

Men's Health and Sexuality: Stories of Elderly Men Living with HIV/AIDS

Cerqueira, Marília Boreborema Rodrigues¹, Arantes, Rodrigo Caetano²

¹Universidade Estadual de Montes Claros, Brazil

Corresponding Author E.mail address: mariliaborboremamac@gmail.com

²União Educacional do Norte, Brazil

Abstract: ***Objective:** to know the particularities of the HIV/AIDS epidemic in the elderly, from the discourse of elderly men living with HIV/AIDS. **Method:** Rereading of 8 (eight) interviews with elderly men living with the virus, treated at Eduardo de Menezes Hospital of the Hospital Foundation of Minas Gerais State, in Belo Horizonte, Brazil, all aged 60 years or over. For the analysis of the interviews, the thematic networks technique was used. **Results:** The rereading of the interviews reveals the following networks of themes: men's health, sexuality, gender relations and living with HIV/AIDS, confirming the hegemonic model of masculinity and its consequences. **Conclusion:** When thinking about aging with HIV/AIDS, it is necessary to consider men in the context in which they live and their beliefs and perceptions, highlighting the need to work on the importance of health care, condom use and asymmetry in gender relations. In other words, recognizing the importance of the elderly individual's capacity and demystifying their sexual invisibility, as well as building a new perspective on elderly people living with HIV/AIDS.*

Keywords: Elderly people, HIV, Acquired immunodeficiency syndrome, Men's health, Sexuality

1. Introduction

People in Brazil, as in many countries in the world, are living longer. In Brazil, a person who is born today can expect to live, on average, for 76 years [1]. In relative terms, 16% of the Brazilian population is already 60 years old or older, being a country considered to be aged [1, 2]. The demographic aging process is accompanied by the growing number of elderly people living with HIV/AIDS, presenting itself as a result of the greater longevity of individuals living with the virus and making use of antiretroviral therapy, as well as the increasing incidence among people who are 60 years old or older [3, 4].

In this context of an aging population and an increase in the number of elderly people, the country has also experienced the Epidemiological Transition with a different model from most countries with advanced socioeconomic development and even some Latin American countries. There is a predominance of communicable (infectious and contagious) and non-communicable (chronic-degenerative) diseases, concomitantly [5].

According to Harris, Rabkin and El-Sadr [6], when estimating people aged 50 or over living with HIV/AIDS, they registered a 47% increase in total, resulting in approximately 6.9 million people, in this age group, with the virus. For the age group considered elderly, in Brazil, according to data available at the Informatics Department of the Unified Health System – DATASUS, the cases diagnosed in individuals aged 60 years or over totaled 33,970 cases, until 2018 (ended year), making a rate of 1.3 elderly people positive for HIV/AIDS, per thousand elderly people, an equal 3.6% of the total cases diagnosed in Brazil up to that year. The largest number of HIV/AIDS cases in elderly people in Brazil is concentrated in the Southeast, Northeast and South regions [7].

Studies on the resurgence of HIV/AIDS cases in people aged 60 years or older show that the elderly do not consider themselves vulnerable to the virus [8]; neglect condom use [9]; and, they reveal low perception of risk or little knowledge about HIV/AIDS [10]. Dantas et al. [11] bring the issue of the stereotype of asexual elderly, including among some health professionals [12, 13], and which contributes to the growing movement of the epidemic observed in this population group. Society created the myth of the elderly devoid of sexual desires, as if, at this stage of life, the elderly showed no appetite for this vital aspect of the individual [11]. The current generation of elderly people lived the heyday of sexual freedom and, in this context, to understand the scenario of HIV/AIDS in the elderly, it is necessary to consider aspects such as culture, perceptions and experiences.

Aguiar et al. [14] reinforce this need by registering that, even with increasing numbers of elderly people contracting HIV/AIDS, issues of sexual health in old age have a low priority; it is a topic little discussed and is not the subject of public policies, corroborating the idea of asexual individuals. However, studies in Gerontology highlight the importance of experiencing sexuality for active and healthy aging, considering the biopsychosocial specificities of old age. In this context, sexual diversity, in addition to heteronormativity, must be considered. Homosexual elderly people often have to get rid of stigmas and prejudices, in addition to the age factor in the experience of sexuality [15]. Thus, the experience of sexuality by the elderly in a healthy and protected way from Sexually Transmitted Infections (STIs), among them, HIV/AIDS, should be an important issue for the discussion of public policy agendas of the different governmental spheres of Brazil.

