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## INTEGRATIVE REVIEW OF THE LITERATURE

### Conhecimento de idosos sobre vulnerabilidades ao HIV/aids: uma revisão integrativa da literatura

Senior knowledge about vulnerabilities to HIV/aids: an integrative review of literature

El conocimiento delas personas mayores acerca de las vulnerabilidades al HIV/sida: una revisión integradora de la literatura

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#### ABSTRACT

**Objective:** Describe the knowledge of the elderly about vulnerabilities to HIV/Aids. **Methods:** An integrative review held in LILACS, SciELO and BDEF. **Results:** 11 publications were found showed five thematic categories about knowledge regarding: the concept of HIV/AIDS; access to information; preventive measures; the transmission of HIV; prevention behavior. **Discussion:** The survey revealed reduced level of knowledge of the elderly about the subject, insufficient to generate behaviors of protection against the virus. It was observed that the aspects related to HIV/AIDS in the elderly have been not so much reputed by some public health policies and by health professionals. **Conclusion:** These findings raise the achievement of health actions that consider the vulnerability to HIV/AIDS in the elderly population. **Descriptors:** Aged; Health Vulnerability; Acquired Immunodeficiency Syndrome.

#### RESUMO

**Objetivo:** Descrever o conhecimento de idosos sobre vulnerabilidades ao HIV/Aids. **Métodos:** Revisão integrativa realizada na LILACS, SciELO e BDEF com os descritores envelhecimento e aids. **Resultados:** Encontraram-se 11 publicações, destacando-se cinco categorias temáticas sobre conhecimento em relação: ao conceito de HIV/Aids; ao acesso a informações; às medidas preventivas; à transmissão do HIV; ao comportamento de prevenção. **Discussão:** O levantamento revelou reduzido nível de conhecimento dos idosos sobre a temática, insuficiente para gerar comportamentos de proteção contra o vírus. Observou-se que os aspectos relacionados ao HIV/Aids em idosos têm sido pouco abordados pelas políticas públicas de saúde e pelos profissionais de saúde. **Conclusão:** Esses achados levantam reflexões acerca de ações de saúde que considerem a vulnerabilidade ao HIV/Aids na população idosa. **Descritores:** Idoso; Vulnerabilidade em Saúde; Síndrome de Imunodeficiência Adquirida.

#### RESUMEN

**Objetivo:** Describir el conocimiento de ancianos acerca de vulnerabilidades al VIH/SIDA. **Métodos:** Revisión Integrativa operada en LILACS, SciELO y BDEF. **Resultados:** Se encontraron 11 publicaciones mostraron cinco categorías temáticas acerca del conocimiento en relación con: concepto del VIH/SIDA; acceso a información; medidas preventivas; transmisión del VIH; comportamiento de prevención. La encuesta reveló disminución del nivel de conocimientos de personas mayores sobre el tema, lo que es insuficiente para generar comportamientos de protección contra el virus. **Discusión:** Se observó que aspectos relacionados al VIH/SIDA en personas mayores han sido reputados por políticas de salud pública y por profesionales de salud. **Conclusión:** Estas conclusiones dan el logro de acciones de salud que considere la vulnerabilidad al VIH/SIDA en la población anciana. **Descritores:** Ancianos; Vulnerabilidad en Salud; Síndrome de Inmunodeficiencia Adquirida.

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## INTRODUCTION

The process of population aging is a worldwide phenomenon and, in Brazil, has undergone an accelerated advancement. For 2025, the projection is that Brazil will be the sixth nation in the world with more elderly people corresponding to 15% of its population. This estimate of instigates investments growth in public policies toward the elderly person, for reorientation and restructuring of services that are provided to this population demands. The elderly population will exceed 22,71% of the total population estimate for 2050, and the life expectancy will increase of 72,7 years (2008) to 81.29 years (2050)<sup>1-3</sup>.

With the increase in life expectancy, decrease in birth rate, improving the quality of scientific discoveries to increase sexual activity and advances in knowledge in the area of health, people tend to grow in a more healthy, resulting in a population longevity, thereby determining their sexual activity<sup>4</sup>.

Aging and sexuality, over the decades, were marked by myths and repression, which is why many elderly people feel uncomfortable to express their views on this subject, developing a challenge to live intensely your sexuality. Nowadays, a large part of society is still securing the sexuality as aware of years, favoring the younger ones, so there's a lack of interest in the elderly with regard to sexual issues<sup>4</sup>.

