Revista Brasileira de
Sexualidade Humana ISSN 2675-1194
DOI: https://doi.org/10.35919/rbsh.v37.1417

RESEARCH PAPERS

ANALYSIS OF KNOWLEDGE AND APPROACHES TO OLDER ADULTS' SEXUALITY BY MEDICAL AND NURSING PROFESSIONALS IN PRIMARY HEALTH CARE

ANÁLISE DO CONHECIMENTO E ABORDAGEM DA SEXUALIDADE DA PESSOA IDOSA POR PROFISSIONAIS DE MEDICINA E ENFERMAGEM NA ATENÇÃO PRIMÁRIA À SAÚDE

ANÁLISIS DEL CONOCIMIENTO Y DEL ABORDAJE DE LA SEXUALIDAD DE LA PERSONA MAYOR POR PROFESIONALES DE MEDICINA Y ENFERMERÍA EN LA ATENCIÓN PRIMARIA DE SALUD

Leticia Gonçalves[1] *Virginia Pereira Guerson*[2] *Larissa Menezes Deodato*[2] *Geraldo Eduardo Guedes de Brito*[3] *Silvia Lanziotti Azevedo da Silva*[4]

Abstract: The sexuality of older adults is shaped by generalizations and beliefs that contribute to the neglect of this aspect of care. Objective: to evaluate the knowledge and approach regarding the sexuality of older adults among medical and nursing professionals working in Primary Health Care. Method: a mixed-methods approach with an explanatory sequential design, comprising a quantitative phase followed by a qualitative phase. Quantitative data were collected and analyzed using a sociodemographic questionnaire and the Scale of Attitudes and Knowledge about Sexuality in Old Age, while qualitative data were gathered through semi-structured interviews. The phases involved 129 and 7 participants, respectively. Results: male medical professionals and specialists demonstrated greater knowledge regarding the sexuality of older adults, as well as more liberal attitudes. A gap in professional training regarding this topic was observed, alongside a predominance of a biomedical perspective. Limited knowledge, compounded by social, cultural, and gender-related factors, resulted in limitations regarding interventions. The approach to sexuality in clinical practice was characterized by a reactive stance, focused on male patients and issues related to erectile dysfunction. Conclusion: the study revealed that, despite acknowledging the importance of sexuality, professionals possess limited technical knowledge and display hesitant attitudes. A lack of specific training, cultural barriers, and gender issues hinder the adoption of an approach that addresses sexuality within Primary Care.

Keywords: Sexuality; Olde Age assistance; Primary Health Care.

Resumo: A sexualidade da pessoa idosa é atravessada por generalizações e crenças que contribuem para o negligenciamento deste cuidado. Objetivo: avaliar o conhecimento e a abordagem da sexualidade da pessoa idosa por profissionais médicos(as) e enfermeiros(as) que atuam na Atenção Primária à Saúde. Método: misto, com delineamento sequencial explicativo, quantitativo, seguido de qualitativo. Foram coletados e analisados dados quantitativos, por questionário sociodemográfico e Escala de Atitudes e Conhecimentos sobre a Sexualidade na Terceira Idade, e dados qualitativos, por entrevista semiestruturada. As fases contaram com 129 e 07 participantes, respectivamente. Resultados: profissionais médicos, homens e especialistas apresentaram maior conhecimento sobre a sexualidade da pessoa idosa, e atitudes mais liberais. Observou-se uma lacuna sobre o tema na formação dos profissionais, e preponderância de perspectiva biomédica. O conhecimento limitado, acrescido de aspectos sociais, culturais e de gênero, implicou limitações nas intervenções. A abordagem da sexualidade na prática assistencial caracterizou-se por perspectiva reativa, de usuários do sexo masculino e relacionadas à disfunção erétil. Conclusão: o estudo evidenciou que, apesar de reconhecerem a importância da sexualidade, os profissionais apresentam conhecimento técnico limitado e atitudes hesitantes. A

[1]PhD, Assistant Professor, Faculty of Medicine/Department of Public Health, Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil. goncalves.leticia@ufjf.br
[2]Independent Researcher; Medical Degree, School of Medicine, Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil. virginiaguerson@gmail.com; larissamdeodato@gmail.com
[3]PhD, Associate Professor, Health Sciences Center/Physiotherapy Department, Federal University of Paraíba, João Pessoa, Paraíba, Brazil. eduardo.guedes.ufpb@gmail.com
[4]PhD, Associate Professor, Faculty of Medicine/Department of Public Health, Federal University of Juiz de Fora, Juiz de Fora, Minas Gerais, Brazil. silviafisiojf@yahoo.com.br

Revista Brasileira de
Sexualidade Humana ISSN 2675-1194
DOI: https://doi.org/10.35919/rbsh.v37.1417

falta de treinamento específico, barreiras culturais e questões de gênero inibem abordagem que contemple sexualidade na Atenção Primária.

Palavras-chave: Sexualidade; Assistência a Idosos; Atenção Primária à Saúde.

Resumen: La sexualidad de las personas mayores está atravesada por creencias y estereotipos que contribuyen a su descuido. Objetivo: Evaluar el conocimiento y el abordaje de la sexualidad en las personas mayores por médicos(as) y enfermeros(as) de la Atención Primaria de Salud. Métodos: estudio de métodos mixtos con diseño secuencial explicativo. Los datos cuantitativos se obtuvieron mediante un cuestionario sociodemográfico y la Escala de Actitudes y Conocimientos sobre la Sexualidad en la Vejez, y los cualitativos mediante entrevistas semiestructuradas. Participaron 129 profesionales en la fase cuantitativa y 7 en la cualitativa. Resultados: Los médicos, los hombres y los especialistas presentaron mayor conocimiento y actitudes más liberales respecto a la sexualidad en la vejez. Se identificaron vacíos en la formación profesional y el predominio de una perspectiva biomédica. El conocimiento limitado, junto con factores sociales, culturales y de género, restringió las intervenciones. El abordaje de la sexualidad fue predominantemente reactivo, centrado en usuarios masculinos y asociado a la disfunción eréctil. Conclusiones: Aunque los profesionales reconocen la importancia de la sexualidad, presentan conocimientos limitados y actitudes vacilantes. La falta de capacitación específica, las barreras culturales y las cuestiones de género dificultan un abordaje integral de la sexualidad en la Atención Primaria.

Palabras clave: Sexualidad; Asistencia a los ancianos; Atención primaria de salud.

Introduction

Aging can be defined as a sequential, individual, cumulative, and non-pathological process (Pan American Health Organization, 2025). Old age, as a stage of the life course, is socio-culturally constructed; it is heterogeneous (Debert, 1998; Azevedo, 2023) and shaped by diverse social markers, such as sexuality (Teixeira, 2023).