In the light of theoretical arguments, this article aims to understand the particularities of the HIV/AIDS epidemic in the elderly, considering people aged 60 or over, according to

the Statute of the Elderly [2], from the discourse of men in that age group, living with the virus. There was a rereading of interviews with elderly people living with HIV/AIDS, analyzing them by the technique known as thematic networks [16]. Bearing in mind that the projections of the numbers of elderly people living with HIV/AIDS are increasing, such as those presented by Mpondo [12] and Harris, Rabkin and El-Sadr [6], it is appropriate to review what elderly men living with that virus say in this respect.

2. Method

This is a study with a qualitative approach, with a rereading of interviews with 8 elderly men, aged 60 years of over, who live with HIV/AIDS and who at the time of the research were seen at a hospital in Belo Horizonte, capital of Minas Gerais State, Brazil. Participants expressed their free and informed consent to be interviewed.

The rereading was developed based on the thematic networks technique [16], comprising an adaptation of the method in the following phases: reading and coding the material; identification and categorization of themes; building thematic networks; analysis and interpretation of registered standards. The thematic networks technique was also based on the hermeneutic-dialectical method proposed by Minayo [17], which considers subjectivity, an intrinsic aspect to the study of sexuality. In other words, it is essential to understand the speech of individuals, social actors, within the context in which they are inserted; the starting point of the work is the “speech interior” and, the arrival point, the “field of historical and totalizing specificity that produces speech” (Portuguese to English version by the translator) [17].

The interviews were conducted in the hospital’s facilities, from February to April 2014, and complied with the necessary ethical principles for research with human beings, with favorable opinions from the Research Ethics Committees of the Federal University of Minas Gerais and Eduardo de Menezes Hospital /FHEMIG (CAAE 18825713.0.0000.5149, opinions based on COEP/UFMG 507.253 on 01/07/2014 and CEP-HEM/FHEMIG 536.872 on 01/08/2014, published on 02/21/2014).

3. Results and Discussion

Characteristics of the interviewed elderly

The following table presents some characteristics of the elderly people whose interviews are analyzed in this study.

Table 1: Elderly men interviewed at the hospital in Belo Horizonte/ Minas Gerais/ Brazil

Specification	Total
Marital Status	
Single	1
Married	3
Divorced	3
Widower	1
Age at diagnosis	
Before the age of 60	6
After the age of 60	2
Using Antiretroviral Therapy - ART	

Yes	8
No	-
Possible way of infection	
Sexual intercourse	6
Injecting drugs	1
Piercing-cutting instrument	1

SOURCE: Interviews, 2014.

The data highlight two points: the category of hierarchical exposure “sexual intercourse” is the predominant way of transmission/ contraction of HIV/AIDS and Antiretroviral Therapy – ART enables survival with the virus, as also found in other studies [18-20].

Analyzing the profiles and information keeping in mind the cohort of men to whom they refer, it is possible to see the traces of the exercise of male sexuality and, therefore, the complex “[...] socially imposed rule on men and accepted by society in general, of intense, multiple and varied sexual practice as a “virility” certificate” (Portuguese to English version by the translator) [21, p.30]. Gender norm that defines not only sexual practice, but also the way of being and presenting oneself, giving men the status of powerful, strong, which constitute attributes of masculinity making them invulnerable to health problems.

However, Gomes [22] enriches the discussion, considering that the expression ‘male sexuality’ may indicate, in some areas of health, many more issues related to disease than health, for example, it can mean sexual impotence erectile dysfunction, infertility, prostate problems, and other harms, denigrating the idea and the ‘man model’ that the socially imposed norm defined.

Theme networks

Men’s health

The importance that men attach to health can be seen in situations in which the positive serological status for the virus was discovered, in the case of men covered by the research. The discovery was made in contexts different from those that could characterize self-care, that is, some diagnosis were made between exams for admission to work or as a result of the diagnosis in some sexual partner.

It is emphasized here that, in the socialization model of these men, “taking care of themselves” was not valued, indicating the need for reflection on the meanings attributed to masculinity [22]. Schraiber, Gomes and Couto [23] had already emphasized the importance of discussing “masculinities” (in the plural form), as a health issue, a structuring axis from which one could think of men (and women), “[...] as subjects with concrete needs” (Portuguese to English by the translator, p. 15). These authors suggested the renewal of the treatment of men (and also women) in the field of health.