Sexual behavior, in the third age, undergoes changes that exercise influence on changes in the epidemiological profile of aids. Changes in the course of the aids epidemic have shown an increase in the number of cases among the elderly. The number of aids cases in elderly, notified the Ministry of health, in the Decade of 80, were only 240 men and 47 women. In the Decade of 90, there are a total of 2.681 men and 945 women. The first case, this population until June 2005, the total number of cases passed to 4.446 in men and in women, and 489 of 1980 to June 2006, 9.918 aids cases were reported in the elderly, against 9.222 notifications among teenagers<sup>2</sup>.

In Brazil, there is a big challenge with the gradual increase of the estimated elderly population in General, for this reason public policy programs in the field of prevention of harms to health of the elderly person must be enhanced, what constitutes a challenge for the health system to perform efficiently and effectively, increasing actions to reverse the trend of rise in the incidence of sexually transmitted diseases (STDs) and aids in the population with 50 years and more than age, ensuring the quality of life of these people<sup>5</sup>.

It is believed in the importance of services and health teams approach, in the assistance to elderly, aspects related to sexuality, behaviors and their knowledge about STDs and aids<sup>(5)</sup>. It is believed in the importance of awareness of the health team in highlight the sexual life of the elderly as reality, as well as guidance on preventive measures to the STD/aids program, by means of discussion spaces and programs focused on the elderly because the lack of knowledge of the elderly can generate behaviors that are vulnerable to HIV infection<sup>6</sup>.

There is a differentiation between "hearing" and have information so marked on HIV/aids. The "hearing" does not guarantee that the elderly have knowledge/info on the disease and so realize it as a vulnerable individual, that is, a guy who can be infected with HIV. The vulnerability integrates individual, social and programmatic aspects, beyond the concept of risk. Thus, notes-sea determination of social disease that requires renewal of health practices, focusing on analysis and multidimensional interventions<sup>7-9</sup>.

While attending the population above 60 years old, relevant health professional is familiar with successful transformations in the aging process and develop an adequate with greeting meant to fill possible gaps in respect of knowledge about HIV/aids with regard to concept, vulnerabilities to and HIV/aids transmission in order to help them develop healthy sexual behavior.

Considering the changes in the pattern of the aids outbreak in the elderly, knowledge about HIV/aids, in this age group, it is essential to deal with this issue, so this study set out to describe, based on integrative review of literature, the knowledge of elderly about vulnerabilities to HIV/Aids.

## METHOD

This was an integrative review of literature on the basis of the following steps: problem formulation, data collection, assessment of the collected data, analysis, and data interpretation and presentation of results<sup>10</sup>.

The formulation of the problem is characterized by the guiding question: how is described in the literature, knowledge about older vulnerabilities to HIV/AIDS? To collect the data, set up the Latin American and Caribbean Literature (LILACS), Electronic Brazilian Scientific Journals (SciELO) and the Database of Nursing (BDENF).

