

Aging and vulnerability: perspectives of LGBTQIA+ elderly persons

Envelhecimento e vulnerabilidade: perspectivas das pessoas idosas LGBTQIA+

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Special Call - Promoting the health of vulnerable populations

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ABSTRACT

Objective: to understand the perception of the LGBTQIA+ elderly person about social and programmatic vulnerability. **Methods:** qualitative study developed with ten elderly persons. The collection was done through an interview supported by a semi-structured instrument. Elderly people of both sexes and non-binary assisted in a reference center were included. We adopted content analysis through the thematic modality for data systematization. **Results:** human aging raised discussions about specific needs, such as sexuality. Treated as taboos, elderly individuals who belonged to sexual minority groups suffered double invisibility, especially in health services. Furthermore, the lack of social and family support resulted in psychological suffering and social vulnerability. **Conclusion:** through the reports, it is possible to identify important gaps in the assistance to the LGBTQIA+ elderly person, such as difficulty of access and generic health practices, which do not consider the particularities of this population, as well as discrimination and lack of spaces for coexistence. **Contributions to practice:** population aging raises discussions about the adequacy of health services in the face of the specific demands of the elderly, especially regarding sexuality and sexual and gender minorities.

Descriptors: Nursing; Aged; Sexual and Gender Minorities; Qualitative Research.

RESUMO

Objetivo: compreender a percepção da pessoa idosa LGBTQIA+ sobre vulnerabilidade social e programática. **Métodos:** estudo qualitativo desenvolvido com dez idosos. A coleta se deu por meio de entrevista subsidiada por um instrumento semiestruturado. Foram incluídos idosos de ambos os sexos ou não binários atendidos em um centro de referência. Adotou-se a análise de conteúdo por meio da modalidade temática para sistematização dos dados. **Resultados:** o envelhecimento humano suscitou discussões acerca das necessidades específicas, como sexualidade. Tratados como tabus, indivíduos idosos que pertenciam a grupos de minorias sexuais sofriam dupla invisibilidade, sobretudo nos serviços de saúde. Ademais, a falta de apoio social e familiar resultou em sofrimento psíquico e vulnerabilidade social. **Conclusão:** por meio dos relatos, é possível identificar lacunas importantes na assistência à pessoa idosa LGBTQIA+, como dificuldade de acesso e práticas de saúde genéricas, que não consideram as particularidades dessa população, além de discriminação e ausência de espaços de convivência. **Contribuições para a prática:** o envelhecimento populacional suscita discussões acerca da adequação dos serviços de saúde diante das demandas específicas da pessoa idosa, sobretudo no que concerne a sexualidade e às minorias sexuais e de gênero.

Descritores: Enfermagem; Idoso; Minorias Sexuais e de Gênero; Pesquisa Qualitativa.

Introduction

Population aging is seen as one of the most important demographic transitions. In developed countries, it occurred gradually and slowly, however, in developing countries, such as Brazil, an accelerated process is evident, in which about 13% of the population is already composed of individuals aged 60 years or more, with projections that indicate a significant increase in the coming decades⁽¹⁾. The United Nations estimates a population aging with a growth rate ranging from 25 to 29% by the year 2050⁽²⁾. According to the Brazilian Institute of Geography and Statistics (IBGE), in 2055, the number of elderly people in Brazil will be higher than the number of Brazilians under 30 years of age, with representative projections of reaching the sixth elderly population in the world⁽³⁻⁴⁾.

In this context, recognizing that senescence is an individual process is the first step towards preserving the autonomy of the elderly. Understanding human aging as a homogeneous process is a mistake, especially in relation to sex. Sexuality needs to be analyzed systematically, since, throughout life, there are important gaps on the theme, such as the absence of sex education, either at home or at school, the punishment at the beginning of the discovery of sexuality, and even the shame of desire. These taboos intensify even more during old age, in which many classify them as asexual, increasing the myths and prejudices, which hinder the implementation of preventive measures in the health field⁽⁵⁾.

