OBJECTIVE: To understand the academic training of geriatrics residents and their supervisors regarding the sexuality of older adults, as well as practical approaches to the subject in their work routines. METHODS: This qualitative study was conducted with geriatrics residents and their supervisors at a public hospital in Recife, PE, Brazil in 2019 and 2020. RESULTS: A partial understanding of the respondents' concept of sexuality was identified through statements that expressed confusion between sexual intercourse and sexuality, as well as a lack of knowledge about sexuality on an individual level. Although the respondents affirmed the importance of discussing the subject, they reported that they do not, except passively. The respondents discuss this issue depending on the patient's questions, despite acknowledging their difficulty in seeking a health service to talk about sexuality-related issues. Finally, the lack of an approach to sexuality in geriatric consultations was linked with gaps in undergraduate and specialization programs about general care for older adults, resulting in a feeling of unpreparedness to face the taboos and prejudices associated with sexuality. CONCLUSION: Although professionals consider it important to address sexuality with patients, most of them do not do so in medical consultations due to a number of difficulties, including the lack of a protocol to follow, which leads to a passive approach. Therefore, professionals acknowledge the difficulty of addressing the subject and associate it with deficiencies in their academic training. KEYWORDS: sexuality; aged; geriatrics; professional competence.

RESUMO
OBJETIVO: Compreender a formação acadêmica de preceptores e residentes de geriatria acerca do conteúdo sobre sexualidade em idosos, bem como a abordagem prática do assunto nas suas rotinas médicas. MÉTODOS: Trata-se de um estudo qualitativo realizado entre 2019 e 2020, com preceptores e residentes de geriatria em um hospital público de Recife (PE), Brasil. RESULTADOS: Foi identificada compreensão parcial do conceito de sexualidade, observando-se falas que denotam confusão dos conceitos de relação sexual e sexualidade, além do desconhecimento da sexualidade no âmbito individual. Verificou-se, ainda, que, apesar de os profissionais de saúde afirmarem a importância de se discutir o tema, eles relatam que não o fazem e que, quando o fazem, utilizam a abordagem passiva, dependendo dos questionamentos do paciente, embora percebam a dificuldade dos idosos em buscar o serviço de saúde para falar sobre questões relacionadas à sexualidade. Por fim, a ausência de abordagem sobre sexualidade nas consultas geriátricas foi relacionada às lacunas deixadas pelos cursos de graduação e de especialização na preparação para um atendimento adequado aos idosos de maneira geral, resultando em uma sensação de despreparo para enfrentar seus tabus e preconceitos ao falar sobre sexualidade. CONCLUSÃO: Apesar de os profissionais considerarem importante abordar o tema com os pacientes, a maioria não o faz nas consultas médicas por diversas dificuldades, entre elas a ausência de um protocolo a seguir, o que os leva a uma abordagem passiva do tema. Portanto, os profissionais entendem a dificuldade de abordagem do assunto e a associam à deficiência em sua formação acadêmica. PALAVRAS-CHAVE: sexualidade; idoso; geriatria; capacitação profissional.
INTRODUCTION

Associated with decreased fertility and mortality rates, the accelerated growth of the older adult population has led to a need to reconfigure social roles. Aging results in a decrease in sex hormones. In women, this results in menopause, leading to genitalia-related complaints and a greater tendency to develop emotional and sexual disorders. In men, partial androgenic insufficiency can trigger hypogonadism. However, although these factors are often involved in sexuality changes in older adults, psychological factors are primarily responsible for such changes.

According to the World Health Organization (WHO), sexuality is a central aspect in human life and is experienced through thoughts, fantasies, desires, values, behaviors and relationships. However, in Western civilization, it is generally related only to intercourse and reproduction. Hence, as people age, no need is seen for an active sex life. Thus, society tends to view any expression of sexuality at this age as inappropriate. Nevertheless, when questioned, most older adults report that their wishes and desires are still present.