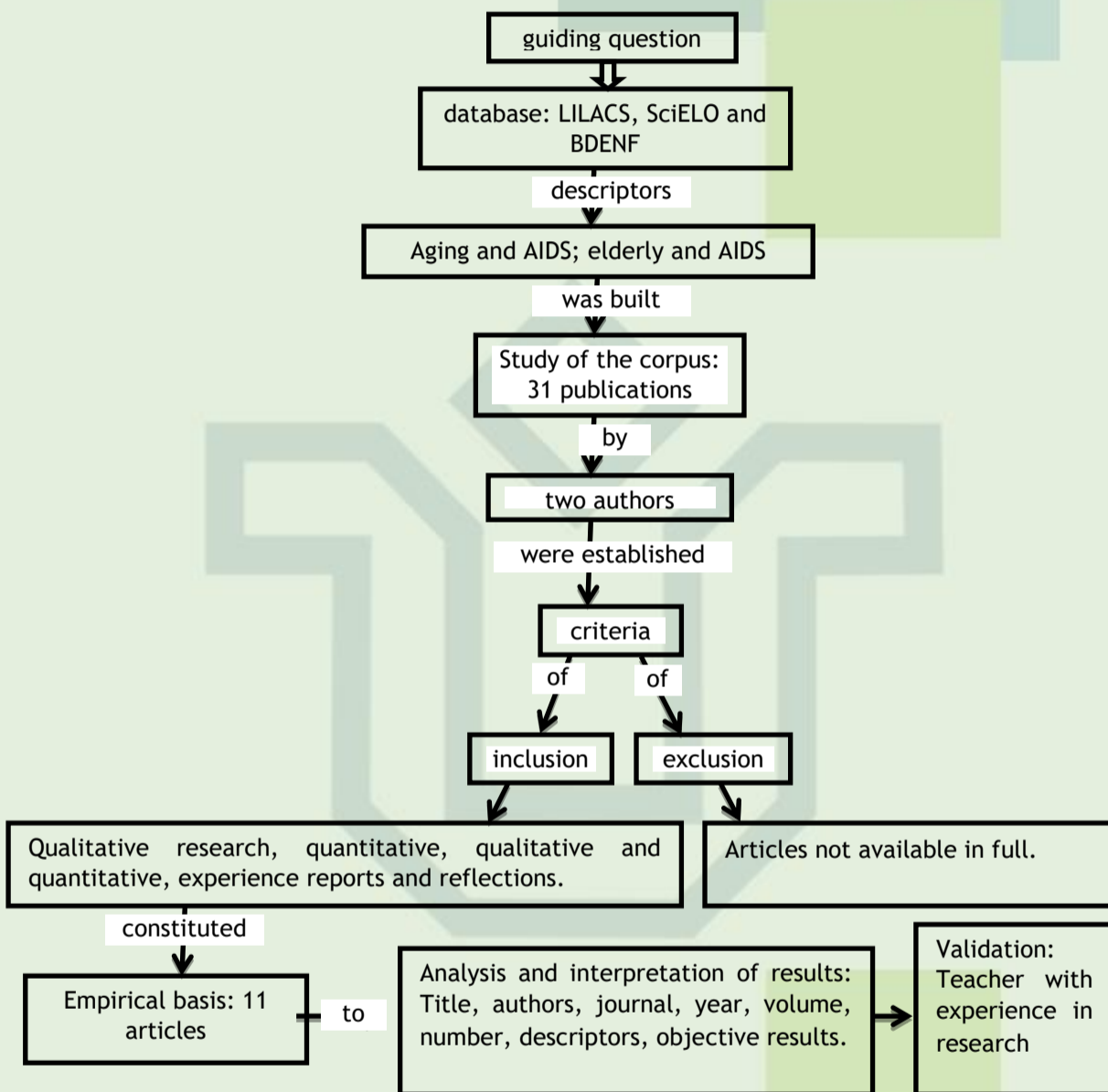
For the systematization of data collection the descriptors were selected, the criteria for inclusion and exclusion of studies that would be evaluated. In addition, devised an instrument of data collection for organization of the studies analyzed.

The aging and AIDS descriptors were used in SciELO and LILACS in BDENF, the elderly and aids descriptors were used. It established as inclusion criteria: articles that describe the knowledge of seniors about vulnerabilities to HIV/Aids; national publications in the publication period between 2001 and 2011, by presenting studies on the aging process linked to changes in the epidemiological profile of AIDS area; qualitative and quantitative qualitative research, quantitative, experience reports and reflective studies. Exclusion criteria were considered articles without access to full-text journals and that there would discourse on the knowledge of older vulnerabilities to HIV/AIDS. We developed a tool to record information in order to organize them according to the guiding question of the study which comprised identification data items (title, authors, journal, year, volume, number, descriptors); objective of the study, methodology, and finally, the main results and the limitations/recommendations of the studies assessed.

From the information of the data collection instrument, elaborated a summary table that included the following aspects: authors, purpose of study, main results,

recommendations of the authors. From the summary of the findings, the analysis of the results of the studies and bleeding cool is the thematic categories according to knowledge of seniors about HIV/Aids vulnerabilities mentioned in the studies reviewed. The presentation of the results was through exposure of the same framework integrating the results of the evaluation of the studies. It should be noted that, in this study, the commitment to the ethical aspects consisted in the quote from the authors of the studies analyzed. In Figure 1, presents the methodological description of the study.

Figure 1 - Methodological description of the study. João Pessoa, 2013.