Human sexuality is also understood as a complex and multifaceted phenomenon, composed of biological, psychological, and sociocultural elements (Araújo *et al*., 2013; Srinivasan *et al*., 2019). Although there is no evidence that sexuality ceases in older adults (Debert & Brigeiro, 2012), myths and stereotypes persist that associate old age with an asexual stage (Chen, 2017; Srinivasan *et al.*, 2019; Brito *et al.*, 2023; Ayala, 2024).

Myths and generalizations regarding sexuality in old age contribute to the neglect of the older population's health needs, particularly concerning sexually transmitted infections (STIs) (World Health Organization, 2015). Data from the Ministry of Health's Epidemiological Bulletin reveal an increase in new HIV infection cases among women and men aged 50 and older in 2024. Compared to 2014, the proportion of new cases rose from 10.9% to 17.0% among women and from 7.6% to 9.0% among men (Brazil, 2025).

Most healthcare professionals feel unprepared to address sexuality in the context of aging (Barbosa *et al*., 2022; Thomson *et al*., 2023). This lack of preparedness and sense of discomfort stem from the limited attention paid to the subject during academic training, compounded by the influence of myths and stereotypes (Ahn & Kim, 2020; Fabrício *et al*., 2021). This challenge is reflected in the scientific literature—which remains scarce—particularly regarding the knowledge and attitudes of Primary Health Care (PHC) professionals (Fabrício *et al*., 2021). Gaining a better understanding of healthcare professionals' knowledge and clinical attitudes regarding this topic facilitates the identification of strategies to improve how sexuality among older adults is addressed within PHC. (Thomson *et al.*, 2023; Fabrício *et al.*, 2021).

This study aimed to evaluate the knowledge and approach regarding the sexuality of older adults among medical and nursing professionals working in PHC.

Methods

This is a mixed-methods study using a sequential explanatory design, involving the collection and analysis of quantitative data in the first phase, followed by the collection and analysis of qualitative data in the second phase. The study was conducted in Juiz de Fora, Minas Gerais, with physicians and nurses working in Primary

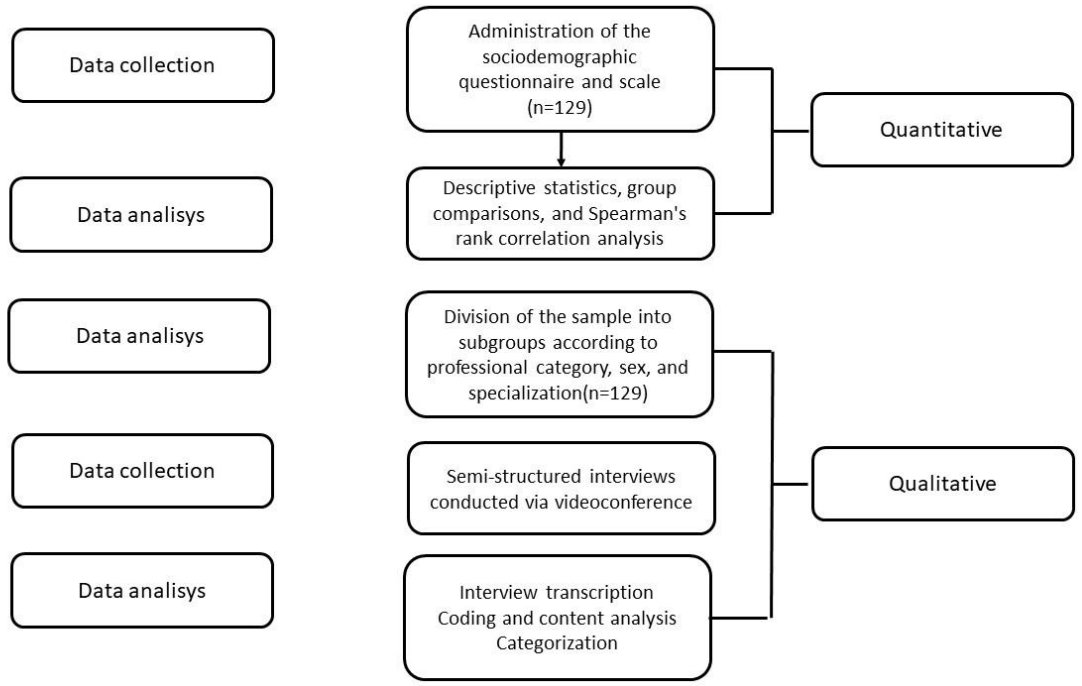
Health Care (PHC). For the first phase of data collection, the sole inclusion criterion was having worked in PHC for at least three months; this timeframe was chosen because it allows professionals to become familiar with the work and the local area, while minimizing participant loss due to staff turnover at the study site. The results of the first phase guided the selection of participant profiles for the qualitative phase, as well as the interview guide. A total of 129 individuals participated in the study, with seven participating in both stages.

In the first phase, a sociodemographic questionnaire was administered to characterize the sample, along with the "ASKAS" (Aging Sexual Attitudes and Knowledge Scale)—a tool used to assess knowledge and attitudes regarding sexuality in older adults. This scale was validated for the Brazilian population in 2008 (Viana, Guirardello, & Magruga, 2010; Viana *et al*., 2012). The scale is divided into two parts, yielding two scores: regarding knowledge, a lower score indicates greater knowledge; regarding attitudes, a lower score indicates more positive attitudes toward sexuality in older adults.

In the statistical analysis, the sample was described using mean and standard deviation values for continuous variables, and absolute and relative frequencies for categorical variables. Data normality regarding the total ASKAS scale score for each domain was assessed using the Shapiro-Wilk test, revealing a non-normal distribution ($p < 0.05$). Due to the non-normal distribution, the scale scores for the total sample and each group were described using medians and interquartile ranges.

Comparisons of medians between groups defined by sample characteristics were performed using the Mann-Whitney U test (for comparisons between two groups) and the Kruskal-Wallis test (for comparisons among three groups). Correlations between scale scores and continuous variables were assessed using Spearman's correlation test. Analyses were conducted using the R statistical package (version 4.5.0), and a significance level of 0.05 was adopted.