Considering this, being elderly and sexually active and still belonging to the lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual, and non-binary identities (LGBTQI+) population increases the challenges, even in the face of undeniable advances in civil rights achieved in recent decades. For the first time, contemporaneity witnesses LGBTQIA+ elderly people reaching middle and old age without being submitted to the context of extreme persecution, control and stigmatization evidenced throughout the 20th century⁽⁶⁻⁷⁾. The LGBTQIA+ persons represent a

sexual minority that is often stigmatized, discriminated, abused, or has a history of LGBT phobic violence. Such experiences can cause high levels of stress and anxiety, which culminate in social isolation and invisibility⁽⁴⁻⁶⁾.

Corroborating this, it is important to highlight that aging itself already implies in increased risks for the typical vulnerabilities of senescence and, in the elderly LGBTQIA+ population, this context can be accentuated, especially when facing discrimination due to sexual orientation and gender identity⁽⁷⁾. In this scenario, the human aging process is permeated by several challenges, especially in the field of sexuality. Society sees the aging body as devoid of sensuality and desire, stigmatizing the elderly as an asexual being. Besides this problem, the LGBTQIA+ community deals with negative stereotypes, discrimination, and intolerance from society. Health professionals should seek to dispel the myths about sexuality, understanding that the elderly have sexual interests and, thus, fighting against taboos perpetuated over the years in society. Furthermore, there is a need to demystify heteronormative standards, recognizing the plurality and individuality of each elderly person.

Given the above, the following guiding question arises: what are the difficulties experienced, in the social and programmatic spheres, by the elderly belonging to the LGBTQIA+ community? Therefore, this study aims to understand the perception of the LGBTQIA+ elderly person about social and programmatic vulnerability.

Methods

This is qualitative research that used the social phenomenology proposed by Alfred Schütz as a theoretical and methodological reference, which allows the understanding and interpretation of human phenomena in their social relationships and in their daily lives, based on established concepts, such as natural attitude and intersubjectivity⁽⁸⁾. We chose to use this method because the present study aims to understand

the difficulties experienced by the LGBTQIA+ elderly person (subjects) in the context of social vulnerability (intersubjective relationship) and programmatic (life world). To guide the construction of the study, we chose to develop the research as recommended by the Consolidated Criteria for Reporting Qualitative Studies (COREQ). The research was developed in a state reference center for the LGBTQIA+ community, located in João Pessoa, Paraíba.

After presenting the project to the unit's managers and their agreement to develop the research, data collection was carried out between August and September 2021, through an interview supported by a semi-structured instrument, containing objective questions that investigated general data and the participants' profile, such as sex, gender, age, sexual orientation, profession and family income, as well as the following question: How do you perceive the social support network and health care for the LGBTQIA+ elderly person? Thus, it sought to apprehend information about the family and social support network and the access to health services and the perception of the quality and adequacy of services to individual and collective needs.

The invitation to participate in the research was made by telephone, as available in the registry. After clarification about the research objectives, the individuals were invited to go to the reference service and, thus, proceed to the interview in person. The study included all individuals aged 60 years or older, of both genders or non-binary, seen or who at some point sought assistance at the referred state service. Those elderly who had hearing deficits and severe speech problems that severely hindered communication were excluded from the study.

About 20 elderly people were registered in the reference service at the time of the research. Then, to compose the selection of participants, the method of empirical and theoretical saturation was listed, which allowed the researcher to terminate the interviews when no new findings were observed in the speeches. During data collection, only three invited elderly pe-

ople did not participate in the study, as they did not show up at the service for the interview, as previously scheduled. Thus, the sample was composed of ten elderly people who agreed to participate in the study. All interviews were recorded and transcribed in full, with an average duration of 25 minutes.

