

HIV/AIDS and Seniors: Knowledge of the Elderly about the Disease

ORIGINAL

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Abstract

Introduction: The spread of HIV/AIDS in the elderly population is already characterized as a serious public health problem, requiring the development of actions and strategies to reduce the vulnerability of these individuals.

Objective: Identifying the knowledge of older people about HIV/AIDS.

Method: This is an exploratory-descriptive study of a qualitative approach, developed with 26 elderly enrolled in three Family Health Strategies of the city of Cajazeiras, Paraíba, Brazil. Data were collected through interviews with a structured questionnaire and analyzed according to the Content Analysis Technique proposed by Bardin.

Results: Participants were 26 elderly, most of whom were women belonging to the age group of 60-69 years old and married. From the analysis of the speeches of the participants emerged the theme category Knowledge about HIV/AIDS, with the following subcategories: Definition, Sources of Information, Treatment and Prognosis.

Conclusion: It showed that many seniors have relevant knowledge about the disease; however, most of this is insufficient or surrounded by the mystification of knowledge rooted in the popular daily life.

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Introduction

Population aging is considered one of the phenomena with the greatest impact worldwide, even in this century, which is the result of a marked decline in mortality rates and fertility and birth rates, generating an increase in life expectancy, and consequent increase in the number of elderly [1].

Because of increased longevity, there was greater interest of the industry to provide these individuals a nicer aging by new technologies in the medical and pharmaceutical fields, such as therapy for hormone replacement and medications for impotence, which allowed to rediscover elderly sensations and experiences, among them sex [2]. However, with this technological advent, there was also increased the prevalence of unsafe sexual practices, making the elderly more vulnerable to contamination by sexually transmitted infections (STIs), especially HIV/AIDS [3].

The number of AIDS cases in individuals aged over 60 years old rose over the decades, considering that the incidence rate from 1990 to 1999 was 3.7 cases per 100.000 inhabitants, while in the years 2000 to 2009 the incidence had nearly double the previous decade, with 6.59 cases per 100.000 population [4].

Faced with this problem, it is essential to understand the knowledge that these individuals have about the disease, seeking to address the many facets and dimensions inherent to infection, in order to modify the pre-existing view of the person living with HIV/AIDS [5-6].

For this, we must investigate the information that emerge in the daily lives of older people about HIV/AIDS, addressing all aspects that influence directly and/or indirectly on the susceptibility of these individuals, especially considering that ascribed elderly to the Family Health Strategy (FHS), partly not receive guidance about the experience of sexuality in old age and prevention of STIs, due mainly to the misconception that the individual, from a certain age, becomes sexless. Thus, this study aimed to

identifying the knowledge of older people about HIV/AIDS.

Method

This is a field of study, exploratory and descriptive, of a qualitative approach, carried out in three FHS in the city of Cajazeiras/PB, between June and July 2014. The sample consisted of all the elderly enrolled in Hypertensive Monitoring System Diabetics and (HIPERDIA) and the selection of participants was completed by simple random sampling, by drawing lots, and totaling 26 individuals.

Inclusion criteria were: being 60 years old or over, be ascribed to the selected FHS and registered in HIPERDIA program. Choosing this inclusion criterion was because, in most cases, these individuals receive guidance aimed to chronic diseases that present with their sexuality overlooked by health professionals, becoming thus a population vulnerable to STIs. The elderly with oral communication and cognitive deficit were excluded; the latter measured by the Mini Mental State Examination [8].

Data collection was held at the home of the elderly, through interviews with previously prepared script, containing sociodemographic data and the following questions: What is AIDS? How do you get information about AIDS? Is there any treatment for AIDS? What happens to the individual who has AIDS?

The interviews were transcribed precise, and the data analyzed according to the Content Analysis Technique proposed by Bardin [9]. Later, it was used to build a system of categories, seeking to identify issues and relevant standards. In order to enable a better understanding of the organization, the content of the speeches was arranged in frames, where each category formed is divided into recording units, represented by their respective units' contexts. The speeches were identified by the letter "E" followed by the ordinal number corresponding to the interview order (E1, E2...) in order to preserve the anonymity of participants.

The research project was approved by the Ethics in Research Committee of the University Hospital Alcides Carneiro/Federal University of Campina Grande in CAAE No. 12154013.0.0000.5182 and Opinion 321 609 number.