“Getting sick”, according to the interviewees, is not a possibility in their world. The reaction of being “shocked” to learn of HIV positive serology portrays this point well. This is the case, for example, of an elderly person, who got divorced 20 years ago and, when undergoing tests for work purposes, was diagnosed.

Well, it was a shock for me, right?...Uh... we don't even know how we got this type of disease and for me, I was upset... We have to be patient, let's work, let's treat it because there's nothing else that we could do... It had already happened. What can I do, right? It's no use to get despair...it's like, I lost a fellow who is a public driver, a young man... married... he found out that he had this disease, so he drank poison and died... I mean... he left his wife and his young children... I mean... craziness... He lost his mind... I might have gotten it when I was working outside, the firm sent me away and it was there...I knew someone there... it was over, get it? I got it having a relationship with that person, I don't even know how or where...

(Portuguese to English version by the translator; 60 year old man, divorced, he studied up to the 5th grade of fundamental school, he was diagnosed 13 years ago).

One of the elderly said he was surprised and had a proactive attitude, in the sense of having full adherence to ART. He was doing a series of tests to require the *greencard*¹, when he discovered his serological condition. The “surprise” lies in the historical fact and full of prejudices and stigmas in which HIV/AIDS has been associated with “risk groups” or “risk behaviors” [24]. Once more, the hegemonic model of masculinity idealizes a non-real man, hard to be fulfilled in practice; this idealization “[...] can become a symptom or a health problem” (Portuguese to English version by the translator; [21] p. 32).

Sexuality

The absence of the belief of being vulnerable in relation to the possibility of contracting HIV is strong among the elderly and was observed in other interviews, as well as by other researchers, such as Maes and Louis [25] and Pratt et al. [26]. AIDS is the disease of the other, defining, in this context, the Omnipotence Syndrome [27]. Regard less the lifestyle, the number of partners and the partners themselves, AIDS is an evil that is far away. Based on these conceptions and the sexual invisibility of the elderly, treating an opportunistic disease, or a Sexually Transmitted Infection (STI), is the limit established until a clinical manifestation characteristic of HIV infection appears, as it can be seen in the speech:

I was treating a disease like one of those, which we get from dating someone. And that was often the same disease. One day, I felt sick, vomiting a lot and with diarrhea. I have lunch while travelling, so I thought that was it. But it didn't stop and that is how it was discovered.

(Portuguese to English version by the translator; 81 year old man, widower, he studied up to the middle of 4th grade of fundamental school; he was diagnosed 17 years ago).

It is added to this culture the availability of drugs for erectile dysfunction [28] and the lack of STI – HIV/AIDS campaigns aimed at the public aged 60 or over. Also, and mainly, the non-development of alternatives for clarification and health promotion that can truly meet the elderly, conceived as citizen subjects [29], in interaction with the world and their discoveries.

Gender relations

The question of infidelity or extramarital relationship was explicit in the case of one of the elderly men interviewed:

It was through... because of my sister-in-law... she has it... and I got it... I sexually used her a few times and... and as she went to the doctor and found it out, right? I thought... me too... I'm going to take a look at this... I'm going to check this thing... Then it was found I had this...

(Portuguese to English version by the translator; 61 year old man, divorced, he completed primary school, he was diagnosed 2 years ago).

The expression that the interviewee above used, of “sexually use”, refers to the discussion of sexist and predominantly sexist culture, legitimizing sex for pleasure and the attraction in the “idea of using the other” (Portuguese to English version by the translator; [30], p. 82). In fact, an analysis of the reports whose categories of exposure were sexual contact, both of elderly men and women, allows them to be inserted in the discussion of gender relations, based on the asymmetry of power between the sexes, identifying the feminine to the oppressed, and, the masculine, to the oppressor [31].

I was working in a bakery and I started to feel a pain like... in the chest, coughing, coughing. People told me to see the doctor and then, I took some tests and the result was that, it was found that I am seropositive. Then, I got divorced, not because of that, she took the test and she doesn't have it... But, I had a lot of affairs outside of marriage, a lot of them... That must have been it...

(Portuguese to English version by the translator; 61 year old man, he is divorced and has a lover, he studied up to the 7th grade of fundamental school, he was diagnosed 16 years ago).