For the systematization and treatment of the data, we adopted content analysis through the thematic modality. To do so, we followed the three stages listed by the author: pre-analysis, exploration of the material, and treatment of the results obtained, analyzed considering the literature. The first phase was composed of the strenuous reading of the interviews by two independent researchers, with the purpose of identifying the thematic axes arising from the reports of the elderly people. In this way, the themes that showed similarities were grouped into three empirical categories. Finally, with the results, the interpretation of the findings began, based on scientific articles published on the theme. The interpretation of the content was performed through phenomenology and symbolic interactionism, from the narrative review subsidized by the interviewer's perceptions and evidence from the field diary⁽⁹⁾.

To ensure the anonymity of the participants, the names were replaced by the letter "I" followed by the numerical code referring to the order of data collection. Thus, the research was submitted and approved by the Ethics Committee of the University Center of João Pessoa, under Certificate of Ethics Appreciation Presentation 49410721,0.0000.5176, approved under opinion 4,858,802/2021.

Results

When considering the sociodemographic aspects, five elderly people were men, while four recognized themselves as women, and one elderly person reported being intersexual, aged between 60 and 71 years. Regarding the sources of income, there were only two retired people, four with no fixed income and four in paid activities, all with monthly earnings around one

to two minimum wages. None of the interviewees were married or had children; all lived alone. Religiosity was a practice of all interviewees, who mentioned faith and divine protection as something strengthening and hopeful throughout life in facing life's adversities.

From the set of speeches, the following categories emerged: programmatic vulnerability: gaps in the assistance provided to the LGBTQIA+ elderly person; social vulnerability: the prejudice and lack of social and family support that plague the elderly person in relation to sexual orientation and gender; and strategies for welcoming and ensuring equity in health care.

Programmatic vulnerability: gaps in care for LGBTQIA+ elderly person

The assistance provided by health and social services still presented important gaps, especially when facing the needs of LGBTQIA+ elderly people, which denoted a risk to their physical, psychological and social integrity and well-being. Programmatic vulnerability was evidenced in the speeches of all the interviewees, in which they reported feeling less welcomed in relation to their complaints and wishes.

Thus, users reported difficulties in accessing health care, as well as the absence of reference spaces, not identifying the offer of health care that could contemplate the peculiarities that affected the LGBTQIA+ elderly population. Considering the stigmas related to sexuality, associated with low access to health services throughout life, as well as the suffering and barriers to the expression of their identity, the interviewees showed difficulty in caring for themselves and getting qualified attention: *I need health care to really assist the elderly, I miss everything. It is a disregard; I would like there to be a directed care. There is a great need, and the government has no interest in offering quality health care (11). There has never been any orientation actions in health or workshops for the LGBT community here. I already felt prejudice in the health services, there is a lot missing for us to have quality care (14). Inside the health units, I still see many unprepared professionals. In the LGBT space, as far as I know, there is nothing specific, maybe lacking resources. There is only psycholo-*

gical support and if there was more support it would be better, since the elderly population has been growing. I would like a service more focused on my complaints, everything is very general (15). It is complicated to get an appointment and when you get one, you cannot even spend five minutes, you can't even explain properly what you want, what you feel (110).

Social vulnerability: the prejudice and lack of social and family support that plagues the elderly in relation to sexual and gender orientation

The lack of opportunities intensified in groups of people belonging to sexual and gender minorities, added to the prejudice against the elderly, known as ageism. Users reported the existence, at some point in their lives, of discriminatory episodes due to gender and sexual orientation, intolerance, and various other types of violence, which resulted from a heteronormative society: *I have no support network to help me, I am alone. I am afraid to let people go to my house, and then they will say bad things about me. Furthermore, I don't like other people's houses, I don't declare myself to anyone, I suffer, I cry, I feel a lot of loneliness. I was so excited when you called me, I'm afraid that this disgust of life will make me sick (15). I already felt discrimination with my RG (general register) name. Furthermore, I don't accept it! Once I was called by my male name and I ignored it, I am not a man. See that I am a woman, I don't let it happen. I haven't had my documents changed yet. See I have the courage to be a woman and you would? (13). I have a very private life; I had a salon for many years in a noble neighborhood. I have already had a very active life, but age has brought a certain caution. When you get to this age, you are more reserved, you have a certain respect. Younger people have a lot of freedom. I have been affected a lot, and sometimes I guide the younger ones, but they don't accept it! They think I am an old, frustrated "faggot" who doesn't know anything. In other words, we suffer prejudice in two ways. In my time there was a lot of repression, but today violence is very cruel. The LGBT population suffers a lot, that's why many people my age have a certain difficulty in participating in groups nowadays, the younger people are very resistant to the opinions of the older ones (17). When I was younger, I had many friends, now I have almost no one. I am afraid of the future (18).*

