

REVISÃO SISTEMÁTICA, INTEGRATIVA E DE ESCOPO

INSTRUMENTS FOR ASSESSING SEXUALITY IN LATIN AMERICAN ELDERLY PEOPLE: SCOPING REVIEW

INSTRUMENTOS PARA AVALIAÇÃO DA SEXUALIDADE EM IDOSOS/AS LATINO-AMERICANOS/AS: REVISÃO
DE ESCOPO

INSTRUMENTOS PARA LA EVALUACIÓN DE LA SEXUALIDAD EN PERSONAS MAYORES
LATINOAMERICANAS: REVISIÓN DEL ALCANCE

Rita de Cássia Paulino da Silva¹  Jaíne de Jesus Vasconcelos¹  Rosalba Maria dos Santos²  Fernando Soares da Silva
Neto³ 

Abstract: Sexuality is a vital and subjective part of every human being, which continues in aging, but takes on different forms and meanings depending on experiences and realities. Despite its importance, there is still a shortage of specific instruments for assessing sexuality of older adults. Given this scenario, the objective is to map the instruments used to assess the sexuality of elderly people in sociocultural and clinical contexts in Latin America. This is a scoping review with a qualitative, descriptive, and exploratory approach, conducted according to the methodological guidelines of the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis and developed based on the PRISMA-ScR Checklist and Explanation version. Five studies focused on this topic were identified. The studies analyzed revealed that 80% of the main authors are from the Health Sciences field, and 60% used instruments with a psychosocial, affective, and attitudinal focus. The instruments mapped were the Sexual Self-Image Scale for Elderly Chileans, FSFI, ADAM, CASV-10, and EVASI. Despite these contributions, limitations persist regarding gender representation, sexual orientation, and the inclusion of LGBTQIAPN+ older adults. The conclusion is that there is a diversity of instruments for assessing sexuality in aging, encompassing functional and psychosocial approaches. However, more inclusive tools sensitive to Latin American realities need to be developed.

Keywords: Sexuality; Elderly; Health Assessment; Latin America.

Resumo: A sexualidade se caracteriza como uma parte vital e subjetiva de todo ser humano, a qual tem continuidade no envelhecimento, todavia, assumindo diferentes formas e significados, conforme as vivências e realidades. Apesar de sua importância, ainda há escassez de instrumentos específicos para avaliar a sexualidade de idosos/as. Diante desse cenário, objetiva-se mapear os instrumentos utilizados para avaliar a sexualidade de idosos/as em contextos socioculturais e clínicos da América Latina. Trata-se de uma revisão de escopo, com abordagem qualitativa, descritiva e exploratória, conduzida conforme as diretrizes metodológicas do Joanna Briggs Institute (JBI) *Manual for Evidence Synthesis* e elaborada com base no *PRISMA-ScR Checklist and Explanation versão 2020*. Foram identificados cinco estudos direcionados à temática. Os estudos analisados revelaram que 80% dos autores principais pertencem às Ciências da Saúde e 60% utilizaram instrumentos com enfoque psicossocial, afetivo e atitudinal. Os instrumentos mapeados foram a Escala de Autoimagem Sexual para Idosos da População Chilena, FSFI, ADAM, CASV-10 e EVASI. Apesar das contribuições, persistem limitações quanto à representatividade de gênero, orientação sexual e inclusão de pessoas idosas LGBTQIAPN+. Conclui-se que existe diversidade de instrumentos para avaliar a sexualidade no envelhecimento, abrangendo enfoques funcionais e psicossociais. Contudo, é necessário desenvolver ferramentas mais inclusivas e sensíveis às realidades latino-americanas.

¹Undergraduate Student in Physical Therapy. Universidade Estadual da Paraíba (UEPB), Department of Physical Therapy-CCBS, Campina Grande, Brazil. rita.paulino@aluno.uepb.edu.br; jaine.vasconcelos@aluno.uepb.edu.br

²MScDegree in Psychobiology (UFRN).Professor at the Universidade Estadual da Paraíba (UEPB), Department of Physical Therapy -CCBS, Campina Grande, Brazil. rosalbasantos@servidor.uepb.edu.br

³PhD Student in Health Decision Models (PPMGDS-UFPB), MSc in Public Health (PPGSC-UFPB), Specialist in Diversity and Sexuality (NIPAM/CE/UFPB). Professor at the Universidade Estadual da Paraíba (UEPB), Department of Physical Therapy -CCBS, Campina Grande, Brazil. fernando.fernandosoares@outlook.com.br

Palavras-chave: Sexualidade; Idoso; Avaliação em Saúde; América Latina.