Sexuality positively influences physical and mental health and is related to feelings of joy, optimism and well-being. It is considered intrinsic to healthy relationships, strengthening bonds and motivating love, contact, and intimacy, in addition to preventing low self-esteem, frustration, social isolation, and vulnerability to anxiety and depressive disorders. In the physical sphere, it has been suggested that sexual activity can alleviate chronic diseases, such as arthritis, by increasing the production of corticosteroids.

Although the benefits of sexuality have been established, barriers to addressing this subject in medical consultations with older adults still exist, and it is often ignored by health professionals. Thus, the present study aimed to understand academic training of geriatricians and residents regarding the sexuality of older adults, as well as practical approaches to the subject during medical consultations.

METHODS

This observational qualitative exploratory study was conducted between August 2019 and August 2020 in the geriatrics sector of a public hospital that exclusively serves the Unified Health System in Recife, Pernambuco, Brazil. The consecutive sample consisted of geriatrics residents and their supervisors who were linked to the hospital. The study excluded supervisors or residents who did not attend the data collection meeting and those who exercised an exclusively administrative or coordination function.

After explaining the objectives and obtaining written informed consent, data collection began with a sociodemographic survey, followed by a semi-structured interview following a script developed by the researchers. The interview included triggering questions about the concept of sexuality, the approach to sexuality in geriatric consultations, the relevance of addressing it, the difficulties encountered in practice, the desire of geriatric patients to be questioned about the topic, and how the topic is approached during medical school and in internal medicine and geriatrics residencies.

The participants were individually interviewed, preserving confidentiality and anonymity. The interviews were audio-recorded and later transcribed and analyzed according to Minayo et al.’s thematic content analysis technique, which consists of two distinct steps.

First, descriptive categories were constructed through successive readings, codifying and modifying as needed. After classifying and organizing the data, the researchers reviewed their ideas and raised new questions about their findings. At the end of each interview, notes were made in the field diary, including observations about emotional expression, spontaneity, inhibitions, and behaviors, as well as significant excerpts from the responses and analytical ideas in progress.

The next step, pre-analysis of the material, consisted of rereading and consolidating the corpus, including a thorough examination of each interview in light of all the collected material, identifying speech units referring to theoretical or empirical elements or categories of analysis.

The research project met the prerogatives of National Health Council resolution 510/16 and was approved by the Ethics Committee for Research on Human Beings (CAAE: 17863519.5.0000.5201; opinion: 3.508.062).

RESULTS

A total of 9 supervisors (S1-S9) and 3 residents were interviewed, two from the first year (R1) and one from the second year (R2). The respondents’ mean age was 36 years; most were female, married, born in the state capital (Recife), and self-reported their race as white. Most respondents graduated from universities in the state of Pernambuco, and the entire sample completed their studies at universities in northeastern Brazil. Among the 9 supervisors, the mean experience in geriatrics after residency
was 8 years, ranging from 1 to 27. The majority completed their geriatrics residency in the state of Pernambuco, with one completing it in the Southern region and one in the Southeastern region. Two supervisors took specialization courses in palliative care, and 5 completed a master’s degree, but none had a PhD. None of the residents had completed a master’s degree or a specialization course besides a general practice residency; only one had earned a degree in another state.

After listening to, transcribing, and reading the material, four thematic categories emerged from the sequence of facts and the participants’ narratives. The categories identified in our analysis were: the understanding of sexuality; difficulties addressing sexuality in medical consultations; the relevance of addressing sexuality with older patients; and training in sexuality.

**DISCUSSION**

The first category, the understanding of sexuality, addresses the respondents’ views on the concept of sexuality. The following quotes indicate the diversity of opinions on the subject.

"That’s how you keep your sex life active, whether you have sex with your steady partner or not" (R1).

"Sexuality is any form of, um, demonstration of affection, which involves a couple in a relationship" (S1).