Figure 1 – Flowchart of data integration



In the second phase, semi-structured interviews were conducted, focusing on exploring three analytical axes in depth: I) Beliefs and perceptions regarding the sexuality of older adults; II) Education, training, and knowledge concerning the sexuality of older adults; III) Addressing the sexuality of older adults in Primary Health Care (PHC). Thematic content analysis (Gomes, 2009) was applied for data processing and interpretation. The process was structured into three main stages: (1) pre-analysis, during which the interviews were fully transcribed, the text *corpus* was organized, and a preliminary reading was conducted; (2) exhaustive reading and coding of recurring recording units, resulting in the identification of themes and sub-themes; (3) construction and refinement of categories, highlighting nuances, trends, and contradictions. Three researchers

Revista Brasileira de
Sexualidade Humana ISSN 2675-1194
DOI: https://doi.org/10.35919/rbsh.v37.1417

carried out these stages independently. Data saturation was reached when, following the integration and iterative analysis of the interviews, a repetition of themes and categories relevant to the study was observed. Participants for the second-phase interview were selected from among those who had taken part in the first phase and who fit profiles defined by categories—identified during the quantitative analysis—representing diverse knowledge and attitudes regarding the sexuality of older adults.

The project was approved by the Research Ethics Committee of the Federal University of Juiz de Fora (Number 6.801.088), and data collection for both stages took place after all participants had signed the Informed Consent Form.

Results

The sample was characterized as being almost entirely Brazilian (99.2%), with a Catholic majority (60.4%). The mean age was 37.28 (±11.17) years, and the mean duration of practice in Primary Health Care (PHC) was 87.96 (±104.08) months. Professionals reported attending to older adults an average of 4.50 (±1.15) times per week. It was observed that 54.2% of respondents were nurses, 69.9% lacked specialization in Family Health or Geriatric Health, 76.7% were female, and 51.9% reported not having the habit of asking older adults about their sexuality during consultations.

The median and interquartile range of the ASKAS scale score, considering the total sample, were 26 [23–30] for Part 1 (Knowledge) and 11 [9–14] for Part 2 (Attitudes).

Scores on each section of the ASKAS Scale were compared across groups categorized by the following characteristics: (1) men and women; (2) living with or without a partner; (3) physicians and nurses; (4) with or without specialization in family health or geriatric health; (5) whether or not they address the sexuality of older adults during care; and (6) whether or not they feel embarrassed when asking about the topic.

There were statistically significant differences regarding gender, professional category, and specialization, with physicians, men, and specialists demonstrating greater knowledge and less conservative attitudes. The correlations between age, length of experience in the Family Health Strategy (ESF), the weekly average number of older patients seen, and the ASKAS scale scores in both domains were not significant ($p > 0.05$).

The results above are presented in Table 1.

Table 1 - Sample characterization and ASKAS scale scores (n=129)

Score			P value***
Sex			
	Female	**Male**	
N (%)	99 (76.7%)	30 (23.3%)	
Knowledge MD[IQT]*	28 [24 – 30]	23 [22 – 26]	0.005
Attitudes MD[IQT]	11 [10-14]	9 [8 – 12]	0.005
Marital status **			
	Does not live with a partner	**Lives with a partner**	
N (%)	76 (58.9%)	53 (41.1%)	
Knowledge MD[IQT]*	26 [23 – 30]	26 [23-30]	0.853
Attitudes MD[IQT]	10.5 [8-14]	12 [10-14]	0.056

DOI: https://doi.org/10.35919/rbsh.v37.1417

Training			
	Physician	**Nurse**	
N (%)	59 (45.7%)	70 (54.2%)	
Knowledge MD[IQT]*	25.5 [22.7-29]	28 [24-32]	0.007
Attitudes MD[IQT]	10 [8-14]	12 [10-15]	0.001
Specialization			
	Family/Older adult Health	**Other/None**	
N (%)	39 (30.1%)	90 (69.9%)	
Knowledge MD[IQT]	25.5 [23-29]	28 [24.2 – 30.7]	0.047
Attitudes MD[IQT]	11 [8.7 – 13.3]	11.50 [9-14]	0.859
Question Sexuality			
	Yes	**No**	**Depends**
N (%)	27 (20.9%)	67 (51.9%)	35 (27.2%)
Knowledge MD[IQT]*	27.5 [23.2-30]	26 [23-20]	26 [23-30] 0.948
Attitudes MD[IQT]	11.5 [8-13]	11 [10-15]	11 [8-14] 0.469
Feels embarrassed to ask about sexuality			
	Yes	**No**	
N (%)	26 (20.1%)	103 (79.9%)	
Knowledge MD[IQT]*	27 [24-31.5]	27 [23-30]	0.845
Attitudes MD[IQT]	11 [8.5 – 14]	11 [9 -14]	0.861

* Median [Interquartile Range]
** Does not live with a partner: single/widowed/divorced; lives with a partner: married/stable union.
*** Mann-Whitney U test (2 categories) or Kruskal-Wallis test (3 categories).

To participate in the qualitative phase, profiles showing statistically significant differences were selected: gender, academic background, and specialization. Seven professionals participated: a female non-specialist physician (MDA-NE), a female specialist physician (MDA-E), a male non-specialist physician (MDO-NE), a male specialist physician (MDO-E), a female non-specialist nurse (EFA-NE), a female specialist nurse (EFA-E), and a male non-specialist nurse (EFO-NE). It was not possible to include male specialist nurses due to refusals to participate or the inability to establish contact. Participants were recruited from among those who had responded to the first phase. Content analysis following the interviews yielded three main categories: Category 1 – training and knowledge; Category 2 – characterization of the approach; Category 3 – multiple barriers to the approach.

Category 1 - Training and knowledge - The sexuality of older adults silenced in the professional training process

The professionals reported limited coverage of sexuality during their undergraduate and—where applicable—specialization studies. This gap was particularly evident regarding the sexuality of older adults, an area

Revista Brasileira de
Sexualidade Humana ISSN 2675-1194
DOI: https://doi.org/10.35919/rbsh.v37.1417

where the topic was either not addressed at all or only touched upon sporadically. Furthermore, a lack of training during their professional practice was also noted. Overall, the participants consider their knowledge of the subject to be limited; however, male professionals reported feeling less uncomfortable regarding their command of the topic. A recurring theme was the demand for training and specific protocols to guide how this issue is addressed in routine care.

> I've been a qualified nurse for over 30 years, and during my postgraduate studies, there wasn't really any in-depth coverage of this issue. There was no focus on the sexuality of older adults. They talk a lot about pathophysiology and care, but not about sexuality. (ENFA-E).

> I don't recall that being addressed, no. Not regarding the sexuality of older adults. We covered adult and older adults' health—and we did touch on it; we had contact and conversations—but the topic of sexuality wasn't part of the course syllabus. (ENFO-NE).

> I think it would be interesting—much like the SPIKES protocol—to have some sort of protocol for this approach, using words that wouldn't cause as much discomfort, especially for the patient. And perhaps we could also approach it in other ways, such as discussing life goals, leisure activities, and what they enjoy doing. (MDA-NE).

