaluation of educational and care actions in the rural area, based on policies focused on elderly care, basic humanized care, and integrality, evidencing the contribution of the research.

Collaborations:

1. conception, design, analysis and interpretation of data: Nidiane Evans da Silva Cabral, Gleideson Cerqueira dos Santos Pereira, Uilma Santos de Souza and Claudia Feio da Maia Lima;

2. writing of the article and relevant critical review of the intellectual content: Nidiane Evans

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