According to the WHO, the concept of sexuality transcends the sexual act, expanding to individual issues, such as self-assertion and an intimate relationship with the self. However, the respondents only characterized it as a relationship between two individuals, sometimes denoting not only confusion between the concepts of sexual relationship and sexuality, but also a lack of knowledge about the individual aspects of sexuality.

Some of the respondents associated sexuality with an individual perception, well-being, and self-confidence.

"It also involves yourself" (S6).

"It’s a person’s way of exercising...of completing himself. Of feeling good about himself" (S7).

"Sexuality is how a person sees himself, as an attractive being, who can attract other people...who feels like a sexual being, attractive" (S9).

These statements are consistent with some definitions in the literature, which include issues related to intimacy, self-fulfillment, self-esteem, self-assertion and self-image.

However, regarding sexuality as intrinsic to the individual, a physiological dimension was also addressed. This can be seen in the responses of R2 and S8, for example, perhaps influenced by their profession.

"...sexuality is part of life... it’s one more function... as if it were diuresis, evacuation, feeding; it’s a basic human function" (R2).

"If we ask... ‘How is your sleep?’ ‘Are you evacuating or urinating normally?’, we should also ask about sexuality, because it is also physiological, it is a pillar of quality of life" (S8).

Some definitions classify sexuality as an innate biological need of all species. However, unlike other organisms, human sexuality is redefined throughout the life cycle due to social, psychological, religious, and other influences. Regarding age and sexuality, the following statements address important points for consideration:

"I don’t see any difference between the [sexuality] of younger and older adults" (P3).

"In older adults, it is a little broader [than in younger adults], because often, for them, they understand how sexuality is not only the sexual act itself, but also affection, sleeping together in the same room, everyday sharing" (S1).

It has been well established that age itself is related to this dynamic, directly interfering in the manifestation and understanding of sexuality. Nevertheless, the respondents’ point of view differed regarding this concept. As can be seen below, a broader view of sexuality was also identified in the narratives:

"Everything related to sexual stimulation, but not just intercourse or, you know, let’s say, physical contact; sometimes a caress, a kiss, etc.; this is also sexuality" (S5).

"It involves...being able to relate to another person, either through caresses, or through, um, contact, conversation" (S6).

It is known that the physiological changes involved in the aging process can influence sexual response, whether male or female. Such changes can lead older adults to seek
expression for their sexual function through other means besides intercourse.19 Touching, caressing, and speech play an important role in expressing sexuality, especially in this age group, which the respondents understood.20

The second category, difficulty addressing sexuality in medical consultations, emphasizes how this aspect still deserves attention and professional training. Despite the known benefits of sexuality in human life, sexual practices and associated characteristics during the aging process are still poorly discussed and are often ignored by health professionals and society in general.9,10 When evaluating sexuality in older adults with chronic pain, one study found that most physicians did not address the subject in routine consultations, although geriatricians tended to consider it relevant, and, thus, assessed it in greater depth.10 In the context of this study, although the respondents affirmed the importance of discussing sexuality, their responses seem to demonstrate the opposite.

“I address it less often than I think I should” (S8).

“Less than I should. We have an increasingly active older adult population, and we hardly ever ask about sexuality” (R3).

“When I address it, it’s usually after the older patient brings it up, usually due to a complaint...a passive approach. Now, I know that an active approach should be taken, asking about the topic during consultations, right...?” (S2).

“(…)when they seek it out, we address it... when they have a complaint” (R1).

Our sample’s responses align with the literature, since most physicians agree that they should initiate discussion of the patient’s sexual health, leaving aside their personal discomfort or prejudices and taking an active approach.21 However, surveys show that most professionals wait for a patient complaint to begin discussing the topic, prioritizing the answering of questions, which characterizes a passive approach.21,22

“If you have pain, you can call your child and let him know that you are going to a doctor for the pain, but if you have erectile dysfunction or vaginismus, you don’t tell anyone. It takes a long time to look for treatment” (S8).