Category 2 - Characterization of the approach - Formative silence in practice: care approaches

In clinical practice, the sexuality of older adults was frequently cited as an important—though not central—aspect of health, and was not routinely included in the patient history. Accounts focused primarily on the biological dimension, with no mention of measures to promote healthy sexuality. The approach taken was described in two ways: a reactive one (the most common) and an active one. According to the professionals, the reactive approach is adopted in response to patient complaints, primarily regarding erectile dysfunction or dyspareunia. When an active approach is used, it tends to focus mainly on the prevention and screening of sexually transmitted infections (STIs) and, in some cases, on the climacteric period.

> It was only when discussing the climacteric phase—specifically the issue of dryness—that many felt self-conscious about having an active sex life, whether with a partner or someone else; after all, many are widows or separated, right? So, it was really about that aspect of the climacteric and its impact on sexuality. (ENFA-NE).

> I place great emphasis on the issue of STIs among older adults —a significant risk that is on the rise due to the lack of condom use. I discuss this with older adults, highlighting the importance of avoiding multiple partners without protection and addressing the severity of STI-related lesions, which are increasingly prevalent in this age group. (ENFA-E).

> I ask whether the person is still sexually active—particularly regarding the prevention of sexually transmitted diseases—since some older adults still have a habit of having sexual relations with non-steady partners. (MDO-E).

Category 3 - Multiple barriers to the approach – Challenges for a comprehensive approach that includes sexuality

It is observed that professionals face technical, cultural, and social barriers when addressing sexuality during consultations. They frequently reported feeling personally uncomfortable handling this topic. Participants perceived older adults as being reserved when discussing the issue, attributing this attitude to cultural factors that treat sexuality as a sensitive subject or a taboo. Regarding their own perspectives, professionals reported feeling insecure due to a lack of adequate technical training and a fear of appearing intrusive. Notably, they expressed the view that gender acts as a limiting factor in these discussions, with discomfort being heightened when there is a gender mismatch between the professional and the older adult. Aspects related to sexual orientation were not addressed by the professionals. One participant offered additional insights, noting further challenges regarding gender identity.

> Older adults are sometimes more reserved about this issue—they feel more self-conscious, often due to their upbringing, as the topic simply wasn't discussed in the past. They sometimes struggle with it; women, in particular, may dislike having us examine their legs, genitals, or breasts. These social factors make it harder for us to address the subject. I generally don't have issues with men—

DOI: https://doi.org/10.35919/rbsh.v37.1417

> it's simpler—but I think women, especially, tend to have this kind of inhibition. (MDO-E).
>
> When dealing with an older person—especially an older woman, given the generation gap and the fact that I'm a man—I sometimes feel apprehensive. Am I being too intrusive? How will she interpret this? Might she perceive it as harassment? (ENFO-NE).
>
> Sexuality isn't just challenging for older adults—though it is more so, partly because we don't really think about the subject—but it is particularly difficult in male-female relationships. Addressing sexuality with trans people is also challenging; there are other issues involved. And if the person is an older trans individual, it is even more difficult. (MDA-NE).

There is a consensus among participants regarding the importance of addressing the sexuality of older adults in Primary Health Care practice, particularly with a focus on STI prevention. However, gaps in training and significant barriers have been identified. Professionals suggest the creation of specific protocols, continuous training, and the systematic inclusion of the topic in undergraduate health curricula.

Discussion

The difficulties regarding a lack of knowledge and training identified in the research also appeared in other studies (Venturini *et al*., 2018; Feitosa *et al*., 2020; Monteiro *et al*., 2021; Fabrício *et al*., 2025). This stems from a limited offering of courses, extension projects, and research activities related to this topic during health-related academic training (Rabelo & Lima, 2011; Moutta, 2024). A study conducted in Israel (Levkovich, Gewirtz-Maydan, & Ayalon, 2021) compared two groups of physicians—those with training in human sexuality and those without—and found that the untrained group felt less comfortable addressing the subject, relying solely on biological reasoning and pharmacological advice. In contrast, the trained group found it easier to discuss the topic and demonstrated an ability to correlate the biological, psychological, and sociocultural dimensions of sexuality, while also providing broader guidance that took into account multiple dimensions and multidisciplinary interventions.

Regarding differences between professional categories, physicians reported greater knowledge and a more liberal attitude—by margins of 2.5 and 2 points, respectively. However, no difference was observed in the qualitative results. There is no consensus in the literature; research by Ahn and Kim (2020), comparing medical and nursing professionals, showed that physicians felt less discomfort and embarrassment when discussing sexuality with patients, whereas Hughes and Wittmann (2015)—whose study also involved physicians and nurses—found no difference between the two groups. According to the results of Fabricio *et al*. (2025), such a difference should not exist, as the interviewees maintained that both physicians and nurses ought to address the topic of sexuality with older adults during consultations.

Regarding specialties, the study by Santos (2017)—conducted with physicians specializing in internal medicine, general surgery, gynecology and obstetrics, psychiatry, urology, geriatrics, and infectious diseases—observed that 42.8% of professionals address these aspects only when prompted by complaints from older adults, a pattern similar to that of non-specialists. The present study identified a higher level of knowledge among physicians and nurses specializing in Family Health or Older Adult Health; a possible explanation is the tendency of these professionals to adopt a comprehensive approach, as this principle is valued in their training, fostering more meaningful and impactful learning (Lima, Soeiro, and Folha, 2024). A comprehensive approach benefits older adult patients and should be encouraged in both collective and individual actions through professional training (Almeida, Rosa, and Costa, 2024). Sexuality is closely linked to the comprehensive approach, as it encompasses aspects of functionality, quality of life, and mental health among older adults, and thus cannot be limited to a purely biomedical perspective (Santos, 2022; Fabrício *et. al*, 2025)

The difference observed regarding the professionals' gender—with better results among men—contrasted with the findings of Hughes and Wittmann (2015), who conducted a study with primary care professionals in the United States and found better results among women. The sample consisted predominantly of physicians (59%) and women (68%), with an average of 15 years of experience; 52% of them spent less than half their working time caring for older adults. Bogaert & Roels (2025) found that male professionals were less likely than the women interviewed to cite insufficient knowledge of the subject as a barrier to asking questions about sexuality. In contrast, studies by Langer-Most & Langer (2010)—conducted with gynecologists—and by

Revista Brasileira de
Sexualidade Humana ISSN 2675-1194
DOI: https://doi.org/10.35919/rbsh.v37.1417

Rabelo & Lima (2011)—conducted with health science university students—found no gender-based differences regarding knowledge and attitudes concerning the sexuality of older adults. Beyond gender, cultural differences between countries, as well as the specific characteristics of primary care in each location, may also influence these variations.