Statement that confirms the importance of sexuality in elderly people's lives, corroborating the study by Lindau et al. [32], where Americans aged 57 to 85 years said that having a satisfactory sex life is an important activity in the participants' lives.

Living with HIV/AIDS

The vast majority of the elderly interviewed has one thing in common, which is the disclosure of the serological condition only for the family, including in the concept of family, mother/ father, children, siblings, companions and partners, and a secret for the others like, friends, neighbors and co-workers. In general, the disclosure occurs primarily for the family in search of a support network, someone to share what living with HIV/AIDS can represent. The secret is a strategy to protect themselves against discriminatory

¹The *greencard*, or, officially, *United States Permanent Resident Card*, is the permanent visa for the United States of America, granted by the country's authorities to foreigners.

situations the stigma related to HIV/AIDS, being the protective silence.

My sons know it, my daughter, from the lot where I have my shack, also knows it. It helps me, right?

(Portuguese to English version by the translator; 81 year old man, widower, he studied up to the middle of the 4th grade of fundamental school; he was diagnosed 17 years ago).

You know, my child, I don't say anything to anyone. Only my wife knows it, and my children...

When I have a girlfriend out, I don't tell her either. I say that we have to wear a condom... And the women accept it... [Laughs]

(Portuguese to English version by the translator; 66 year old man, married, illiterate, he was diagnosed one year ago).

Only my wife and I know it. Not the children. Today I deal with it well, but before I even hid it from doctors. See what nonsense! I was very ashamed; today I talk about it naturally... if my children found out or asked, today I speak normally. Today, they already graduated, got married; each one built his family... I just didn't tell them before because they were too young, and then for fear of them suffering... and thus hinder their development at school, college and so on...

(Portuguese to English version by the translator; 62 year old man, married, he studied up to the 3rd year of college, he was diagnosed 21 years ago).

Emler [33] researched the reasons that lead individuals from 50 to 72 years old to not reveal that they live with HIV/AIDS, and found some reasons: fear of being stigmatized, fear of rejection or the feeling that the serological condition is a personal matter, not being of interest to other people. However, some studies record that the revelation is liberating, in the sense of getting rid of a burden [34], and in the sense of identity, assuming to be a subject living with HIV/AIDS. It is known about the difficulty and all the implications of a revelation, but it is necessary to consider "the other of each one" (Portuguese to English version by the translator; [35]), the dialectical relationship of existing for the meaning that exists of not being alone, but yes in permanent interaction.

Perhaps it was in this context, of not being alone, that one of the interviewees revealed only to his children and some friends. Also his sister-in-law, with whom he had intercourse and it turned out that she was diagnosed HIV positive before him, is aware of his serological condition. When questioned if there were any changes in friendships after the disclosure, or any discrimination, he answered:

Normally... we remain friends... same thing!
(Portuguese to English version by the translator; 61 year old man, divorced, he completed primary school, he was diagnosed 2 years ago).

It's normal... a chronic disease that has treatment

(Portuguese to English version by the translator; 60 year old man, divorced, He studied up to the 5th grade of fundamental school, He was diagnosed 13 years ago).

It's normal... everyone is subject to be contaminated... Many times, the woman is contaminated and doesn't know it. Then, she transmits it to us; it's not always the man

(Portuguese to English version by the translator; 61 year old man, he is divorced and has a lover, he studied up to the 7th grade of fundamental school, he was diagnosed 16 years ago).

On the meaning of HIV/AIDS in the life of the elderly, there are several opinions: either it is a normal disease; or there is no meaning to the disease; or it is a serious disease that requires care with treatment.

I do, I make sure... At the right time. At first, I had problems with the medication, yes... It loosened my bowels a lot, you know? There was that. Now, it's over, it's stopped; I don't know if maybe the medicines were changed... The medicines were changed from a time ago, they were... Maybe that's it...

(Portuguese to English version by the translator; 60 year old man, divorced, he studied up to the 5th grade of fundamental school, he was diagnosed 13 years ago).

For some elderly men interviewed, there are some similarities in the characterization of life after diagnosis, reporting an apathetic life, living for the sake of living, or a "warm" life. These findings bring to light some studies that claim about the double discrimination suffered by the elderly, "being old and having HIV/AIDS is to be doubly discriminated against" (Portuguese to English version by the translator) [36]. To have these conceptions about life causes deprivation of substantial freedoms² when being elderly is already a reason for discrimination [37], in a society that values what is young and new [15].