Resumen: La sexualidad es una parte vital y subjetiva de cada ser humano, que continúa hasta la vejez, pero adquiere diferentes formas y significados según las experiencias y realidades. A pesar de su importancia, aún existe una escasez de instrumentos específicos para evaluar la sexualidad de personas mayores. Ante este escenario, el objetivo es mapear los instrumentos utilizados para evaluar la sexualidad de personas mayores en contextos socioculturales y clínicos en América Latina. Esta es una revisión de alcance con un enfoque cualitativo, descriptivo y exploratorio, realizada según las directrices metodológicas del Manual para la Síntesis de Evidencia del Instituto Joanna Briggs (JBI) y desarrollada con base en la Lista de Verificación y Explicación versión 2020 PRISMA-ScR. Se identificaron cinco estudios centrados en este tema. Los estudios analizados revelaron que el 80% de los autores principales pertenecen al área de las Ciencias de la Salud y el 60% utilizó instrumentos con un enfoque psicosocial, afectivo y actitudinal. Los instrumentos mapeados fueron la Escala de Autoimagen Sexual para Adultos Mayores Chilenos, FSFI, ADAM, CASV-10 y EVASI. A pesar de estas contribuciones, persisten limitaciones en cuanto a la representación de género, la orientación sexual y la inclusión de las personas mayores LGBTQIAPN+. La conclusión es que existe una diversidad de instrumentos para evaluar la sexualidad envejeciendo, que abarcan enfoques funcionales y psicosociales. Sin embargo, es necesario desarrollar herramientas más inclusivas que tengan en cuenta las realidades latinoamericanas.

Palabras clave: Sexualidad; Adulto mayor; Evaluación de salud; América Latina.

Introduction

Aging, for many individuals, is still understood through a lens of deficit and decline. As a result, negative perceptions about this stage of life are constructed. The way individuals perceive their own age and aging process directly influences how they experience daily life and move throughout their existence (Barbee, 2022).

According to Moraes et al. (2011), during senescence, sexual activity may decrease, but sexuality remains present and can be expressed and valued in different ways. Ventriglio and Bhugra (2019) further emphasize that sexuality is a vital component of human life, encompassing aspects such as pleasure, reproduction, sexual behaviors, and sexual orientations. Silva Neto et al. (2024) explain that sexual orientation refers to the way individuals relate affectively and sexually to other people in their various contexts, constituting an intrinsic part of human sexuality throughout the entire lifespan, including old age.

The World Health Organization (WHO) defines sexuality as an energy that motivates us to seek love, contact, tenderness, and intimacy, and that is integrated into the way we feel, move, touch, and are touched. Thus, sexuality is a fundamental dimension at all stages of life, from birth to death, encompassing physical, emotional, social, and cultural aspects (Uchôa et al., 2016).

Growing older does not mean becoming asexual. However, the stigmas surrounding sexuality in old age remain strong. Stereotypes, physiological changes, religious prejudice, family pressures, and individual factors contribute to the invisibility of this aspect of older adults' lives, limiting its full expression (Moraes et al., 2011; Uchôa et al., 2016).

The failure to recognize sexuality among older adults is fueled by sociocultural prejudices and misconceptions, which is reflected, for example, in the absence of preventive campaigns on sexually transmitted infections (STIs) targeting this population. There is also a lack of appropriate approaches to sexual education and the promotion of sexual health among older adults. This neglect has serious consequences, such as the increasing incidence of STIs in this age group, revealing the fragility of our understanding of human sexuality in all its complexity (Souza et al., 2015; WHO, 2014).

In this context, it is essential to foster self-awareness through instruments that support the assessment and measurement of sexuality in this population. Self-knowledge involves connecting with one's own feelings, recognizing the body, its potentialities and limitations, as well as seeking relationships that promote personal growth, overcoming difficulties, and strengthening self-esteem (Brasil, 2013, p. 40).

Given this scenario, this review aims to map the instruments used to assess the sexuality of older adults within Latin American sociocultural and clinical contexts, contributing to the strengthening of scientific knowledge and to the development of tools that are better suited to the particularities of this stage of life.

Methodology

Study Design

This is a scoping review with a qualitative, descriptive, and exploratory approach, conducted in accordance with the methodological stages proposed by the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis (Peters et al., 2020) and PRISMA-ScR Checklist and Explanation version 2020 (Tricco et al., 2018).