Regarding the approach to sexuality, 51.9% stated that they do not routinely inquire about the sexuality of older adults. Many health professionals overlook the importance of sexuality (Araújo *et al*., 2021). When the topic is addressed, most professionals report a reactive approach—that is, responding to specific complaints. Similar results were reported by Fabrício *et al*. (2025), who observed a reactive and unsystematic approach to sexuality, noting that it was mentioned more frequently by nurses and usually in the context of collecting samples for cytopathological exams. A national study involving 596 older Brazilians revealed that the majority of participants had never received guidance on sexuality during healthcare encounters (Júnior *et al*., 2022). This topic is also not addressed among older adults with disabilities (Soares & Meneghel, 2021).

When the approach is proactive, the focus is reportedly placed on STI prevention and, less frequently, on the climacteric. This reinforces a reductionist view of sexuality in older adults, framing it merely as a source of disease transmission or discomfort. Such a perspective limits the understanding of sexuality in old age to pathological aspects, neglecting subjective, social, and emotional dimensions (Brito *et al*., 2023; Oliveira & Dias, 2023; Ferreira, 2023). This concept may be a lingering effect of the 1980s HIV/AIDS epidemic, which shifted the perception of sexual activity—previously linked to well-being—toward associations with disease and death (Giami, 2007; Santos *et al*., 2017). It is also rooted in the rising incidence of STIs among the older population (Silva *et al*., 2023). Given that professionals perceive their knowledge as insufficient and express a need for training and protocols, this approach may also represent a way to introduce sexuality into daily practice—albeit tentatively—serving as a strategy for professionals to address the topic without being misunderstood.

Embarrassment regarding the discussion of sexuality was reported by 20.1% of professionals. Qualitative data highlighted that this discomfort remains a significant barrier and is a frequently cited factor. These findings align with the results of other studies (Bourchier *et al*., 2024; Fabrício *et al*., 2025) in which healthcare professionals report feelings of discomfort, prejudice, and embarrassment—including regarding older adults. In the qualitative phase, the difference in sex/gender between the professional and the service user was identified as a potential barrier to actively addressing sexuality during consultations. Other studies report similar findings (Evangelista *et al*., 2019; Fabrício *et al*., 2025), regardless of sexual orientation.

There is a complex web of meanings in which the taboo surrounding sexuality in old age intersects with gender norms and intergenerational barriers that impact care practices. The gender dimension can be understood in light of cultural norms—particularly in contexts marked by symbolic asymmetries—and tends to influence communication about sexuality based on the expectations established for men and women (Lima *et al*., 2020; Santos, 2022). Professionals, especially women, tend to show greater reticence, a tendency that may be linked to gender socialization processes and the scrutiny of their behavior in professional settings. Differences in gender-based socialization also help explain the qualitative findings showing that the complaints most frequently reported by men relate to maintaining sexual activity, whereas those most frequently reported by older women relate to physical discomfort (Barbosa *et al*., 2022; Araújo *et al*., 2013).

Some professionals highlighted the bond as a facilitator for addressing sexuality, given that it is a private and intimate subject. This point is also important for Primary Health Care (PHC), for which longitudinality is one of the essential attributes (Lima *et al*., 2024; Bogaert & Roels, 2025).

It is important for healthcare professionals to value sexuality and address it in their daily practice (Costa *et al*., 2017). They are responsible for developing educational initiatives and practices regarding sexual health for older adults—focusing on preventive measures during sexual activity and fostering an interest in experiencing sexuality in a healthy way—while also seeking strategies to mitigate psychological and social challenges, thereby empowering older adults to take an active role in their own sexuality (Rabelo & Lima, 2011). Effectively integrating topics related to sexuality and older adult health into both academic and continuing education can contribute to a comprehensive understanding of the subject. The potential for longitudinal contact with this population within Primary Health Care fosters a strong bond, encouraging individuals to share their health needs, including those related to sexuality (Evangelista *et al.*, 2019, Ng *et al.*, 2025).

The limitations of this study include the failure to collect data on categories fundamental to intersectional analyses, such as race/ethnicity and sexual orientation. Another limitation is that the study was conducted in a single municipality—albeit a large one—with units located in territories with diverse profiles. Furthermore, the qualitative analysis lacked representation from the "male specialist nurse" subgroup. Key contributions include the sample size, the inclusion of two professional categories (nursing and medicine), and the mixed-methods (quantitative-qualitative) approach.

Conclusion

This study revealed that the level of knowledge regarding the sexuality of older adults among Primary Health Care (PHC) professionals is higher among men, physicians, and specialists. Attitudes toward the subject tend to be more liberal within these same groups. This understanding was deepened through the analysis of interviews with professionals whose characteristics demonstrated differences in knowledge and attitudes regarding the sexuality of older adults. Interview analyses highlighted that the taboo surrounding the sexuality of older adults constitutes a significant barrier to addressing the topic; this is often linked to embarrassment and the perception that the subject falls outside the scope of clinical practice, thereby compromising the comprehensiveness of care. Addressing the sexuality of older adults in PHC is not limited to a technical dimension but involves complex interactions among cultural, social, and moral aspects. Understanding these factors should encourage professionals to seek training and further knowledge, as well as to break down barriers, enabling them to incorporate discussions on sexuality into their daily PHC practice with older adults.

Acknowledgments

The authors would like to thank the medical professionals and nurses who participated in the research and the City of Juiz de Fora (MG), which authorized the research to be carried out in the local Basic Health Units.

References

AHN, Sung-Hee; KIM, Jung-Hee. Healthcare professionals' attitudes and practice of sexual health care: preliminary study for developing training program. *Frontiers in public health*, Lausanne, v. 8, p. 559851, 2020. DOI: 10.3389/fpubh.2020.559851. Avaliable in: https://pmc.ncbi.nlm.nih.gov/articles/PMC7596252/pdf/fpubh-08-559851.pdf. Accessed on: 24 oct. 2025.

ALMEIDA, R. R.; ROSA, T. E.C.; COSTA, M. I. S. Saúde da população idosa na Atenção Básica em Francisco Morato (SP): Uma análise exploratória. *Revista Kairós-Gerontologia*, São Paulo, v. 27, n. 3, p. 115- 133, 2024. DOI: 10.61583/kairs.v27i3.77. Avaliable in: https://kairosgerontologia.com.br/index.php/kairos/article/view/77/63. Accessed on: 23 oct. 2025.

ARAÚJO, A. P. F.; FIGUEIREDO, B. Q.; BERNARDES, L. B. R.; LIMA, S. M.; MENEZES, J. C. Sexuality in senescence and its relevant aspects: an integrative literature review. *Research Society and Development,* Vargem Grande Paulista, vol.10, n.15, p.e407101523188, 2021. DOI: 10.33448/rsd-v10i15.23188. Avaliable in: https://rsdjournal.org/rsd/article/view/23188/20427. Accessed on: 10 oct. 2025.