Life with HIV/AIDS can mean nothing, nor changes in sexual relationships or in extramarital relationships, as reported in some statements.

I don't feel lonely. I have my children; I go there and have some girlfriends, right? [Laughs] I have had a lover for 5 years.

(Portuguese to English version by the translator; 61 year old man, He is divorced and has a lover, he studied up to the 7th grade of fundamental school, he was diagnosed 16 years ago).

My woman, I don't know if she has it. I've had it for just a year... We have sex taking care... But I

²For Sen [39], substantial freedom can be translated as the individual's total access to everything that is necessary for his survival and, also, to everything that can be considered non-essential, and to exercise the true power of choice.

like to have some girlfriends out there..., once in a while. I don't know, this is ours, you know? It's normal this way...

(Portuguese to English version by the translator; 66 year old man, married, illiterate, he was diagnosed one year ago).

I live with my wife, she also has it... We date, get along, these normal couple things, the coexistence is good! But, we keep life, right? I stroll for work, I'm a street vendor, and I fool around.

(Portuguese to English version by the translator; 62 year old man, married, he studied up to the 8th grade of fundamental school, he was diagnosed 22 years ago).

Life with HIV/AIDS, in the view of the elderly whose reports are the object of this study, is meaningless or remains in the normality of their life stories, regardless of education, marital status, religion, being asymptomatic or age at diagnosis. In a way, the denial of HIV/AIDS is to disqualify the infection as a health issue and one that requires care [24] for oneself and for the other, bringing interaction and intersubjective contexts to the debate. In the intersubjective context of married life, elderly men living with HIV/AIDS who have an active sexuality have effective vulnerability, requiring greater attention from health professionals [38].

The record of uncertainties and inaccuracies about the disease itself, the need to preserve oneself to avoid reinfection with another strain of the virus recurrent [24, 40], as well as about the biological aging process itself and aging with HIV/AIDS. An elderly man said that he has a bad sex life because he has to use a condom and because of the side effect of ART on erectile function, as mentioned in Cooperman, Arnsten and Klein [41].

It's bad to have sex having this disease. I have to use a condom and, sometimes, I have some problems during sex. I know that there's a medicine, I'm gonna ask the doctor. And it will be one more medicine! Have you thought about it? It's a lot. I can't handle it! It disturbs everything...

(Portuguese to English version by the translator; 81 year old man, widower, he studied up to the middle of the 4th grade of fundamental school; he was diagnosed 17 years ago).

The austere nature of the theme of HIV/AIDS in old age brings up the previous discussion, about the lack of certainty and knowledge on the part of the elderly. It also brings the lack of condom use, even infected with HIV, as exposed in other studies [42]; a fact that can be related to both the symbolism and the meaning that the condom has for the elderly [43, 44]. The sexual invisibility of the elderly is internalized even by them, until they contract the infection and Sankar et al. [45] cite that culture and perceptions are more important than age, in terms of HIV/AIDS prevention.

4. Final Considerations

Brazil, which is already demographically considered an aged country, should include in the agendas of governmental public policies, the experience of the elderly people sexuality with regard to active and healthy aging and the prevention of Sexually Transmitted Infections (STIs), among the which, HIV/AIDS was highlighted in this article. Campaigns that deal with the theme and that encourage the use of condoms should also focus on elderly people, as many do not see themselves as vulnerable to HIV/AIDS, which was evident in the statements of the elderly who participated in the study. The collective conscience that permeates the false idea of "risk groups" must be refuted and combated in primary health care campaigns, based on theoretical framework of vulnerability and seeking to target, the healthy experience of people's sexuality in the process of aging and old age, properly speaking.