Research Question

This review is guided by the following research question: "What instruments are available for the assessment and measurement of sexuality in its different aspects among the Latin American older adult population?" To structure and define this question, the PCC strategy (Population, Concept, and Context) was used, as recommended by the JBI (Peters et al., 2020), as described below. Population: Older adults; Concept: Instruments for the assessment and measurement of sexuality; Context: Different aspects of sexuality among older adults within the geographical context of South America.

Inclusion and Exclusion Criteria

The inclusion criteria comprised primary studies involving older adults, with the age criterion based on the definition proposed by Araújo et al. (2017), which considers individuals aged 60 years or older as older adults.

Furthermore, studies addressing aspects related to sexuality in different dimensions, such as sexual frequency, satisfaction, perceived sexual health, and psychosocial factors, with the instruments used for measurement being clearly described and characterized, were included. Eligible studies employed quantitative, qualitative, or mixed-methods approaches, provided that the instrument was explicitly described regarding its development, validation, and/or translation, as well as its respective aspects. An additional inclusion criterion was the restriction to studies published in Portuguese, English, or Spanish, with no time restriction, available in full text and free of charge for extraction and analysis. It should be noted that the instrument had to be related to populations that were geographically Latin American.

Scientific publications that did not present measurable data on sexuality or that focused on other conditions unrelated to the proposed topic were excluded, as were opinion papers, studies with secondary designs (reviews), and studies that did not use specific assessment instruments.

Search Strategy

To guide the information search and data extraction, a search strategy was developed based on the Health Sciences Descriptors (DeCS). This approach aimed to encompass the largest possible number of studies, followed by a process of selection, refinement, and manual screening through the reading of titles and abstracts. Based on the relevant descriptors and their corresponding terms, and according to the research objective, search strategies were developed and adapted for each database (Table I).

Table 1 – Search strategies for the scoping review

Database	Search strategy
Lilacs, Medline e BDENF	#1 ("Idoso" OR "Saúde do Idoso" OR "Pessoa Idosa") AND ("Sexualidade" OR "Educação Sexual" OR "Saúde Sexual" OR "Equidade de Gênero") AND ("Inquéritos e Questionários" OR "Inquéritos Epidemiológicos" OR "Entrevistas como Assunto")
via	#2 ("Elderly" OR "Elderly Health" OR "Older Person") AND ("Sexuality" OR "Sex Education" OR "Sexual Health" OR "Gender Equity") AND ("Surveys and Questionnaires" OR "Epidemiological Surveys" OR "Interviews as Topic")
Virtual Health Library (VHL)	#3 ("Idoso") AND ("Sexualidade") AND ("Inquéritos e Questionários" OR "Entrevistas como Assunto") #4 ("Elderly") AND ("Sexuality") AND ("Surveys and Questionnaires")

Source: Authors.

Information Sources

The information sources selected for this review were: Lilacs (Literatura Latino-Americana e do Caribe em Ciências da Saúde), Medline (*Medical Literature Analysis and Retrieval System Online*) and Biblioteca Virtual em Saúde Enfermagem (BDENF), via Biblioteca Virtual de Saúde (BVS).

Justification for the Information Sources

The decision to conduct the search exclusively in Latin American databases is justified by the central objective of this study. Considering that sexuality is a phenomenon strongly influenced by cultural, historical, and social factors, priority was given to a database that emphasizes scientific production from Latin America, with greater potential to capture regional specificities. Furthermore, this geographic scope aims to provide visibility to studies that are often underrepresented in international databases such as PubMed, thereby contributing to the recognition and strengthening of knowledge produced in the Global South.

Study Selection

Initially, the total number of studies identified was recorded. Subsequently, the following filters were applied in the Virtual Health Library (VHL): full-text availability and the databases MEDLINE, BDENF, and LILACS. After applying these criteria, the final number of selected studies was obtained.

The results were then exported to the Rayyan software (Ouzzani, 2016), which was used for the screening stage. During this phase, the titles and abstracts were reviewed to refine the search results and identify the most relevant articles. Duplicate studies were identified and considered only once, thereby avoiding repeated analyses.

The screening of records was conducted independently by two researchers. Any disagreements were resolved through the assessment of a third reviewer, as recommended by the PRISMA-ScR guidelines, with the aim of minimizing selection bias and ensuring the inclusion of studies that met the predefined eligibility criteria.