ARAÚJO, I. A.; QUEIROZ, A. B. A.; MOURA, M. A. V.; PENNA, L. H. G. Representações sociais da vida sexual de mulheres no climatério atendidas em serviços públicos de saúde. *Texto & Contexto - Enfermagem*, Florianópolis, v. 22, n. 1, p.114-122, 2013. DOI: 10.1590/S0104-07072013000100014. Avaliable in: https://www.scielo.br/j/tce/a/j4wr57C9WfBdRfBC654gCnS/?lang=pt&format=pdf. Accessed on: 05 nov. 2025.

AYALA, J. A.; DEL SOL, A. S.; CONCHA, M. A.; ROMÁN, D. T. Literature Review on Sexuality on the elderly: What is a being taught and with what technologies. *Medwave,* Santiago, v. 24, n. 3, p.e2710, 2024. DOI: 10.5867/medwave.2024.03.2710 Avaliable in: https://www.medwave.cl/medios//revisiones/revision-temas/2710/medwave_2023_2710-1.pdf. Accessed on: 05 nov. 2025

AZEVEDO, C. D. *Velhices:* perspectivas e cenário atual na pesquisa idosos no Brasil. São Paulo: Editora Fundação Perseu Abramo, 2023.

BARBOSA, C. S. D.; BEZERRA, V. P.; OLIVEIRA, G. P.; NOGUEIRA, J. A.; MOREIRA, M. A. S.P. Sexualidade da pessoa idosa: Vivências de profissionais de saúde e idosos. *Cogitare Enfermagem,* Curitiba, v. 27, p. e83845, 2022. DOI: 10.5380/ce.v27i0.83845. Avaliable in: https://www.scielo.br/j/cenf/a/TL4TCNQ7bpVGhY4gPK4qCkF/?format=pdf&lang=pt. Accessed on: 31 oct. 2025.

BOGAERT, E.; ROELS, R. Sexual health in patient care: shortcomings in medical training and experienced barriers in sexual history taking. *BMC Medical Education*, Londres, v. 25, n. 1, p. 338, 2025. DOI: 10.1186/s12909-025-06850-3. Avaliable in: https://link.springer.com/article/10.1186/s12909-025-06850-3 Accessed on: 28 oct. 2025

BOURCHIER, L; TEMPLE-SMITH, M.; HOCKING, J. S.; MALTA, S. Older patients want to talk about sexual health in Australian primary care. *Australasian Journal of Primary Health,* Clayton, v. 30, p.PY24016, 2024. DOI: 10.1071/PY24016. Avaliable in: https://connectsci.au/py/art cle/30/4/PY24016/82090/Older-patients-want-to-talk-about-sexual-health-in?guestAccessKey=. Accessed on: 28 sep. 2025.

BRASIL. Ministério da Saúde. Departamento de HIV, Aids, Tuberculose, Hepatites Virais e Infecções Sexualmente Transmissíveis Secretaria de Vigilância em Saúde e Ambiente. *Boletim Epidemiológico - HIV e Aids 2025,* 2025.

BRITO, Patricia S.; SILVA, Jaianne O. L.; SILVA, Jainne O. L.; ALMEIDA, J. S.; SILVA, T. A.; CEZAR, J. G. *et al.* A importância da sexualidade na saúde do idoso. *Research, Society and Development*, Vargem Grande Paulista, v. 12, n. 2, p. e18112240155, 2023. DOI: 10.33448/rsd-v12i2.40155. Avaliable in: http://dx.doi.org/10.33448/rsd-v12i2.40155. Accessed on: 24 sep. 2025.

CHEN, F. Gender, Sexuality and Social Change in Contemporary China. *Sexuality and Culture*, Berlim, v. 21, p. 953-975, 2017. DOI: 10.1007/s12119-017-9435-9. Avaliable in: https://link.springer.com/article/10.1007/s12119-017-9435-9. Accessed on: 12 oct. 2025.

COSTA, D. C. A.; UCHÔA, Y. S.; JUNIOR, I. A. P. S; SILVA, S. T. S. E.; FREITAS, W. M. T. M.; SOARES, S. C. S. Sexualidade no idoso: percepção de profissionais da geriatria e gerontologia. *Universitas: Ciências da Saúde,* Brasília, v. 15, n. 2, p. 75-80, 2017. Avaliable in: https://www.publicacoes.uniceub.br/cienciasaude/article/view/3997. Accessed on: 14 oct. 2025.

DEBERT, G.; BRIGEIRO, M. Fronteiras de gênero e a sexualidade na velhice. *Revista Brasileira de Ciências Sociais,* São Paulo, v. 27, n. 80, p. 37-54, 2012. DOI: 10.1590/S0102-69092012000300003. Avaliable in: https://www.scielo.br/j/rbcsoc/a/4ZCPxm3dySBsmm79BJFmmfR/?format=pdf&lang=pt. Accessed on: 13 dec. 2025.

DEBERT, G. Pressupostos da reflexão antropológica sobre a velhice. *In*: DEBERT, G; SIMÕES, J. A.; FEATHERSTONE, M.; COHEN, L. (Orgs). *Antropologia e Velhice*. 2 ed. Campinas: IFCH/Unicamp, 1998. Cap 1, p.7-28.

EVANGELISTA, A. R.; MOREIRA, A. C. A.; FREITAS, C. A. S. L.; VAL, D. R.; DINIZ, J. L.; AZEVEDO, S. G. V. Sexualidade de idosos: conhecimento/atitude de enfermeiros da Estratégia Saúde da Família. *Revista da Escola de Enfermagem da USP*, São Paulo, v. 53, p. e03482, 2019. DOI: 10.1590/S1980-220X2018018103482. Avaliable in: https://www.scielo.br/j/reeusp/a/qzXZrjQtkBG9H73RrGK9Bwc/?format=pdf&lang=pt. Accessed on: 08 nov. 2025.

FABRÍCIO, F. A. A. P.; COSTA, G.P.O.; MOREIRA, M. A. S. P.; SILVA, A. L. O.; ALVES, M. S. C. F.; BRASILEIRO, M. L. S. Abordagem da sexualidade no envelhecimento: uma revisão integrativa. *Revista Pesquisa online: Cuidado é Fundamental*, Rio de Janeiro, v.13, n.2, p.1692-1697, 2021. DOI: 10.9789/2175-5361.rpcfo.v13.10232. Avaliable in: https://doi.org/10.9789/2175-5361.rpcfo.v13.10232. Accessed on: 23 oct. 2025.