References

- [1] IBGE. Instituto Brasileiro de Geografia e Estatística. *Pesquisa Nacional por Amostra de Domicílios Contínua Trimestral*. População por grupos de idade. 2020
- [2] Brasil. Ministério da Justiça. Decreto-lei nº 10.741, 1º de outubro de 2003. *Estatuto do Idoso*. 2003.
- [3] Cerqueira, M.B.R.; Rodrigues, R. N. Factors associated with the vulnerability of older people living with HIV/AIDS in Belo Horizonte (MG), Brazil. *Ciência&SaúdeColetiva*, 21(11): 3331-3338, 2016.
- [4] Tavares, M. C. A. et al. Apoio social aos idosos com HIV/aids: uma revisão integrativa. *Rev. Bras. Geriatr.Gerontol.*, 22(2): e180168, 2019.
- [5] Schramm, J.M.A. et al. Transição epidemiológica e o estudo de carga de doença no Brasil. *Ciência & Saúde Coletiva*, v. 9(4), p. 897-908, 2004.
- [6] Harris, T. G.; Rabkin, M.; El-sadr, W. M. Achieving the fourth 90: healthy aging for people living with HIV. *AIDS*, 2018, 32: 1563-1569.
- [7] Arantes, R. C.; Nunes, M. A. Os idosos com aids: uma análise espacial segundo os casos identificados no Brasil em 2016. XXI Encontro Nacional de Estudos Populacionais. *Anais...* Poços de Caldas, Minas Gerais, setembro de 2018.
- [8] Araujo, P. Socio-Economic Status, HIV/AIDS Knowledge and Stigma, and Sexual Behavior in India. *CAEPR Working Paper*. Indiana University Bloomington, 2008.
- [9] Santana, P. P. C. et al. Fatores que interferem na qualidade de vida de idosos com HIV/AIDS: uma revisão integrativa. *Cogitare Enferm.*, (23)4: e59117, 2018.
- [10] UNAIDS. People aged 50 years and older. *The Gap Report 2014*. Joint United Nations Programme on HIV/AIDS, July 2014.
- [11] Dantas, D. V. et al. Sexualidade e qualidade de vida na terceira idade. *Rev. Bras. Pesq. Saúde*, Vitória, 19(4): 140-148, out-dez, 2017.
- [12] Mpondo, B. C. T. HIV Infection in the Elderly: Arising Challenges. *Journal of Aging Research*. Hindawi Publishing Corporation. v. 2016, article ID 2404857.