Subsequently, the selected articles were read in full, and the extracted data were organized according to their relevance to the research topic. Finally, the information was systematically synthesized and presented in tabular form in the Results section.

Data Extraction and Analysis

Data analysis was performed using descriptive statistics and the exploratory categorization of the extracted information. Quantitative data were presented as simple frequencies, whereas qualitative data were organized into thematic categories and analyzed through a discussion of the findings.

A standardized data extraction spreadsheet was developed to guide the data collection process, allowing for the

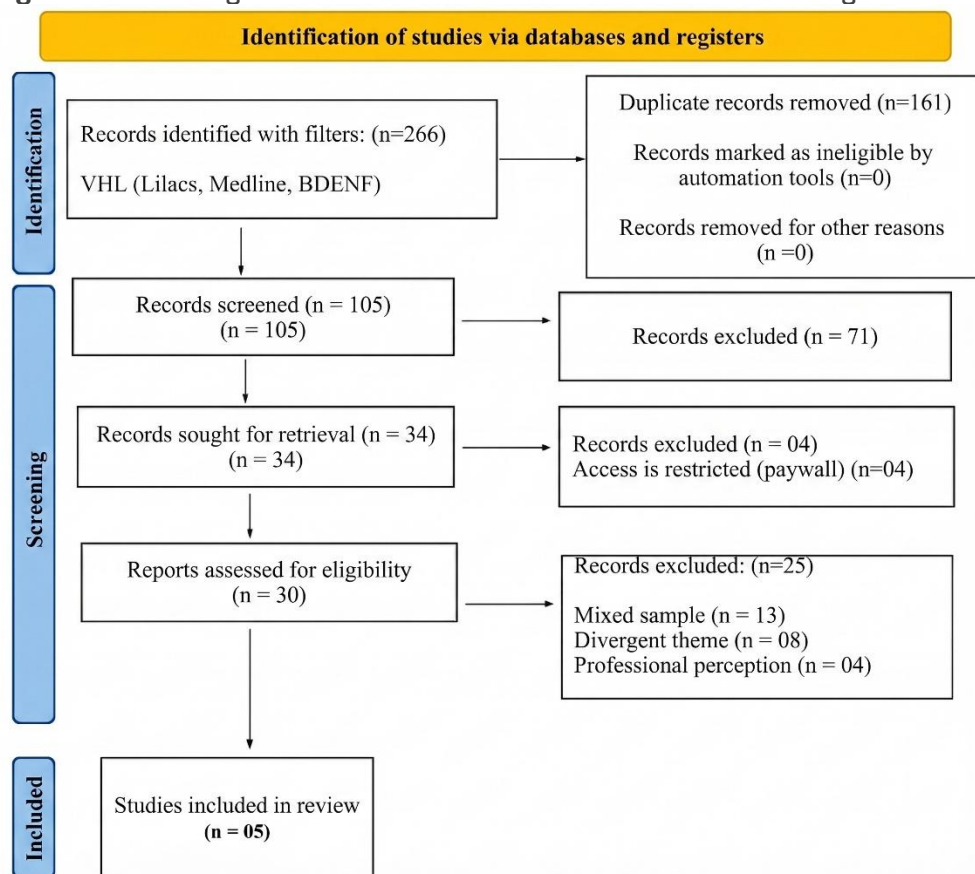
systematic extraction of variables relevant to this study. The extracted information included: study title, authors, year of publication, authors' academic background, country of origin, publication language, scientific journal, study objective, study design, sample size, participant characteristics, sexual dimension, instrument used and its characteristics, main findings, and final considerations.

Results

As shown in Figure 1, the search of the databases, after applying the predefined filters, identified 266 potentially eligible studies. The LILACS, BDENF, and MEDLINE databases were accessed through the Virtual Health Library (VHL). After the removal of 161 duplicate records, 105 studies remained for title and abstract screening, of which 34 were selected for full-text review.

Among these, four studies were excluded because full-text access was restricted, preventing complete data retrieval. Consequently, 30 studies proceeded to the eligibility assessment. Of these, 13 were excluded because they included mixed samples, eight because they addressed topics that did not align with the objective of the review, and four because they focused exclusively on the perceptions of healthcare professionals, resulting in a total of 25 exclusions. Therefore, the final sample consisted of five ($n = 5$) studies that addressed the objective of this review.

Figure 1 - Flow diagram of the studies selected for the review according to the PRISMA-ScR.