FABRICIO, F. A. A. P.; COSTA, Gilka P. O.; FELISBERTO, A. M. S.; MOREIRA, M. A. S. P.; SILVA, A. L. O.;

SOUZA, J. M. O. Abordagem da sexualidade entre pessoas idosas para os profissionais da Atenção Primária à Saúde. *Revista Brasileira de Enfermagem,* Brasília, v. 78, n. 2, p. 20240199, 2025. DOI: 10.1590/0034-7167-2024-0199pt. Avaliable in: https://www.scielo.br/j/reben/a/yfNQFZLCJ4ZZK8cnVGtcjdw/?format=pdf&lang=en. Accessed on: 23 oct. 2025.

FEITOSA, A. N. A.; SARAIVA, M. R.; MEDEIROS, R. L. S. F.; OLIVEIRA, G. S.; SILVA, J. S.; RODRIGUES, V. I. O. Percepção dos idosos acerca de sua sexualidade. *Ciência, Cuidado e Saúde,* Maringá, v. 19, p. e50232, 2020. DOI: 10.4025/cienccuidsaude.v19i0.50232. Avaliable in: https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/50232/751375150314. Accessed on: 28 oct. 2025.

FERREIRA, D. A. S.; FREITAS, E. M.; CORTEZ, E. N.; ALVES, L. L.C. Climatério: papel do enfermeiro da atenção primária à saúde no cuidado e orientação da sexualidade: uma revisão integrativa de literatura. *Research, Society and Development*, Vergem Grande Paulista, v. 12, n. 6, p. e5912642081, 2023. DOI: 10.33448/rsd-v12i6.42081. Avaliable in: http://dx.doi.org/10.33448/rsd-v12i6.42081. Accessed on: 04 oct. 2025.

GIAMI, A. Saúde Sexual: a medicalização da sexualidade e do bem-estar. *Revista Brasileira de Sexualidade Humana,* Rio de Janeiro, v. 18, n. 1, p. 263 – 277, 2007. DOI: 10.35919/rbsh.v18i1.426. Avaliable in: https://www.rbsh.org.br/revista_sbrash/article/view/426/385. Accessed on: 05 oct. 2025.

GOMES, R. Análise e interpretação de dados de pesquisa qualitativa. *In*: DESLANDES, S. F.; GOMES, R.; MINAYO, M. C. (Orgs.) *Pesquisa Social:* teoria, método e criatividade. 28 ed. Petrópolis: Vozes, 2009, Cap 4, p. 79–108.

HUGHES, A. K.; WITTMANN, D. Aging sexuality: knowledge and perceptions of preparation among U.S. primary care providers. *Journal of Sexual and Marital Therapy,* Abington, v. 41, n. 3, p. 304-13, 2015. DOI: 10.1080/0092623X.2014.889056. Avaliable in: https://www.tandfonline.com/doi/full/10.1080/0092623X.2014.889056. Accessed on: 10 oct. 2025.

JUNIOR, E. V. S.; SILVA, C. S.; PIRÔPO, U. S.; SANTOS, B. F. M.; GUEDES, T. P.; SIQUEIRA, L. R.; SAWADA, N. O. *Efeitos da sexualidade na fragilidade e qualidade de vida da pessoa idosa: estudo seccional*. *Revista Brasileira de Enfermagem,* Brasília. v. 75, n. 1, p. e20210049, 2022. DOI: 10.1590/0034-7167-2021-0049. Avaliable in: https://www.scielo.br/j/reben/a/R8Msy8vxVxffWQdCYvXjCxN/?format=pdf&lang=pt. Accessed on: 28 oct. 2025.

LANGER-MOST, O.; LANGER, N. Aging and sexuality: how much do gynecologists know and care? *Journal of Women and Aging*, Abington, v. 22, n. 4, p. 283–289, 2010. DOI: 10.1080/08952841.2010.518882. Avaliable in: https://www.tandfonline.com/doi/abs/10.1080/08952841.2010.518882. Accessed on: 19 oct. 2025.

LEVKOVICH, I.; GEWIRTZ-MEYDAN, A.; AYALON, L. Communicating with older adults about sexual issues: How are these issues handled by physicians with and without training in human sexuality? *Health & Society Care in the Community*. Hoboken, v. 29, n. 5, p. 1317-1326, 2021. DOI: 10.1111/hsc.13172 Avaliable in: https://onlinelibrary.wiley.com/doi/10.1111/hsc.13172. Accessed on: 17 oct. 2025.

LIMA, I. C. C.; FERNANDES, S. L. R.; MIRANDA, G. R. N.; GUERRA, H. S.; LORETO, R. G. O. Sexualidade na terceira idade e educação em saúde: um relato de experiência. *Revista de Saúde Pública do Paraná,* Curitiba, v. 3, n. 1, p. 137-143, 2020. DOI: 10.32811/25954482-2020v3n1p137. Avaliable in: https://revista.escoladesaude.pr.gov.br/index.php/rspp/article/view/340/123. Accessed on: 03 nov. 2025.

LIMA, J. P. M.; SOEIRO, A. C. V.; FOLHA, D. R. S. C. Integralidade como diretriz formativa na atenção primária sob a perspectiva dos residentes em Saúde da Família. *Trabalho, Educação e Saúde*. Rio de Janeiro, v. 22, p. e02679252, 2024. DOI: 10.1590/1981-7746-ojs2679 Avaliable in: https://www.scielo.br/j/tes/a/wDW7ZNjkG8fTPk4VpKw7mJN/?format=pdf&lang=pt. Accessed on: 03 nov. 2025.

NG, L. C.; KIM, H. J.; HEBL M.; KING, E. B.; FAGUNDES, C. P. Ageism in a health-related context: the physiological, psychological, and behavioral impacts of subtle age discrimination on older adults. *Scientific Reports,* Londres, v. 15, n. 1, p. e30895, 2025. DOI: 10.1038/s41598-025-07489-2. Avaliable in: https://pmc.ncbi.nlm.nih.gov/articles/PMC12373844/. Accessed on: 26 oct. 2025.

MONTEIRO, M. H. L.; SILVA, A. A. S.; SILVA, D. L. S.; SILVA, J. E. C. F.; RAFAEL, K. J. G.; GONÇALVES, N. A. L. Sexuality of elderly people among risks and taboos: a literature review. *Brazilian Journal of Health Review*, São José dos Pinhais, v. 4, n. 4, p. 14692-704, 2021. DOI: 10.34119/bjhrv4n4-026. Avaliable in: https://doi.org/10.34119/bjhrv4n4-026. Accessed on: 25 oct. 2025.