Strategies for welcoming and ensuring equity in health care

The strategies of welcoming and ensuring equity in health care were directly related to the quality of care provided. Thus, the welcoming began with the first contact between the health professional and the patient, involving not only doctors or nurses, but all those who provide health services.

Thus, identifying the strategies of welcoming and promoting health for the LGBTQIA+ elderly population helped to ensure equity in care, understanding the inequalities and barriers faced by users when seeking services. Issues such as lack of trust in services and heteronormativity in health-illness processes are still present in health care spaces: *There is a lot missing for a more specific assistance to the LGBT population, adequate psychological support, workshops that would motivate social interaction with this group* (15). *The LGBT Space needs to fight with the state government for space that welcomes the elderly population in vulnerability. A refuge for artists... many works with arts, hairdressers, artists, makeup artists, and at the end of their lives they are abandoned to their own fate. There is a lot missing for the elderly population to be attended to and welcomed in a humanized way* (16). *I've never had any health care service or participated in workshops with directed care, the actions have no direction for the needs of the LGBT population. I think that professionals should listen more to us, do activities according to what we need. We are all elderly, but we have different priorities. We are always talking about illness, high blood pressure, diabetes, but we are much more than that* (19). *More and more the health staff are accepting us, seeing that we need a safe space. But it is still not enough, we need more places for us to live with "our own"* (12).

Discussion

This research identified difficulties experienced by the LGBTQIA+ elderly person, which influence aspects of gender and sexuality and have a direct impact on their health and well-being. Social and programmatic vulnerability is perceived through the gaps reported in the environments that provide care to the

elderly, as well as in the prejudice and lack of support in relation to the social and family environment experienced by this population, thus providing an overview of the problem.

Moreover, the strategies for embracement and ensuring equity in the services that provide care to the elderly population are still widespread and weakened, making the embracement and conduct of the provision of health services to users over 60 years old vulnerable and with low resoluteness.

Aging itself already brings challenges and stigmas, among them the social invisibility and the interpretation of the elderly as a being without sexuality, disregarding their struggles and their life stories. The elderly population constitutes a group exposed to vulnerability, considering its physiological, psychological, and sociocultural changes, arising from human aging^(8,10). There is a decline in functional capacities and the influence of collective and contextual aspects, in which we observe a political and social disinvestment and marginalization of the individual⁽¹¹⁻¹²⁾.

Shrouded by prejudice and lack of representation, the elderly who are not part of the heterosexual profile of society also face the lack of social acceptance and health system⁽¹³⁾. The constant violations of their rights, institutional prejudice, precarious access to health services and social exclusion cause suffering, illness, and worse health conditions for the LGBTQIA+ elderly population, when compared to the general population.

Thus, it is noteworthy that the elderly who recognize themselves as LGBTQIA+, in comparison to heterosexual individuals of the same age, present a higher risk of disabilities, mental health decline and decreased adherence to prevention practices and health promotion⁽¹⁴⁾. Discrimination reduces older people's access to the resources they need to age actively and healthily. Regarding sexual minorities, there are reports of numerous organizational barriers in health services, which are directly influenced by the heteronormative orientation established in society. The lack of awareness of professionals is one of the barriers

established during the reception, which hinders the access of LGBTQIA+ elderly people to health care⁽¹⁵⁻¹⁶⁾.