Source: Authors.

Most of the included studies were published in English ($n = 3$), while the remaining studies were published in Spanish ($n = 2$); none were published in Portuguese. However, although none of the studies were published in Brazilian Portuguese, it is noteworthy that two of the English-language studies were authored by Brazilian researchers, as shown in **Table 1**.

Regarding the publication period, the studies were published between 2015 and 2022, demonstrating the timeliness of the findings and highlighting the growing discussion of issues related to the sexuality of older adults. In terms of geographic origin, two ($n = 2$) studies were conducted in Brazil, two ($n = 2$) in Chile, and one ($n = 1$) in Colombia.

Another relevant finding identified through the scientific mapping concerns the academic background of the

principal researchers (i.e., the first authors of the published studies). It was found that 80% of the first authors belonged to the Health Sciences, particularly Medicine and Nursing, whereas 20% were from the Humanities and Social Sciences, with Psychology being the predominant discipline.

This predominance may be explained by the characteristics of the selected studies and the profiles of the instruments used, most of which have a clinical and healthcare-oriented focus, aimed at assessing biomedical, functional, and behavioral aspects in contexts related to sexual health.

Table 1 - Characteristics of the included studies and sample profile

Nº	Study title	Authors/Year	Country	Language	First author's academic background	Sample
A1	Construction and validation of a scale of sexual self-concept for the elderly Chilean population	Ramirez-Perez., et al. 2022	Chile	English	Psychology	188 participants MST
A2	Association between sexuality and quality of life in older adults	Souza Júnior., et al. 2021	Brazil	English	Nursing	300 participants MST
A3	Sexual Dysfunction in Women Aged 60 Years and Over	Pino., et al. 2021	Chile	Spanish	Medicine	154 participants F
A4	Profile of sexuality and symptoms of lower urinary tract in non-institutionalized elderly	Taha; Rocha; Castilho, 2020	Brazil	English	Medicine	3425 participants MST
A5	Validity and Reliability of the Attitudes Toward Sexuality in Old Age Questionnaire Among Older Adults in Cartagena, Colombia	Herrera., et al. 2015	Colombia	Spanish	Nursing	140 participants MST

Legend: F - Female; M - Male; MST - Mixed.

Source: Authors.

Regarding sample size, considerable variability was observed among the analyzed studies, with samples ranging from 140 to 3,425 participants. The study with the largest sample (A4), conducted in Brazil, stood out for its high number of respondents, which may provide greater statistical robustness to its findings. In contrast, the smallest sample (A5) was identified in a Colombian study involving 140 participants.

Overall, most studies included participants of both biological sexes, with the exception of study A3, which focused exclusively on older women. This diversity in gender representation reflects a clear trend toward including different experiences, contributing to a more comprehensive understanding of sexuality in older adulthood.

However, the presence of a study focusing exclusively on older women (A3) highlights the importance of considering gender-specific aspects of aging, particularly regarding sexual dysfunctions, which present distinct characteristics in each sex.

The analysis of the five selected studies also revealed a variety of instruments used to investigate sexuality among older adults, each with different areas of focus. Overall, the identified instruments assessed aspects ranging from functional domains to subjective, psychosocial, and attitudinal dimensions, reflecting the complexity and

multidimensional nature of sexuality in later life.

Approximately 40% of the studies (A3 and A4) employed instruments with a functional and clinical focus aimed at identifying sexual dysfunctions or physiological changes associated with aging. In contrast, 60% of the studies (A1, A2, and A5) used instruments with a psychosocial, affective, and attitudinal approach, reflecting a broader understanding of sexuality among older adults (**Table 2**).

Table 2 - Instruments Used, Their Characteristics, and the Main Findings of the Included Studies