- [13] Cassette, J. B. et al. HIV/aids em idosos: estigmas, trabalho e formação em saúde. *Rev. Bras. Geriatr. Gerontol.*, Rio de Janeiro, 19(5): 733-744, 2016.
- [14] Aguiar, R. B. et al. Idosos vivendo com HIV – comportamento e conhecimento sobre sexualidade: revisão integrativa. *Ciência & Saúde Coletiva*, 25(2): 575-584, 2020.
- [15] Arantes, R. C. *Empoderamento e protagonismo da pessoa idosa*. Research gate. Publication: 320881119, 2017.
- [16] Attride-Stirling, J. Thematic networks: an analytic tool for qualitative research. *Qualitative Research*. v. 1, n.3, p. 385-405, 2001.
- [17] Minayo, M. C. S. *O desafio do conhecimento*. Pesquisa qualitativa em saúde. 10 ed., São Paulo: Hucitec, 2007.
- [18] MCGOWAN, J. A. et al. Age, time living with diagnosed HIV infection, and self-rated health. *HIV Medicine*, 18, 89-103, (2017).
- [19] Jaffe, H. W. Lessons from the early HIV/AIDS epidemic. *AIDS*, 2018, 32: 1719-1721.
- [20] Silva, A. G. et al. Revisão integrativa da literatura: assistência de enfermagem a pessoa idosa com HIV. *Rev. Bras. Enferm.* [Internet]. 71 (suppl. 2): 939-47, 2018.
- [21] Villela, W. V. Gênero, saúde dos homens e masculinidades. *Ciência & Saúde Coletiva*, 10(1): 18-34, 2005.
- [22] Gomes, R. *Sexualidade masculina, gênero e saúde*. Rio de Janeiro: Editora FIOCRUZ, 2008.
- [23] Schraiber, L. B.; Gomes, R.; Couto, M. T. Homens e saúde na pauta da Saúde Coletiva. *Ciência & Saúde Coletiva*, 10(1): 7-17, 2005.
- [24] Bastos, F. I. *Aids na terceira década*. Rio de Janeiro: FIOCRUZ, 2006.
- [25] Maes, C. A.; Louis, M. Knowledge of AIDS, perceived risk of AIDS, and at-risk sexual behaviors among older adults. *The Journal for Nurse Practitioners*. 2003; 15: 509-516.
- [26] Pratt, G. et al. Human immunodeficiency virus (HIV) in older people. *Age and Ageing*, 2010; 39: 289-294. British Geriatrics Society.
- [27] Fontes, K. S.; Saldanha, A. A. W.; Araújo, L. F. Representações do HIV na terceira idade e a vulnerabilidade no idoso. *HIV/AIDS Virtual Congress*, 7. Comunidade dos Países de Língua Portuguesa – CPLP, Portugal, 2006.
- [28] Sousa, J. Sexualidade na Terceira Idade: Uma Discussão da AIDS, Envelhecimento e Medicamentos para Disfunção Erétil. *DST – J Bras Doenças Sex Transm*, 2008; 20(1): 59-64.
- [29] Paiva, V. Sem mágicas soluções: a prevenção e o cuidado em HIV/AIDS e o processo de emancipação psicossocial. *Interface – Comunic, Saúde, Educ*, v. 6, n.11, p. 25-38, ago 2002.
- [30] Barbosa, R. M. Negociação sexual ou sexo negociado? Poder, gênero e sexualidade em tempos de aids. In: BARBOSA, R. M.; PARKER, R. (org.). *Sexualidade pelo avesso*. Direitos, Identidades e Poder. Rio de Janeiro: IMS/UERJ, São Paulo: Editora 34, 1999. p. 73-88.
- [31] Villela, W. V. Prevenção do HIV/AIDS, gênero e sexualidade: um desafio para os serviços de saúde. BARBOSA, R. M.; PARKER, R. G. (Org.). *Sexualidades pelo Avesso*. Direitos, Identidades e Poder. Rio de Janeiro: IMS/UERJ, São Paulo: Editora 34, 1999. p. 199-213.
- [32] Lindau, S. T. et al. A Study of Sexuality and Health among Older Adults in the United States. *The New England Journal of Medicine*. August 23, 2007: 762-774.
- [33] Emler, C. A. Truth and consequences: a qualitative exploration of HIV disclosure in older adults. *AIDS Care*. Vol. 20, n. 6, July 2008, 710-717.
- [34] Paxton, S. The paradox of public HIV disclosure. *AIDS Care*. (2002), vol. 14, n. 4, pp. 559-567.
- [35] Ricoeur, P. *O si-mesmo como um outro*. Trad. Lucy Moreira Cesar. Campinas, SP: Papirus, 1991.
- [36] Brasileiro, M.; Freitas, M. I. F. Representações sociais sobre aids de pessoas acima de 50 anos de idade, infectadas pelo HIV. *Revista Latino-americana de Enfermagem*. São Paulo: USP, set./out. 2006.
- [37] Zornitta, M. *Os novos idosos com aids: sexualidade e desigualdade à luz da bioética*. 2008. Dissertação (Mestrado em Saúde Pública) – Fundação Oswaldo Cruz, 2008.
- [38] Ayres, J. R. C. M. Práticas educativas e prevenção de HIV/AIDS: lições aprendidas e desafios atuais. *Interface*. Comunic, Saúde, Educ, v6, n11, p.11-24, ago 2002.
- [39] Sen, A. *Desenvolvimento como Liberdade*. 3 ed., São Paulo: Cia das Letras, 2002.
- [40] Felismino, H. P.; Costa, S. F. G. da; Soares, M. J. G. O. Direitos e deveres de pessoas com HIV/AIDS no âmbito da saúde: um enfoque bioético. *Revista Eletrônica de Enfermagem*. 2008; 10(1): 87-99.
- [41] Cooperman, N. A.; Arnsten, J. H.; Klein, R. S. Current sexual activity and risk sexual behavior in older men with or at risk for HIV infection. *AIDS Educ Prev*. 2007, August; 19(4): 321-333.
- [42] Bertocini, B. Z.; Moraes, K. S.; Kulkamp, I. C. Comportamento Sexual em Adultos Maiores de 50 Anos Infectados pelo HIV. *DST – J Bras Doenças Sex Transm*, 2007; 19(2): 75-79.
- [43] Delor, F.; Hubert, M. Revisiting the concept of 'vulnerability'. *Social Science & Medicine*. 50 (2000): 1557-1570.
- [44] Alencar, R. de A. *O idoso vivendo com HIV/AIDS: a sexualidade, as vulnerabilidades e os enfrentamentos na atenção básica*. 2012. 163 p. Tese (Doutorado em Enfermagem) Escola de Enfermagem da Universidade de São Paulo, 2012.
- [45] Sankar, A. et al. What do we know about older adults and HIV? A review of social and behavioral literature. *AIDS Care*. 2011, October; 23(10): 1187-1207.