## RESULTS E DISCUSSION

There were identified 98 articles in LILACS and SciELO, BDNF. From these, 31 were selected for studies reading the summaries by meet the criteria established in this study, 11 estudos were repeated in at least two databases, leaving 20 studies. Of the 20 studies, abstracts were read separately by two researchers, being evaluated the presence or not of results on elderly knowledge about vulnerabilities to HIV/aids. Of these, 09 were excluded because reported knowledge about vulnerabilities to HIV/aids and, therefore, do not cover

the focus of this review. The 11 studies that were consensus among evaluators were read in their entirety and composed the sample of this research.

Of the 11 studies that constituted the sample, it is noted that 7 (64 percent) studies were published in journals aimed at the nursing area, being 3 (27%) of studies published in the journal of nursing, *Gaúcho* 2 (18%) in *Latin American Journal of nursing*, 1 (9%) in *Anna Nery school journal of nursing* and 1 (9%) in *Nursing Magazine* at the State University of Rio de Janeiro (UERJ). With respect to the year of publication, 2011 was the year prevalent, comprising a sample of 6 (55) articles published in that year.

After the reading, analysis and synthesis of the contents of the articles were identified 5 thematic categories with respect to knowledge of the elderly on vulnerabilities to HIV/aids, being appropriate to note that the same article may have approached more than a category. Of the 11 articles, the category of knowledge regarding the concept of HIV/aids was mentioned in 8 of the studies analyzed (73%) knowledge on access to information was cited in articles 4 (36%) knowledge regarding prevention measures mentioned in articles 7 (64%) knowledge regarding HIV transmission was described in articles 5 (45%) with knowledge about prevention behavior was referred to in articles 8 (73 percent). The Figure 2 presents a summary of these five categories of knowledge, taking into account the main results of the selected articles.

Figure 2 - Senior Knowledge about vulnerabilities to HIV/Aids. João Pessoa, 2013.

knowledge about vulnerabilities to HIV/Aids	Main results	Authors
Knowledge regarding the concept of HIV/Aids	Seniors know one or more STDs and aids as the main one.	5,11
	The majority of seniors consider aids an incurable disease and related to cancer; dangerous disease that kills.	12,13
	Elderly associate aids to the divine, suffering, progressiveness, sex, pleasure, chronicity, death, promiscuity, Bohemian and dirty places cause embarrassment.	14,15
	Perceive aids as a disease of the "other"; Apart of his life ruled and morally correct.	16
	Elderly people associate HIV/aids the sadness, pain, despair, contempt, distress, solitude, weakness, thinness, hospital, death and homosexuality.	17
Knowledge about access to information	Television, radio, newspapers, conversations with friends and neighbors, printed material and illness of family member are references to information for seniors. The issue is not addressed in consultations with health professionals.	6,16
	Seniors know the testing and Counseling Center for friends/users or by another health service forwarding, with little knowledge, for flyer, television or radio.	18
	Seniors do not have access to information on the effects of educational campaigns related to the theme and prejudice the approach of sexuality in old age.	11
Knowledge with regard to measures to prevent HIV/Aids	It is believed that the condom prevents infection by HIV and other STDs; however its use as a method of prevention is less frequent than as a method of contraception.	5, 11, 12, 14, 17
	For the elderly, the monogamous relationship and the impossibility of conceiving generate feeling of security, eliminating the use of condoms.	5, 14, 16
	The elderly have the resistance condom use as a method of HIV prevention.	6
	Elderly indicate condom use in sexual relations with unknown partners or in case of suspicion of partner fidelity.	16
	Older people recognize the use of condoms as a means	17