Transsexuals, for example, sometimes experience the denial of their identity by others, which implies discomfort. Unfortunately, there are health services that still do not recognize the social name in communications and often present a mistaken way of receiving and directing care, thus building a barrier to access⁽¹⁷⁾. It is worth emphasizing the need to establish an effective reception, which provides a sense of belonging, especially among those who identify themselves as transsexuals, since, in general, their life expectancy is around 35 years, which is significantly lower than the average life expectancy of the general population⁽¹⁸⁾.

Invisibility is described as one of the main problems in the provision of care since the non-heterosexual elderly person does not feel welcomed in relation to their demands. As for lesbian or bisexual women, it is reported that, by informing about their sexuality, they realize that care becomes faster, with the absence of requests or necessary referrals⁽¹⁹⁻²¹⁾.

There are also communication failures, such as, for example, misinformation about the prevention of Sexually Transmitted Infections (STIs) by lesbian women, due to the stigma that women who have sex with other women cannot be infected by this type of infection. As portrayed in the interviews and in the literature, besides the lack of representation and prejudice, the healthcare system and its professionals are not prepared to meet the specificities related to the health of LGBTQIA+ elders⁽²²⁻²³⁾.

In turn, homosexual men suffer from the stigma of HIV transmission, while transgenders usually go through the continuous pathologization of transsexuality. The psychic suffering generated in these individuals is unquestionable⁽²³⁻²⁴⁾. In the same thought, unfortunately, women also experience such stigma, since the prevalence of HIV in transgender women is higher compared to the general population. A meta-analysis study indicates that such prevalence is 48.8 times higher⁽²⁴⁾.

Moreover, the elderly LGBTI+ population is more prone to mental disorders. The difficulty of assuming their sexual orientation can generate several complications to psychological suffering, and seeking psychological support can bring greater well-being⁽²²⁾. Furthermore, it is not only the moment of assuming social orientation that brings suffering because, daily, the LGBTQIA+ population goes through situations of humiliation, apathy, and prejudice, which reinforces the need for welcoming by the healthcare team, which needs to consider the elderly individual in their multidimensionality, including sexual orientation^(14,22).

About a quarter of respondents chose not to inform their sexual choice during care in health services, due to fear of prejudice and stereotypes. Thus, issues such as sexual identity and advancing age interact with each other and increase the unique concerns about access to social and health services, in which the double stigmatization presents a negative impact on health care⁽¹⁴⁾.

Thus, it is necessary to remember that, besides being elderly, which already places users as a population in potential vulnerability, these individuals are also part of the LGBTQIA+ group; while certain elderly people can express their sexuality and live it fully, others are stuck hiding their desires and expressions, since they need to return to live with their families or reside in Long Stay Institutions⁽²⁵⁻²⁶⁾.

Prejudice and discrimination reach even higher degrees in the situations of LGBTQIA+ elderly. The agendas of LGBT social movements defend their flags and political agendas directed at young adults, contributing to the generation gap. Moreover, due to stigma and discrimination, they have a restricted social support network and low economic resources, due to reduced professionalization and low education^(14,24,26).

Elderly people who recognize themselves as LGBTQIA+ when inserted in supportive communities, living with other individuals belonging to sexual minorities, enjoy good health and social support, engaging in practices of health promotion and prevention, besides presenting satisfaction with their lives. This

fact demonstrates the importance of strengthening social and family support and resources necessary for the development of resilience in the face of adversity and historical marginalization⁽²⁷⁾.

Identifying the strategies for welcoming and promoting health for the LGBTQIA+ elderly population helps to ensure equity in care, understanding the inequalities and barriers faced by users when seeking services. Issues such as lack of trust in services and heteronormativity in health-illness processes are still employed in health care spaces. Care practices based on social determinants of health are being offered, but still in an incipient way⁽²⁸⁾.