Table 1. Socio-demographic profile of the study participants. Cajazeiras–PB, 2014. (n=26)

Variable	N	%
Gender		
Female	18	69.2
Male	8	30.8
Age (in years)		
60-69	13	50
70-79	12	46.2
80 or over	1	3.8
Marital Status		
Single	6	23.1
Married	13	50
Divorced	2	7.7
Widower/Widow	5	19.2
Income		
Retired earning more than 1 minimum wage	1	3.8
Retired earning 1 minimum wage	19	73.1
Not retired with 1 minimum wage job	4	15.4
Not retired and unemployed	2	7.7
Schooling		
None	7	27
Incomplete elementary	9	34.6
Complete elementary	6	23.1
Complete High School	4	15.3
Number of children		
0 – 4	20	76.9
5 – 9	4	15.4
≥ 10	2	7.7
Family arrangement		
Alone	1	3.8
1 – 3 people	19	73.1
4 – 5 people	6	23.1
Total	26	100

Source: A field research, 2014.

Results

Characterization of the sample

By analyzing the results it was possible to draw a socio-demographic profile of the study participants, regarding gender, age, marital status, income, education, number of children and family arrangement, as shown in **Table 1**.

Elderly speeches

Category of knowledge about HIV/AIDS

Table 2. Understanding concerning the knowledge about HIV/AIDS according to the speech of the elderly attached to FHS. Cajazeiras, PB. (n=26).

Subcategory	Prescription Units	Context Units	n
Definition	Incurable Disease	An incurable disease. (E15)	12
	Did not know inform	I've heard, but I don't know anything about. (E2)	9
	Sexual Disease	It's a sexually transmitted disease. It's passed by sex. (E26)	5
Information sources	Media	[...] I've seen radio and television programs talking about AIDS [...]. (E23)	18
	Health Professionals	I've seen medical lectures explaining about AIDS [...]. (E25)	8
Treatment	Medication Use	Has medicine for fighting a little, to go living. (E2)	14
	Did not know inform	I don't know if it has treatment, I don't know anything about it. (E12)	12
Prognostic	Death	Kill in silence, will slowly killing. (E23)	16
	Chronicity	[...] after getting the disease, stays with it for the rest of the life. (E15)	10

Source: A field research, 2014

Discussion

The study included 26 elderly, most of whom were female. The increase in the number of older women, called the feminization of aging, is a phenomenon resulting from demographic transition that has been taking place in Brazil since the 1940s, related to changes in the patterns of survival of men and women. This phenomenon creates distinctions in aspects of the health-disease process, and influence, directly and indirectly, in the quality of life and susceptibility to various diseases [9]. This fact demand for managers of federal, state and municipal special attention as to the specific public investments for this audience, especially for STIs and HIV/AIDS [10].

The age group with the highest number of elderly was 60-69 years old (50%), which sets a common reality among the Brazilian elderly population, given that it has a high percentage compared to other age groups that concentrate elderly, corresponding in 2010 to 5.95% of the total population, while the age groups 70-79 years old and 80 and over, accounted for only 3.31 and 1.53%, respectively [11].

About marital status, it was observed that most the participants were married, corroborating Census data 2010 in Brazil, which showed that the rate of legal marriage between individuals 65 years old or over have been showing increase over the years, for women 0.5% in 2000 and 0.7% in 2010; while for men, these figures rise to 2.6% and 3.3%, respectively [12].

With regard to individual income, it was found that 73.1% of the elderly were retired and receiving up to one minimum wage, while 7.7% did not receive benefit or had jobs, showing dependence on someone to provide their livelihoods, which directly influences the conditions health, housing and access to goods and services consumption [13].

With regard to education, it was observed that the subjects tested had a low educational index, considered a susceptibility factor for HIV/AIDS. Stu-

dy by Batista et al. [14] revealed a significant association ($p < 0.01$) between level of education and knowledge about AIDS, which can be related to the current trend of the epidemic primarily affects people with lower level of education.

The small number of children referred by the elderly reflects the change that occurred in Brazil over the decades in which the number of children per couple has decreased dramatically, sharply reducing the reflection in fertility rates that began in the second half of the 1960 [15]. And in relation to the family arrangement, it was found that most seniors reside with one to three people. The family is the main link between the elderly and society, and acting on their views, values and attitudes; therefore essential element in ensuring the health and well-being of the individual [16].

From the analysis of the Knowledge Category about HIV/AIDS, there have been identified four subcategories and their respective Registration Units.