<b>Continue</b>	of protection indicated by the elderly male.	
<b>Knowledge regarding HIV transmission</b>	Most of the elderly recognizes that anyone can get an STD/Aids.	5, 12
	Older people recognize the importance of HIV prevention by avoiding the contagion of other people.	12
	The elderly have learned that HIV can be transmitted through sexual or blood, but do not perceive vulnerable to HIV infection.	14
	Seniors recognize that HIV transmission is through sexual, blood, mother-to-child transmission and application of piercing/tattoo. The disease affects male homosexuals and people who relate to transvestites.	14, 19
	Seniors believe the exposure to HIV by sharing towels, soaps and toilet seats; mosquito bite, contact with spoons, plates, glasses and contaminated food.	19
	Elderly people associate HIV/aids the blood, sex and drugs, indicating ways of transmission of the disease.	17
	<b>Knowledge about the behavior of HIV/Aids prevention</b>	Most of the elderly do not use condoms in their sexual relations.
Despite the seropositivity and the possibility of transmitting HIV, some elderly people practicing unprotected sex.		15
Despite believing in male tendency to infidelity and recognizing that this enhances the risk of HIV infection, the elderly have never/rarely use the condom and no demonstrated intention to use it.		16
Many elderly don't make use of condoms for fear of failure in sexual performance, by confidence in partners and for sex education that was not geared to knowledge about STDs.		11
The elderly males do not bother to practice safe sex and are not motivated to change behavior.		17

Although technological advances in the treatment and monitoring of HIV have transformed aids into a chronic disease to control, the knowledge of the elderly on aids is still anchored to the negative feelings such as sadness, pain, suffering, despair and death<sup>14-15</sup>. It is a perception built historically, based on the negative aspects of the disease<sup>14</sup>, justified by the experience of the elderly at the beginning of the aids epidemic, in which the lack of anti-retroviral therapy led to rapid and intense physical debilitation. In this scenario, death was brief and virtually inevitable.

With the deployment of anti-retroviral drugs there was a reduction of morbidity and mortality and significant improvement of the quality of life of people living with HIV/Aids. However, still prevails, in the elderly, the design of the degenerative disease image, represented by deep leanness and weakness<sup>17</sup>, striking physical characteristics, which initially aids differed from other diseases and that could lead to the erroneous idea that it is possible to identify, by appearance, the presence of the disease, and may interfere with the adoption of preventive measures against HIV and even lead to discriminatory against people who already experience the disease.

Despite actions to reduce the forms of inequality and prejudice faced since the emergence of AIDS, are still prevalent associations with this emotional-sexual relationships seen as anomalies<sup>13</sup>, strengthening the prejudice and stigmatization, revealing the need for clarification and awareness on the subject. These representations are evidenced in studies in which seniors aids relate to sex, promiscuity, the bohemian district and dirty places<sup>14-15</sup> disease and homosexuality<sup>17</sup>, associations, and cause embarrassment to elderly patients disease, reveals the difficulty of awareness about the existence of risk for HIV. Thus, aids is perceived as the "other" in which the elderly person who is considered morally right not to recognize vulnerable to HIV/Aids<sup>16</sup>, then resisting the adoption of preventive measures<sup>5</sup>. In

scope, confirmed disease the relevance of access by the elderly, the contents related to measures of transmission and prevention of HIV/Aids.

As regards the knowledge of elders in relation to access to information on HIV/Aids, it was observed in several studies, that this access focuses on traditional media such as radio, newspapers, pamphlets and, above all, television<sup>6,16</sup>, being still considered incipient because of the shortage of educational campaigns geared to the elderly<sup>11</sup>. We highlight the fact that not even the health professionals often broach such a subject during the consultations with the elderly<sup>6,16</sup>. This fragility is from the denial of sexuality of the elderly in the society in which the perception of risk go unnoticed to this group and thus important issues related to sexual activity, behaviors and knowledge on HIV/aids will be investigated, extending the existing vulnerability in this population<sup>12</sup>.

Several studies have focused on the need for public health policies more targeted and effective for seniors<sup>15</sup>, as well as the awareness of health professionals with regard to changes in the epidemiological profile of aids and behavior of the elderly, being relevant to consideration and approach of this public sex life<sup>6,11,16,18,19</sup>. In this way, it would be possible to achieve an improvement of the transformative potential of these professionals as regards living conditions and health care, expanding the access of older persons to information about HIV/aids and sexuality, interfering, so, on the vulnerability of this population in order to contain the advance of the epidemic<sup>5,15</sup>.

In the context of knowledge of seniors with regard to prevention measures, studies indicate that the elderly have the knowledge that anyone can acquire an STD/Aids and condom use prevents HIV/aids<sup>5</sup>. However, the elderly believe that, by having a monogamous relationship and do not have the possibility of getting pregnant, it is not necessary the use of condom, even considering it as a means of preventing HIV/aids transmission<sup>14</sup>.