Therefore, Primary Health Care shows itself as an instrument to enable inclusive practices, for being composed of a complex interaction between technical, political, ideological, and economic issues, dealing ethically with the diversity of everyone. Therefore, the user-professional bond is strengthened when there is respect and trust and is weakened in the face of the current reality⁽²⁹⁾.

Thus, the expansion of the field of qualified professionals who serve patients in a humanized way, respecting the specificities of everyone, emerges as a strategy for welcoming this population group. A policy to confront inequities requires a process in which the training of health professionals is based on the understanding of human rights and health of this population, ruling out inadequate conducts of discrimination and social exclusion⁽²²⁾. It is worth highlighting the need for collective deconstruction, from the construction of democratic and plural spaces, in which health workers, students, class representatives, and users themselves are committed to building a solid knowledge that can foster new care practices, not restricted to creating spaces where differences are tolerated⁽¹⁵⁾.

Although the health area has the potential to break stereotyped practices focused exclusively on heteronormative and cisgender standards, it is still possible to evidence care practices embittered with prejudice and resistance, especially in a veiled way. The lack of professional commitment to the specific demands of the LGBTQIA+ elderly population, negli-

gence during care, and the lack of public spaces for social support make an equitable care unfeasible, putting at risk safety, effective care, and respect for vulnerable minorities.

Such factors directly influence the access to health care, especially those of disease prevention and health promotion, resulting in higher rates of illness, whether physical or mental, in this niche population. Thus, the importance of strengthening public health and social policies aimed at sexual minorities stands out, as well as the training of professionals for the care of this public, to ensure the achievement of a better quality of life and to implement the principle of equity proposed by the Unified Health System.

Study limitations

We highlight as a limitation of the study the difficulty in accessing the interviewees, since, despite the data collection being carried out in a reference service focused on the LGBTQIA+ population, there was a limited number of registered elders. Furthermore, the face-to-face interviews were conducted during the period of the 2019 coronavirus disease pandemic (COVID-19), which resulted in delays in the execution of the steps and the non-attendance of some invited elderly persons. The researchers chose not to conduct the interviews remotely because of the importance of an empathetic and welcoming environment during data collection.

Contributions to practice

According to searches in scientific databases, research on the social and health service experiences of sexual minority elders is still scarce, resulting in limited understanding of unique issues and concerns about programmatic and social vulnerability experienced by this population group. Knowledge about the influence of sexual orientation and gender differences, associated with perceptions about aging, still presents important gaps, especially regarding access to health services, experiences, and well-being. This

research presents relevant data on the perception of LGBTQIA+ elderly persons about aging, health practices, and social and family support, providing subsidies for the readjustment of the reception and professional care provided by nurses.

Conclusion

The data presented here points out the difficulties experienced by LGBTQIA+ elderly people and the impact exerted regarding gender and sexuality of these individuals. Such problems are widely discussed in the gerontological literature, such as lack of social support, loneliness, difficulty in accessing health services, unpreparedness of health professionals and stigmatization, commonly faced in old age. Such aspects are increased when they involve the elderly belonging to the LGBTQIA+ group. These individuals live on the margins of society throughout their lives and, when they reach old age, they accumulate such losses with those common to senescence, such as difficulty in accessing health services and practices that do not consider the specific demands of this population group.

Authors' contribution

Conception and design or data analysis and interpretation: Espínola IER, Oliveira FMRL.

Writing of the manuscript or relevant critical review of the intellectual content: Carvalho LF, Silva DF, Souza JMM.

Final approval of the version to be published: Galindo Júnior JUF, Barbosa KTF.

Agreement to be responsible that all aspects of the manuscript related to the accuracy or completeness of any part of the manuscript are properly investigated and resolved: Barbosa KTF.