Nº	Authors/Year	Instrument and Characteristics	Main Findings
A1	Ramirez-Perez., et al. 2022	<i>Sexual Self-Concept Scale for the Elderly Chilean Population</i> The instrument consists of 9 items organized on a 5-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (5), with a total score ranging from 9 to 45 points. Higher scores indicate a more positive sexual self-concept. The scale is structured into three dimensions: (1) sexual self-efficacy, referring to the perception of one's own ability to deal with sexual situations; (2) sexual assertiveness, related to the ability to express desires, preferences, and establish boundaries; and (3) sexual self-esteem, representing personal appreciation associated with sexuality.	The psychometric properties demonstrated high internal reliability, with Omega coefficients of 0.867 for sexual self-efficacy, 0.764 for sexual assertiveness, and 0.803 for sexual self-esteem. The validity of the factorial structure was confirmed through confirmatory factor analysis, showing good fit indices (CFI = 0.989; TLI = 0.984; RMSEA = 0.086), demonstrating the adequacy of the proposed theoretical model.
A2	Souza Júnior., et al. 2021	<i>Older Adults' Affective and Sexual Experiences Scale (EVASI)</i> The scale consists of 38 items distributed across three dimensions: sexual activity (sexual practices and behaviors), affective relationships (emotional bonds), and physical and social adversities (health-related and social contextual limiting factors). Responses are measured using a 5-point Likert scale (1 = never to 5 = always), reflecting the frequency of experiences. Higher scores indicate better sexual experiences, with negatively worded items recoded to ensure positive interpretation.	The instrument presents satisfactory psychometric properties, with high internal reliability. The dimensions "sexual activity" and "affective relationships" showed reliability coefficients of 0.96, while the dimension "physical and social adversities" presented a coefficient of 0.71, demonstrating adequate consistency for the assessment of affective and sexual experiences among older adults.
A3	Pino., et al. 2021	<i>Female Sexual Function Index (FSFI)</i> The instrument covers six main domains: sexual desire, arousal, lubrication, orgasm, sexual satisfaction, and pain during sexual intercourse. It consists of 19 questions that assess these aspects through responses based on frequency or intensity scales, varying according to the domain evaluated. The total score is obtained by summing the scores from each domain, in which lower values indicate greater impairment of sexual function, whereas higher scores reflect better sexual functioning. Generally, a total score equal to or below 26.5 is considered	Among the participants, 66.1% presented some degree of impairment in sexual function, particularly in the domains of desire, arousal, and lubrication. Notably, all women aged 80 years or older presented some degree of sexual dysfunction, highlighting the impact of aging on this aspect of health. The FSFI proved to be a sensitive and effective instrument for identifying these dysfunctions.

		indicative of female sexual dysfunction.	
A4	Taha; Rocha; Castilho, 2020	Androgen Deficiency in the Aging Male (ADAM) Initially developed as a screening instrument for men's health. It consists of 10 yes-or-no questions addressing aspects such as libido, energy, mood, muscle strength, and erectile function. A positive result is obtained when there is an affirmative response regarding decreased libido, erectile dysfunction, or three or more of the remaining questions.	Regarding the ADAM questionnaire, 92% of the 1,385 participants evaluated presented suspected androgen deficiency. Concerning male sexual function, 37% reported premature ejaculation. Regarding female sexual function, 1,300 participants (74%) did not engage in sexual intercourse, and the main reasons were the absence of a partner and lack of sexual desire.
A5	Herrera., et al. 2015	Attitudes Toward Sexuality in Old Age Questionnaire (CASV-10) The instrument consists of 14 items that assess older adults' attitudes toward sexuality in later life, divided into two dimensions: prejudices (negative beliefs and stigmas) and sexual limitations (physical or social difficulties). Responses are measured using a five-point Likert scale, ranging from "totally disagree" to "totally agree", with one reverse-scored item to ensure consistency. The sum of the scores reflects the overall degree of negative attitudes toward sexuality in older adulthood. Higher scores indicate a greater presence of prejudices, stigmas, and perceptions of sexual limitations, whereas lower scores suggest more positive or less restrictive attitudes.	The validation study conducted with 130 older adults aged between 60 and 90 years demonstrated good internal consistency, with Cronbach's alpha values ranging from 0.83 to 0.85, and high temporal stability, evidenced by a correlation of 0.82 and an intraclass correlation coefficient of 0.89. Factor analysis identified two main dimensions, prejudices and sexual limitations, which explained 42.6% of the total variance. Although most items showed good performance, item 14 indicated a possible gender bias. These results confirm that the CASV is a reliable and valid instrument for assessing attitudes toward sexuality in older adulthood in Latin American contexts.

Legend: Sexual Self-Concept Scale for the Elderly Chilean Population [Sexual Self-Concept Scale for Older Adults in the Chilean Population]; Female Sexual Function Index (FSFI) [Female Sexual Function Index]; Androgen Deficiency in the Aging Male (ADAM) [Androgen Deficiency in the Aging Male]; Cuestionario de Actitudes hacia la Sexualidad en la Vejez (CASV-10) [Attitudes Toward Sexuality in Old Age Questionnaire].