About the subcategory "Definition", the unit "Incurable Disease" shows that the fact that the disease does not present cure; it is a popular information, mainly informally, in conversations with friends and family. In a study of 535 elderly verified the existence of gaps in the level of knowledge of these on HIV/AIDS, which, according to the researchers, results in risk factors that may contribute to the increase of infection in this age group [17].

The second recording unit "Do not know inform", it reveals that the interviewees did not have any knowledge about HIV/AIDS. This can be explained, at first, the high number of illiterate participants, especially considering that the level of education is an important protective factor against HIV/AIDS in the elderly, since, to having more years of study, understand best risks for illness and provide preventive behaviors [17].

Regarding the "Sexual Disease" unity, it was found that some participants knew the sexual nature of the disease and, from this, it makes explicit the need for health professionals give greater focus

to the issues related to sexuality of the elderly, as this population has sought to build a new identity for itself, overcoming the ideological social model put hegemonic and stigmatizing vision and full of prejudice [18].

The second subcategory found was "Sources of Information", in which the first recording unit "Media", expressed that radio and television are the main mass content spread of vehicles, the main way of obtaining knowledge on HIV/AIDS.

To understand the behavior of the elderly it is necessary to identify the sources of information on STI/AIDS that the subjects have access. Thus, the media: television, radio and newspapers are their main references for reaching most of the world's population, regardless of age or social class; turning them into perfect vehicles for mass dissemination of educational content and relevant social value [2,19].

About the participation of "Health Professionals" in the dissemination of effective information about the disease, it was observed that only a small portion of said received guidance of these professionals on HIV/AIDS. The difficulty for health professionals to talk about the sexuality of the elderly is evident, for knowledge and behavior in relation to STI/ HIV/AIDS is usually treated only for some specific population groups, highlighting adolescents and young adults [17,20]. For the subcategory "treatment", it was observed that most of the respondents had information about the existence of treatment for HIV/AIDS, through the "Medicinal Products". Antiretroviral therapy for patients living with HIV/AIDS resulted in a reduction in morbidity, increased survival, improved quality of life, viral load suppression and prevention of vertical transmission worldwide [21]. However, the efficacy of this treatment is associated with a dynamic, interactive and ongoing process, involving health professionals and the individual with AIDS, and yet, it is directly influenced by internal and external factors, intrinsic to each individual [22].

Regarding the unit "Did not know inform", it

highlighted the lack of knowledge of older people about HIV/AIDS, which exposes the association of the problems between the education level and the risk for acquiring HIV/AIDS. Studies show that the level of education is an important factor to assess the vulnerability to HIV/AIDS in a given population, given that the number of cases is higher in the strata with less schooling, referring to the condition worse coverage of surveillance systems and health care among the poor economically, under the assumption that the level of education is an important variable of social stratification [14, 17, 23].

For the subcategory "Prognosis", it was possible to list three reporting units: Death, Chronicity and Healing. At first, it was noted with concern that the only destiny of people living with HIV/AIDS would be death. However, although HIV/AIDS is an incurable disease, scientific advances in health care, especially for the diagnosis and drug treatment, made opportune a reduction in morbidity and a significant increase in survival of individuals, as longer considered an incurable, fatal and irreversible disease, making it a potentially manageable chronic condition, through the proper use of antiretroviral therapy [24].

The registration unit "Chronicity" expresses an important knowledge that nine elderly, showing that these guys understand the natural course of HIV/AIDS. According to Cano et al. [25], fear regarding HIV/AIDS still surrounds the imagination of the population, for society was used to seeing in the press, in movies and media reports, skeletal individuals with dry skin, eyes sunken, hairless and away from social life and work, both physical issues, as a result of prejudice and discrimination.

The exposed content in the "Knowledge about HIV/AIDS" promoted the vision of the complex facets that permeate the elderly of knowledge about the infection, influencing directly in their vulnerability, requiring so in an efficient intervention by health professionals.

Conclusion

It was obtained a differentiated insight into the understanding of older people about HIV/AIDS, as many had relevant knowledge about the disease. However, most of this is insufficient or surrounded by the mystification of knowledge rooted in popular daily life, a condition that favors the increased vulnerability of this population for HIV/AIDS.

It was possible to identify a break in the relationship between health professionals and the elderly, proven by these guidelines affirm receiving, in priority, from the mass media, especially television. Therefore, it is necessary that managers and/or directly responsible for creating strategies to promote health and prevention of injuries, especially with regard to HIV/AIDS and this particular target audience.

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