References

1. Fonseca MH. Envelhecimento da população, reconfigurações do trabalho e qualificação profissional no Brasil. *Rev Dir Trab Pol Soc* [Internet]. 2020 [cited Jan. 23, 2023];6(10):49-67. Available from: <https://periodicoscientificos.ufmt.br/ojs/index.php/rdtps/article/view/9499>
2. Perissé C, Marli M. Idosos indicam caminhos para uma melhor idade. *Rev Retratos* [Internet]. 2019 [cited Jan. 23, 2023]. Available from: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/24036-idosos-indicam-caminhos-para-uma-melhor-idade>
3. Belasco AGS, Okuno MFP. Reality and challenges of ageing. *Rev Bras Enferm*. 2019;72(2):1-2. doi: <https://doi.org/10.1590/0034-7167.2019-72suppl201>
4. Marques MB, Coutinho JFV, Sousa CR, Sales JMR, Brito MLC, Souza RLP. Factors related to sarcopenia and functional capacity in institutionalized elderly. *Rev Rene*. 2020;21:e43864. doi: <https://doi.org/10.15253/2175-6783.20202143864>
5. Monteiro YT. Sexualidade das mulheres em envelhecimento: um tabu? *Braz J Dev*. 2020;6(3):13129-37. doi: <http://dx.doi.org/10.34117/bjdv6n3-250>
6. Carlos KPT, Santos JVO, Araújo LF. Representações sociais da velhice LGBT: estudo comparativo entre universitários de direito, pedagogia e psicologia. *Psicogente*. 2018;21(40):297-320. doi: <https://doi.org/10.17081/psico.21.40.3076>
7. Crenitte MRF, Miguel DF, Jacob Filho W. Abordagem das particularidades da velhice de lésbicas, gays, bissexuais e transgêneros. *Geriatr Gerontol Aging*. 2019;13(1):50-6. doi: <https://doi.org/10.5327/Z2447-211520191800057>
8. Schutz A. A construção significativa do mundo social: uma introdução à sociologia compreensiva. Petrópolis: Vozes; 2018.
9. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2016.
10. Banerjee D. Age and ageism in COVID-19: elderly mental health-care vulnerabilities and needs. *Asian J Psychiatr*. 2020;51:1021544. doi: <http://doi.org/10.1016/j.ajp.2020.102154>
11. Pérez-Zepeda MU, Godin J, Armstrong JJ, Andrew MK, Mitniski A, Kirland S, et al. Frailty among middle-aged and older Canadians longitudinal study on aging. *Age Ageing*. 2021;50(2):447-56. doi: <https://doi.org/10.1093/ageing/afaa144>