MOUTTA, J. Vozes não mais veladas: a importância do diálogo e da escuta ativa dos acadêmicos de medicina na educação em saúde sobre a sexualidade e prevenção da aids na população idosa. *Cidadania em Ação: Revista de Extensão e Cultura*, Florianópolis, v. 7, n. 2, p. 1 – 18, 2024. DOI: 10.5965/25946120702202371 Avaliable in: https://revistas.udesc.br/index.php/cidadaniaemacao/article/view/23698/16603. Accessed on: 23 oct. 2025.

OLIVEIRA, M. M. B.; DIAS, A. M. A. A sexualidade da mulher na terceira idade. *Revista Ibero – Americana de Humanidades, Ciências e Educação,* São Paulo, v. 9, n. 5, p. 1665 – 1673, 2023. DOI: 10.51891/rease.v9i5.9901 Avaliable in: https://periodicorease.pro.br/rease/article/view/9901/3873. Accessed on: 28 oct. 2025.

ORGANIZACIÓN PANAMERICANA DE LA SALUD. *Manual de atención integrada para las personas mayores:* guía sobre la evaluación y los esquemas de atención centrados en la persona en la atención primaria de salud. 1ª ed, 2025.

RABELO, D. F.; LIMA, C. F. M. Conhecimento e atitude de futuros profissionais da saúde em relação à sexualidade na velhice. *Revista Kairós-Gerontologia,* São Paulo, v. 14, n. 10, p. 163-180, 2011. DOI: 10.23925/2176-901X.2011v14iEspecial10p163-180. Avaliable in: https://revistas.pucsp.br/index.php/kairos/article/view/9909/7363. Accessed on: 1 nov. 2025.

SANTOS, M. A.; PIRES, B. S.; NAHUM, F. H.; MACHADO, G. A. P.; SILVA, G. T.; BANGOIM, G. G.; PANHOCA, I. Sexualidade e aids na terceira idade: abordagem na consulta médica. *Revista de Atenção à Saúde,* São Caetano do Sul, v. 15, n. 51, p. 18-22, 2017. DOI: 10.13037/ras.vol15n51.4152. Avaliable in: https://seer.uscs.edu.br/index.php/revista_ciencias_saude/pt_BR/article/view/4152/pdf. Accessed on: 27 oct. 2025.

SANTOS, I. F. Atitudes e Conhecimentos de Idosos sobre Intercurso Sexual no Envelhecimento. *Psicologia: Ciência e Profissão*, Juiz de Fora, v. 42, e235106, 2022. DOI: 10.1590/1982-3703003235106 Avaliable in: https://www.scielo.br/j/pcp/a/wSdmzSqRsLmbjTF8bjfbQ3f/?format=pdf&lang=pt. Accessed on: 25 oct. 2025.

SILVA, E. F. O.; SANTANA, A.; RIBEIRO, A. C.; DORES, I. D. C.; GONTIJO, T. G. Fatores associados ao aumento de infecções sexualmente transmissíveis no público idoso. *Revista Eletrônica Acervo Saúde,* Campinas, v. 23, n.3, p.e11813, 2023. DOI: 10.25248/reas.e11813.2023. Avaliable in: https://acervomais.com.br/index.php/saude/article/view/11813/7229. Accessed on: 25 oct. 2025.

SOARES, K. G.; MENEGHEL, S. N. O silêncio da sexualidade em idosos dependentes. *Ciência e Saúde Coletiva*, Rio de Janeiro, v. 26, n.1, p. 129 – 136, 2021. DOI: 10.1590/1413-81232020261.30772020. Avaliable in: https://www.scielo.br/j/csc/a/zKHkCkv9LPWPVQ8JYpyRRjp/?format=pdf&lang=pt. Accessed on: 27 oct. 2025.

SRINIVASAN, S.; GLOVER, J.; TAMPI, R. R.; TAMPI, D. J.; SEWELL, D. D. Sexuality and the older adult. *Current Psychiatry Reports,* San Diego, v. 21, n. 10, p. 97-108, 2019. DOI: 10.1007/s11920-019-1090-4. Avaliable in: https://escholarship.org/uc/item/7860975s. Accessed on: 28 oct. 2025.

TEIXEIRA, S. M. Envelhecimento e família. *In*: AZEVEDO, C. D. *Velhices*: perspectivas e cenário atual na pesquisa idosos no Brasil. São Paulo: Edições Sesc São Paulo; Fundação Perseu Abramo, 2023.

THOMSON, J.; ROSS, M. W.; DEVENTER, H.; POELSMA, M.; PIENAAR, M. E.; TOIT, M.; BOTHA, M. H. Assessing comfort with sexuality-related questions in medical students: "a little discomfort is better than a lifetime of suffering in silence". *Sexual Medicine*, Amsterdã, v. 11, n. 3, p. qfad035, 2023. DOI: 10.1093/sexmed/qfad035. Avaliable in: https://pmc.ncbi.nlm.nih.gov/articles/PMC10336024/. Accessed on: 25 oct. 2025.

VENTURINI, L.; BEUTER, M., LEITE, M. T.; BRUINSMA, J. L.; BACKES, C. The nursing team's performance towards the sexuality of institutionalized elderly women. *Revista da Escola de Enfermagem da USP*, São Paulo, v.25, n. 52, p. e03302, 2018. DOI: 10.1590/S1980-220X2017017903302. Avaliable in: https://www.scielo.br/j/reeusp/a/qTWtKH9gRr7Dz9jcfTBVmyJ/?format=pdf&lang=pt. Accessed on: 26 oct. 2025.

VIANA, H. B.; MADRUGA, V. A.; GUIRARDELLO, E. B.; SILVA, D. Adaptação e validação da ASKAS–Aging Sexual Knowledge and Attitudes Scale em idosos brasileiros. *Revista Kairós-Gerontologia*. São Paulo, v. 15, n. 4, p. 99-125, 2012. Avaliable in: https://revistas.pucsp.br/index.php/kairos/article/view/12636/12676. Accessed on: 16 jul 2025.

VIANA, H. B.; GUIRARDELLO, E. B.; MADRUGA, V. A. Tradução e adaptação cultural da escala ASKAS-Aging Sexual Knowledge and Attitudes Scale em idosos brasileiros. *Texto & Contexto Enfermagem,* Florianópolis, v. 19, n. 2, p. 23-35, 2010. DOI: 10.1590/S0104-07072010000200004 Avaliable in: https://www.scielo.br/j/tce/a/Vg3W3x3P47grnjWqhy9f4tq/?format=pdf&lang=pt. Accessed on: 16 jul. 2025.

WORLD HEALTH ORGANIZATION. *World report on ageing and health.* Geneva, 2015.

Received in: 05/07/2026
Approved in: 08/25/2026