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RESEARCH

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## CONCEPTIONS AND EXPERIENCES OF SEXUALITY AND THE EFFECTS ON THE LIVES OF ELDERLY WOMEN

*Concepções e vivências da sexualidade e seus efeitos nas vidas de mulheres idosas*

*Concepciones y vivencias de la sexualidade y sus efectos en la vida de las mujeres mayores*

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### ABSTRACT

**Objective:** to reveal the concepts and perceptions of elderly women's sexuality and the impacts on their lives. **Method:** this is an exploratory-descriptive qualitative study, with eleven interviewees, women between 60 and 80 years of age, users of a Basic Health Unit, located in the northwest of Paraná. **Results:** it was observed that the majority of elderly women relate sexuality to the sexual act and, consequently, depend on their partner and perceive the act as something exclusive to marriage and that it depends on the husband to happen. **Conclusion:** It is concluded that sexuality, despite the concept having a direct relationship with the sexual act, can influence self-esteem, family dynamics and the search for health care.

**DESCRIPTORS:** Sexuality; Old people; Health;

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## RESUMO

**Objetivo:** desvelar os conceitos e percepções da sexualidade de mulheres idosas e os impactos em suas vidas. **Método:** trata-se de um estudo qualitativo exploratório-descritivo, com onze entrevistadas, mulheres entre 60 e 80 anos de idade, usuárias de uma Unidade Básica de Saúde, localizada no noroeste do Paraná. **Resultados:** observou-se que as mulheres idosas, em sua maioria, relacionam a sexualidade ao ato sexual e, conseqüentemente, depende de seu parceiro e percebem o ato como algo exclusivo do casamento e que depende do marido para acontecer. **Conclusão:** conclui-se que a sexualidade, apesar do conceito ter relação direta com o ato sexual, podem produzir influência em sua autoestima, na dinâmica familiar e busca pela assistência de saúde.

**DESCRIPTORIOS:** Sexualidade; Pessoas idosas; Saúde;

## RESUMEN

**Objetivos:** revelar los conceptos y percepciones sobre la sexualidad de las mujeres mayores y los impactos en sus vidas. **Método:** Se trata de un estudio cualitativo exploratorio-descriptivo, con once entrevistadas, mujeres entre 60 y 80 años, usuarias de una Unidad Básica de Salud, ubicada en el noroeste de Paraná. **Resultados:** se observó que la mayoría de las mujeres mayores relacionan la sexualidad con el acto sexual y, en consecuencia, dependen de su pareja y perciben el acto como algo exclusivo del matrimonio y que depende del marido para realizarse. **Conclusión:** se concluye que la sexualidad, apesar de que el concepto tiene relación directa con el acto sexual, puede influir en la autoestima, la dinámica familiar y la búsqueda de atención de salud.

**DESCRIPTORIOS:** Sexualidad; Personas mayores; Salud.

## INTRODUCTION

During the aging process, physiological, relational and emotional changes occur. During this period, sexuality remains present in the lives of the elderly. With this in mind, we understand that elderly women live their sexuality regardless of their age, and may present complaints in this area and neglect to seek professional help, caused by social stigmas.<sup>1</sup>

According to the World Health Organization (WHO), sexuality is a fundamental right in human life and its development encompasses basic human needs. The experience of this area goes beyond coitus, in fact, this area of life is related to sensuality, self-esteem and self-knowledge and it is essential that these aspects are properly understood so that taboos on the subject are abandoned.<sup>2</sup>

Society's concepts of sexuality are permeated by cultural, religious and social factors. There is a notion that it is limited to sexual intercourse and, in this sense, elderly women no longer need access to this area of their lives, since they no longer reproduce. The repression of sexuality in older women often prevents them from experiencing this area successfully and even pleurably.<sup>3</sup>

Although older women's sexuality is ignored, they can enjoy an active or pleasurable sex life. The conflict between these views leads to oppression of older women, a reduction and even a lack of self-care in relation to this sexual aspect.<sup>4</sup> Such repression of sexuality can result in feelings of fear and shame, since even health professionals are not able or open to broaching this subject. Therefore, preventive measures among the elderly population are reduced and, as a consequence, there is an increase in the repercussion of cases of sexually transmitted infections (STIs).<sup>5</sup>

It is therefore essential to discuss and reflect on the concepts, experiences and factors involved in this very important aspect of people's lives. Given that the ageing population and the increase in life expectancy are leading to an inversion of the age

pyramid in Brazil, it is important to get to know the real needs of this population. In order to develop health promotion and prevention strategies in this area, it is of the utmost importance to understand how elderly women experience and conceive of their sexuality and the main effects on their health.

## METHOD

This is a qualitative exploratory-descriptive study. The research was carried out in the city of Maringá-PR and the participants were surveyed at a Basic Health Unit located in the city. A survey of elderly women was carried out and then contact was made to check that they were willing to take part in the research.