The use of condoms as a preventive method, among the elderly, is less usual than as a method of contraception and the indication of the use of its use limited to sexual activity with unknown partners or in the presence of distrust of fellow fidelity. We see therefore the need of creating spaces for health teams, directed the senior guidance on preventive measures to STDs/aids, starting from the premise that the old man is a being whose sexual activity remains active<sup>6</sup>.

Educational campaigns are still elementary and little focuses on the elderly person with regard to HIV/aids prevention<sup>11</sup>. The identification of this fact you judge the need for development of preventive actions, on the part of health professionals and public investments in health education<sup>19</sup>.

As for the category of knowledge regarding HIV transmission, some authors argue that the elderly have the knowledge as to the form of transmission of HIV, yet this knowledge is insufficient to assert that by sharing soap, towels, toilet seats, mosquito bite, contact with cutlery, plates, glasses and contaminated foods can contract the HIV virus<sup>19</sup>. Other elderly declare that HIV transmission can be via blood or sexual, male homosexuals and affects associate HIV/Aids the blood, sex and drugs<sup>17,19</sup>.

On these facts, some authors recommend conducting studies with elderly people in socio-cultural context, distinguished for promoting preventive actions on ways of contracting the HIV virus<sup>17</sup>. The concept of vulnerability refers to the chance of people's exposure to illness as resulting from a number of aspects that refer immediately to the individual, however the chances of illness refer also to the social and political context<sup>8</sup>.



Based on this concept, stresses the importance of preventive public policy investments, both within individual and collective, including the population over 50 years<sup>13</sup>.

The elders claim not to use a condom, for fear failure in sexual performance, by confidence in partners or even the lack of sex education focused on the knowledge of STD/Aids<sup>11</sup>. The practice of unprotected sex for a few elderly happens even in the face of the HIV-positive diagnosis and awareness of the possibility of transmitting HIV<sup>15</sup>. Some studies emphasize the need for interventions such as awareness of health teams in understanding the growing process aids in the elderly, for prevention of transmission of HIV<sup>16</sup>.

Women over 50 years never or rarely use the condom and not demonstrate intention to use it, even considering the tendency of male infidelity, enabling the risk of HIV infection. This fragility comes from the confidence in the fidelity of the companion, being considered the main guarantee of protection of elderly woman against HIV, and for this reason, do not demonstrate concern to modify his behavior in relation to the prevention of HIV transmission. It is essential to build features that involve people aged over 50 years, including these individuals in the process of knowledge and change of sexual behavior<sup>19</sup>. In this context, it is believed Sanchez relevance of access for the elderly, the solid content for the construction of scientific knowledge about transmission measures related to aids and HIV/aids prevention with a focus on shift to preventive behavior<sup>16</sup>.

Consider the psychological aspects, socioeconomic, cultural, beliefs and the fragility of the elderly against HIV/aids, is crucial in the process of developing public policies geared to preventive actions, in order to disseminate information, and generate reflections and changes in behavior in this population in the face of vulnerability to HIV/Aids<sup>5,15</sup>. Programs must be improved, aiming at reducing the incidence of aids in the elderly population and change in behavior of the elderly regarding the forms of HIV/aids prevention<sup>12</sup>.

## CONCLUSION

The integrative review in question was fundamental in the look of aging and HIV/aids as increasingly related phenomena in society, pointing to a low level of knowledge of the elderly on the subject that has not been sufficient to generate protective behaviors against HIV/aids in this audience. In addition, it was observed in a clear that aids is linked with different types of individual, social and programmatic vulnerability.

Although this study presents limitations arising from the number of articles reviewed, their findings shall ensure that the aspects related to sexuality, knowledge and behavior regarding HIV/aids, in the elderly, have been little approached by public health policies and by health professionals. Probably this is why such content be considered taboos when evaluated under the optics of aging, requiring, so reflections and changes of pejorative views in relation to the elderly, recognizing and intervening in their vulnerability to HIV/aids.

In this sense, suggests-sea conducting health actions aimed at the elderly, as educational campaigns on HIV/aids, cultural, social and psychological considering elements

of the elderly, as well as conducting training of professionals for health care practice to consider the presence of sexuality in the aging process, in addition to new research involving the problems examined, in view of its relevance to the understanding of the phenomenon of vulnerability to HIV/Aids in the elderly.

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