“I should ask, but it is...a question for very specific situations related to health care, to diseases, actually. Like, a man with hyperplasia, then with erectile dysfunction; in such cases we ask if he came on his own initiative, or a woman’s, for preventive care” (R3).

The respondents’ discourse shows that they perceive their patients’ difficulty in seeking out health services to discuss these issues. It has been shown that, although the elderly consider health professionals able to address the issue, only a minority seek them out, with television being the main source of information.22,23 Thus, because passive searching is inefficient, most developed countries defend screening as a primary strategy for identifying sexual disorders and overall satisfaction among older patients.21,24

It has been shown that, in medical practice, sexuality is often addressed only in association with pathological issues.10,24 The only mention of sexuality in the Brazilian Ministry of Health’s Caderno de Atenção Básica nº 19 [Primary Care Book 19], which deals with aging and health, addresses it exclusively in this context,25 which is in line with the views of the physicians interviewed in this study.

Thus, comprehensive geriatric assessment emerges as an instrument for the multidimensional analysis of older adults, with sexuality addressed during anamnesis. This clarifies when the sexuality of older patients should be addressed, which is a very common question, according to the literature.10,21,24,26

Some statements demonstrate a fear of addressing the sexuality of older patients:

“...before addressing it, it is better to ask if they are comfortable, because some people get extremely embarrassed” (S8).

“...to be able to address this topic in a slightly less distressing way. Because it seems like talking about sex is taboo.” (R3).

A UK study observed that the sexuality of older patients should be addressed clearly and directly, as something normal.24 However, one of the greatest fears of health professionals is embarrassing older patients when asking about their sexuality, and they frequently resort to this justification for avoiding the subject.10 Thus, physicians develop their own ways of asking about sexuality to encourage discussion with their patients.21,24

“...the last few times I addressed [the topic], I was unhappy, because the patient soon fell quiet, as if blocked, and it was difficult to develop the consultation afterwards. I asked very directly, something like: ‘How is your sex life?’, and they didn't want to talk about it” (S2).
Patients may interpret an indelicate approach to the subject as offensive, which could have a negative impact on the doctor/patient relationship.\(^2\) Thus, it is clear that professionals avoid the subject in consultations, due mainly to their personal perception that asking about it would be offensive.\(^2\),\(^4\),\(^27\)

Considering contexts and institutions that influence people's sexuality, the church seems to assume an important role, considering that, for a long time, sex was seen as exclusively for reproduction and was a sin if practiced for pleasure. This also reinforces the view that, as one gets older, sex should no longer be present.\(^2\)\(^3\),\(^27\)

In their responses, our sample showed a clear perception of this influence:

“...it has happened before that I addressed [sexuality] and the patient thought it was good, precisely because it had never been addressed before” (S2).

“They like it; they are ashamed at first, and then they like to talk. They think it’s extremely important. They even sometimes ask for help...” (S3)

“...sexuality is a good topic of discussion because, since it is repressed, I see that when patients speak, it is liberating...” (S6).

Although this study’s methodology only considered the physicians’ point of view, some statements also indicated that older patients find discussing sexuality interesting.

In a survey conducted in the state of Mato Grosso, it was observed that most older adults felt free to discuss sexuality and reported a need for knowledge about the subject.\(^4\) Thus, these patients’ ability to discuss sexuality with health professionals seems linked to their feelings of trust, in addition to receiving guidance.\(^10\) Thus, the doctor’s office represents a safe environment that enables an exchange of information and health education.\(^25\)

“...an active sex life can stabilize mood... affecting the quality of life of older adults” (R1).

“...be proposed a hormone blocker... giving [the patient] a prescription and, at the end of the consultation, he informed [the patient] that this medicine would make him impotent. [The patient] got up and said: ‘Well, you can keep your medicine, because dating is the only thing that I have left in this life and I won’t give that up. Leave the prostate as it is” (S8).