12. Ayeni A, Sharples A, Hewson D. The association between social vulnerability and frailty in community dwelling older people: a systematic review. *Geriatrics (Basel)*. 2022;7(5):104. doi: <https://doi.org/10.3390/geriatrics7050104>
13. Souza Júnior EV, Silva Filho BF, Silva CS, Rosa RS, Cruz DP, Santos BFM, et al. Sexuality as a factor associated with the quality of life of the elderly. *Esc Anna Nery*. 2023;27:e20220228. doi: <https://doi.org/10.1590/2177-9465-EAN-2022-0228en>
14. Lytle A, Apriceno MB, Dyar C, Levy S. Sexual orientation and gender differences in aging perceptions and concerns among older adults. *Innov Aging*. 2018;2(3):igy036. doi: <https://doi.org/10.1093/geroni/igy036>
15. Costa-Val A, Manganelli MS, Moraes VMF, Cano-Prais HA, Ribeiro GM. The care of the LGBT population from the perspective of Primary Health Care professionals. *Physis*. 2022;32(2):e320207. doi: <https://doi.org/10.1590/S0103-73312022320207>
16. Santos JVO, Araújo LF, Fonseca LKS, Salgado AGAT, Jesus LA. O que os brasileiros pensam acerca da velhice LGBT? Suas representações sociais. *Av Psicol Latino-Am*. 2020;38(3):159-72. doi: <https://doi.org/10.12804/revistas.urosario.edu.co/apl/a.5876>
17. Gomes DN, Teixeira ER, Sauthier M, Gaia AG. Desafios éticos nas relações entre enfermeiro e transexuais na Atenção Primária de Saúde. *Res Soc Dev*. 2021;10(1):e57210112110. doi: <http://dx.doi.org/10.33448/rsd-v10i1.12110>
18. Grubba LS, Porto AB. Sociedade da (des)informação: a omissão do Brasil sobre mortes trans e travestis. *Passagens: Rev Int Hist Pol Cult Jur*. 2022;14(3):428-52. doi: <https://dx.doi.org/10.15175/1984-2503-202214303>
19. Silva Junior JR, França LD, Rosa A, Neves VR, Siqueira LD. Health care for LGBTI+ elders living in Nursing Homes. *Rev Bras Enferm*. 2021;74(supp):e20200403. doi: <https://dx.doi.org/10.1590/0034-7167-2020-0403>
20. Araújo LF, Salgado AGAT, Santos JVDO, Jesus LA, Fonseca LKS. Representações sociais da velhice LGBT entre Agentes Comunitários de Saúde. *Psico*. 2019;50(4):e30619. doi: <https://dx.doi.org/10.15448/1980-8623.2019.4.30619>
21. Pereira C. Políticas de cuidados na velhice. *Rev Kairós*. 2019;22(1):33-40. doi: <https://dx.doi.org/10.23925/2176-901X.2019v22i1p33-40>
22. Francisco LCFL, Barros AC, Pacheco MS, Nardi AE, Alves VM. Ansiedade em minorias sexuais e de gênero: uma revisão integrativa. *J Bras Psiquiatr*. 2020;69(1):48-56. doi: <https://dx.doi.org/10.1590/0047-2085000000255>
23. Almeida FAP, Oliveira GPC, Moreira MAS, Silva ALO, Alves MSCF, Brasileiro MLS. Approaching sexuality in aging: an integrative review. *R Pesq Cuid Fundam Online*. 2021;13:1692-7. doi: <https://doi.org/10.9789/2175-5361.rpcf.v13.10232>
24. Magno L, Silva AVS, Veras MA, Santos MP, Dourado I. Stigma and discrimination related to gender identity and vulnerability to HIV/AIDS among transgender women: a systematic review. *Cad Saúde Pública*. 2019;35(4):e00112718. doi: <https://dx.doi.org/10.1590/0102-311X00112718>
25. Lottman R. Sexuelle und geschlechtliche vielfat in der Altenhilfe – intersektionale perspektiven und die relevanz von situationen und kontexten. *Z Gerontol Geriat*. 2020;53:216-21. doi: <https://doi.org/10.1007/s00391-020-01704-7>
26. Srinivasan S, Glover J, Tampi RR, Tampi DJ, Sewell DD. Sexuality and the older adult. *Curr Psychiatry Rep*. 2019;21(10):97. doi: <https://doi.org/10.1007/s11920-019-1090-4>
27. Ezhova I, Savidge L, Bonnet C, Cassidy J, Okwuokei A, Dickinson T. Barriers to older adults seeking sexual health advice and treatment: a scoping review. *Int J Nurs Stud Adv*. 2020;107:103566. doi: <https://doi.org/10.1016/j.ijnurstu.2020.103566>
28. Bezerra MVR, Moreno CA, Prado NMBL, Santos AM. Política de saúde LGBT e sua invisibilidade nas publicações em saúde coletiva. *Saúde Debate*. 2019;43(spe):305-23. doi: <https://dx.doi.org/10.1590/0103-11042019S822>
29. Ferreira BO, Bonan C. Where are LGBTT populations in the Family Health Strategy? Narratives of health professionals in Teresina, Piauí, Brazil. *Ciênc Saúde Coletiva*. 2021;26(5):1669-78. doi: <https://doi.org/10.1590/1413-81232021265.04752021>



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