Source: Authors.

In terms of geographic and cultural context, it is noteworthy that all instruments were applied in Latin American countries, with adapted translations or original constructions designed to address local realities, which significantly contributes to the ecological validity of the specific assessments, as this review study aims to assess. However, it is important to consider that most of these instruments remain strongly anchored in normative and heterocentric models of sexuality, which may limit the understanding of the diversity of sexual experiences in aging.

Within this context of debate and construction, three thematic categories were developed: Category 1 – Dimensions of Sexuality in Aging: From Functional to Psychosocial Aspects; Category 2 – Gender and Sexuality: Visibility and Invisibility in Assessments; Category 3 – Instrument Development in Latin America, which will be discussed in light of the included studies.

Discussion

This scoping review identified five ($n = 5$) studies addressing sexuality among older adults, highlighting its relevance in human aging and in a context marked by invisibility. The analyzed instruments encompass biopsychosocial dimensions of sexuality, contributing both to the diagnosis of sexual dysfunctions and to the promotion of self-knowledge, self-esteem, and sexual health among older adults.

Category 1 – Dimensions of Sexuality in Aging: From Functional to Psychosocial Aspects

Sexuality is not exclusive to younger individuals, nor should it be considered so, given that throughout the aging process, sexual characteristics are not lost but rather reshaped. For older adults, sexuality should be understood as a natural and healthy experience, rather than as a dimension associated with illness (Ramirez-Perez et al., 2022). In this sense, the studies by Pino et al. (2021) and Taha, Rocha, and Castilho (2020) contribute by exploring the functional dimension of sexuality through validated clinical instruments, such as the Female Sexual Function Index (FSFI) and the ADAM questionnaire.

The study by Pino et al. (2021) investigated sexual function in older women using the FSFI, a questionnaire composed of 19 items grouped into domains such as desire, arousal, lubrication, orgasm, satisfaction, and pain. The results revealed that 66.1% of the participants presented sexual dysfunction, with emphasis on changes in sexual responses, particularly regarding desire, arousal, and lubrication, which may be justified by hormonal changes resulting from the female aging process.

Similarly, Taha, Rocha, and Castilho (2020) applied the ADAM questionnaire, a screening instrument for the assessment of androgen-related disorders in older adults. Issues such as erectile dysfunction, premature ejaculation, and frequency of sexual intercourse were evaluated. It was found that 92% of the sample presented suspected androgen deficiency associated with advancing age, and male sexual function was shown to be impaired, with 37.5% reporting premature ejaculation. Among women, 90% reported not having sexual intercourse or having fewer than five sexual encounters per month, often influenced by hormonal factors or the absence of sexual partners.

Within this context, the studies by Ramirez-Perez et al. (2022), Souza Júnior et al. (2021), and Herrera et al. (2015) stand out for using scales such as the Sexual Self-Concept Scale for the Elderly Chilean Population, the Older Adults' Affective and Sexual Experiences Scale (EVASI), and the Attitudes Toward Sexuality in Old Age Questionnaire (CASV-10).

Ramirez-Perez et al. (2022) investigated dimensions such as sexual self-efficacy, sexual assertiveness, and sexual self-esteem. Through the specific scale, the study demonstrated that sexuality is not restricted to sexual activity, but also involves self-concept and the appreciation of sexual identity, which remains present among older adults, particularly in the Chilean population sample.

From the same subjective perspective, the study by Souza Júnior et al. (2021), using the EVASI, expanded the understanding of sexuality by relating it to affective bonds. The results indicated that sexuality is deeply intertwined with social factors, showing positive correlations between sexual activity, affective relationships, and quality of life.

In turn, the study by Herrera et al. (2015), using the CASV-10, evaluated domains such as prejudice, rights, limitations, and myths, revealing how these variables influence sexual experiences during aging. The study demonstrated that the instrument was reliable and sensitive to relevant aspects of sexuality at this stage of life.

It is observed within this category that the instruments, in addition to being useful for diagnosis, also function as educational tools capable of promoting a comprehensive understanding of sexuality among older adults, contributing to the deconstruction of stigmas and myths surrounding sexuality in aging.

Category 2 – Gender and Sexuality: Visibility and Invisibility in Assessments

Despite the efforts undertaken, significant barriers remain regarding gender diversity, particularly within the field of scientific research. The study by Pino et al. (2021), for example, used the FSFI in an exclusively female sample, revealing that 66.1% of older women presented sexual dysfunction. Although focusing on the specific characteristics of female biological sex, which represents progress in terms of visibility, the analysis remains restricted to the functional dimension of sexuality.