In this study, sexuality was related to well-being and quality of life, which is supported in the literature, since sexuality is related to happiness and disposition and is a crucial factor in the quality of life of older adults.\(^7\),\(^31\) Small stimuli, such as shaving, seem to be considered manifestations of sexuality and contribute to a better mood. It is also observed that repression can accelerate the aging process, which can negatively affect health.\(^7\),\(^23\)

One respondent pointed out an increased incidence of sexually transmitted infections among older adults, which is the case in Brazil. One reason for this is the non-inclusion of older adults in public policies to prevent sexually transmitted infections, as well as the fact that many health professionals do not discuss the topic with older patients.\(^3\)

“...there is an increased incidence of HIV, and this is because we don't talk about sex, because we don't talk
about ways to protect ourselves, to take care of ourselves, you know?" (R3).

Corroborating the previous quote, condoms are seldom used due to ignorance of their dual protection; many believe that their only function is to prevent unwanted pregnancies. This reinforces the need for health professionals to discuss the subject.33

The fourth category, professional training, brings together important points about the weakness of medical training regarding the sexuality of older patients.

"...many professionals still find it difficult to address the topic out of shame...." (S5).
"...the doctors themselves think this topic is embarrassing, that they should not be addressing such things...they come from a traditionalist background, which preaches that sexuality is something wrong or ugly..." (S8).

Complete medical education involves promoting health and preventing pathologies at all stages of life. However, several authors have reported that undergraduate and specialization courses do not prepare medical students to adequately care for older people in general, which confirms the respondents’ feelings of unpreparedness to face taboos and prejudices when talking about sexuality.34 This is because the topic is perceived as something strictly confidential and shameful, and it is even considered unnecessary to address it in medical consultations due to the inconvenience it causes.35

"It’s...let’s say, a little studied subject, so, I think [that the training] was still very deficient during my residency" (S9).

Some respondents attributed such unpreparedness to a lack of studies on sexuality in older adults, despite the growing number of publications on the subject.36 Although the Brazilian Society of Geriatrics and Gerontology recommends the sexuality of older adults as a thematic area, it is not included as a residency goal,37 which reveals a lack of preparation about the theoretical and practical training of geriatricians, which they recognize. Failure to address this issue does not seem to represent a relevant risk to the well-being of older adults, which reflects the persistence of medical training focused on the disease rather than the patient.38

To resolve this lack of preparation, specific protocols should be developed to standardize the approach to sexuality in older adults.38 However, the main assessment models used in Brazilian geriatrics still do not directly involve sexuality.26

Strengths and limitations

The absence of a specific room for recording the interviews, as well as the noisy environment and risk of interruption, may have interfered with and limited the results. Nevertheless, if the small sample can be considered a limitation, since it does not allow generalization of the results, qualitative studies allow a deeper exploration of relevant questions, setting the stage for future changes.13,14 Thus, this study enables further research with different qualitative and quantitative methods, which can lead to specific protocols for assessing sexuality from the perspective of health professionals and older adults.

CONCLUSION

In the present study, divergent opinions about the concept of older adult sexuality were found among geriatric residents and their supervisors. It was also found that, although professionals agree about the importance of sexuality in older adults, the subject is not yet routinely addressed in medical consultations due to a number of difficulties. The physicians reported that they did not have a protocol or standard of care, due to a passive approach that was often dependent on patient complaints. The respondents recognized the inadequacy of their approach and blamed it on weaknesses in their training. Further studies on the subject should be conducted, aiming at the creation of protocols for addressing sexuality in geriatric consultations, as well as for follow-up of these interventions to assess their positive effects.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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AUTHORS’ CONTRIBUTIONS

BAAV: conceptualization, data curation, formal analysis, writing — original draft, writing — review & editing.
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6. CFF: conceptualization, data curation, formal analysis, writing — original draft, writing — review & editing. RVALR: conceptualization, data curation, formal analysis, writing — original draft, writing — review & editing. CRNFL: conceptualization, data curation, formal analysis, writing — original draft, writing — review & editing. LNFB: conceptualization, data curation, formal analysis, writing — original draft, writing — review & editing.