The study by Taha, Rocha, and Castilho (2020), through the ADAM questionnaire, presented data from a mixed-gender population, offering a more inclusive and broader approach regarding gender diversity.

On the other hand, the studies by Ramirez-Perez et al. (2022), Souza Júnior et al. (2021), and Herrera et al. (2015) used instruments that address affective and social aspects of sexuality, being applied to diverse populations. However, only the study by Souza Júnior et al. (2021) directly addressed same-sex relationships in its questions, incorporating sexual diversity more effectively. This finding highlights an important gap: the limited inclusion of older

LGBTQIAPN+ individuals in the other studies analyzed. The study by Herrera et al. (2015), using the CASV-10, stands out for addressing stereotypes and prejudices related to sexuality among older adults, revealing the impact of these stigmas on sexual experiences during aging.

In summary, although most studies include participants of both sexes, there is a considerable limitation regarding the representation of diverse sexual orientations. This reinforces the invisibility of the sexuality of older LGBTQIAPN+ individuals in research and clinical assessment contexts, highlighting the emerging need for instruments that incorporate questions addressing sexual diversity and its impacts on this population, associated with domains related to quality of life, well-being, and sexual function.

Category 3 – Instrument Development in Latin America

The analysis of the studies reveals the presence of cultural adaptation as a variable according to the nationality where the instruments were applied, although all studies originated from Latin American countries, according to the country in which the instruments were applied

Considering that sexuality is deeply influenced by sociocultural, religious, and historical factors, the study by Ramirez-Perez et al. (2022) stands out, as it presents an original scale developed and validated specifically for the Chilean population, being relevant to this mapping study. This approach contributes to reducing distortions related to linguistic translations and possible conceptual discrepancies, providing greater accuracy to the data obtained.

It is important to emphasize that studies such as those by Souza Júnior et al. (2021) and Herrera et al. (2015) used instruments developed and validated in Brazil — the Older Adults' Affective and Sexual Experiences Scale (EVASI) (Coutinho et al., 2013) — and in Colombia — the CASV-10, respectively. The remaining studies applied, in Latin American populations, instruments originally developed in North America, specifically in the United States, which were adapted and transculturally validated for the region.

Although the practice of cross-cultural validation is extremely relevant, it also highlights the need to develop instruments with greater methodological capacity to adapt to local sociocultural realities. These adaptations strengthen the refinement of results, enable more contextualized interpretations, and promote broader ecological validity.

Final Considerations

This review allowed the mapping of instruments used to assess sexuality among older adults within sociocultural and clinical contexts in Latin America. It was observed that there was no predominance of a single instrument among the included studies ($n = 5$), revealing heterogeneity in the domains addressed and in the methodological characteristics of each investigation. This reflects the diversity of possible approaches and the selection of different instruments according to the objectives of each study.

The use of instruments developed and validated in South American countries, such as Brazil, Colombia, and Chile, demonstrates the scientific potential of Latin America to produce contextualized and feasible knowledge. On the other hand, the still significant presence of instruments originally developed in countries such as the United States, even when appropriately cross-culturally adapted, reinforces the urgent need to promote the development of methodological tools that are sensitive to the sociocultural, clinical, and population-specific characteristics of older adults in Latin America, especially regarding sexual dysfunctions and experiences that may present regional or endemic particularities.

Furthermore, it is necessary to acknowledge important gaps, particularly regarding the invisibility of sexual and gender diversity. The analyzed instruments rarely address the specificities of the older LGBTQIAPN+ population, highlighting the urgent need for future research that incorporates these still silenced dimensions in greater depth.

In addition, it should be emphasized that, although this review provided an initial overview of available instruments, its search strategy and thematic and methodological scope do not comprehensively cover all instruments developed or validated to assess sexuality among older adults. Therefore, the importance of future studies is reinforced, especially scoping reviews, to further analyze the correlations, validity, and applicability of these instruments, considering causal relationships and intersectional aspects.

Finally, it is reaffirmed that instruments for assessing sexuality among older adults should go beyond diagnosis, serving as tools to promote sexual health, guide inclusive public policies, and combat stigmas.

Declaration regarding generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work, the authors used ChatGPT to translate the content into English.

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Recebido em: 30/07/2025

Aprovado em: 31/03/2026