The target audience included elderly women between 60 and 80 years of age who had undergone a preventive examination in 2022. This inclusion factor was considered to be relevant, since these were women who were more concerned about their sexual health, which would make it easier to approach and discuss a topic that is considered delicate. We excluded those who were immobilized, had speech, hearing or reasoning problems, which could interfere with the quality of the data that would be analyzed. The number of people involved was determined according to the saturation of the information collected. At the end of the study, there were a total of eleven interviewees.

In order to get to know the participants in greater depth, an authorial questionnaire was administered, covering socio-economic aspects. The socio-economic questionnaire asked about marital status, professional occupation, family income, residents of the house, number of children, financial dependents, age, race, schooling and family ties.

In order to understand the elderly women's experiences and conceptions of sexuality, an authorial semi-structured interview was carried out, containing six fundamental questions. These

included the definition of sexuality for the elderly woman, how she experiences this aspect of her life and how it influences her self-esteem and emotional state. They were also asked how they see the influence of this area on their health and their search for care.

The interviews were carried out in the participants' homes to preserve their privacy, since sexuality is a delicate subject for many women. These interviews were recorded and transcribed in full for later analysis, following the method of content analysis in the thematic modality, known as Bardin's method<sup>6</sup>, which involves exhaustive readings of the interviews to identify associations and consonant ideas.

We then grouped the statements according to similarities and units of meaning. Finally, they were separated into thematic units, discussed in the light of scientific literature. The statements are preceded by the letter E (interviewee) and their number, following the order in which they were used.<sup>6</sup>

Approved by the ethics committee (CAAE: 57782022.1.0000.5539 / opinion number: 5.361.495). The Informed Consent Form (ICF) was drawn up and a copy given to each participant. For all actions, the study followed the ethical parameters already pre-established in Resolution 466 of 2012, with a view to promoting bioethics and its principles governed by law.

## RESULTS

From the data obtained through the sociodemographic questionnaire administered to the interviewees, we can see that the profile of the participants was predominantly women aged between 66 and 70 (4), self-identified white women (7) and married women (4). In terms of the number of people living in the homes of the elderly women, those with between one and two people stood out.

With regard to the number of children, we noticed a similarity between those with two children (5) and those with three (5), with only two having just one child. With regard to family income, there was parity between elderly women earning up to two minimum wages (5) and those earning between three and five minimum wages (5). With regard to financial dependents, it is also clear that most of the elderly women interviewed have no financial dependents (9).

When we turned our attention to the search for health services, we assessed the frequency with which the interviewees sought these services, highlighting those who sought routine consultations (7), the vast majority of which were aimed at treating chronic non-communicable diseases and continuous use medication. Of these, it was also noted that some (4) reported seeking the service only for acute cases, in situations where they were not feeling well.

After analyzing and reflecting on the interviews, it was possible to construct four thematic units: sexuality perceived primarily as the sexual act; factors influencing the search for assistance in the area of sexuality; the impact of family dynamics on the experience of sexuality; and the relationship between sexuality and self-esteem.

### THEME 1 - SEXUALITY PERCEIVED PRIMARILY AS THE SEXUAL ACT

In the interviews, most of the participants, when asked what sexuality is, related it to the concept of the sexual act.

*Sexuality is having sex [...] it's the sexual act of the vagina and the penis (E1).*

*I think sex is procreation, it's to procreate (E11).*

Nevertheless, the concept that sexuality is mostly linked to sex is reinforced by the idea that this practice should be carried out especially by a couple, linked to marriage or even to the act of procreation.

*I think this is part of being a couple, of being human, right? I think it's a moment for both of us, a moment of pleasure (E2).*

*I don't have much to tell you about what sexuality is for me [...], sex in marriage is important (E4).*

*Look, what I understand about sex isn't much, because I've never done anything unusual [...] just the traditional mom and dad [...]. I think sex is part of our lives, yes (E3).*

*I don't know what comes of it, a sequence of a couple, of marriage. Even if you don't want to have children, it's part of the nature of men and women (E6).*

In addition, it is possible to see in the conversations that the elderly women associate their experience of sexuality with the man they are in a relationship with, whether he is their spouse or a steady partner. Consequently, the women interviewed correlate the suppression of their sexuality with the fact that their partners are no longer able to perform the sexual act.

*I had good sex until a couple of years ago or so, but then my husband and I started sleeping apart, because of the pandemic, and then I lost the desire to do it (E3).*

*So, today my husband has already been operated on, there's no problem, you know. So it's kind of complicated, isn't it? He's already been operated on and it doesn't work. Ah, that's fine (E2).*

*If there are other problems, if the husband is ill, there are men who don't have any more [...], they don't have any more, you know? (E5).*

*Then I like it, right? Only lately I've been fighting with him for a while, because he became impotent from drinking [...] I felt bad, you know? (E8).*

### THEME 2 - FACTORS INFLUENCING THE SEARCH FOR ASSISTANCE IN THE AREA OF SEXUALITY

Despite the fact that the subject is little discussed and difficult to approach, most of the women interviewed said that, when faced with a need related to their intimacy, they would seek or had

already sought help from the health service. They point out that trust is associated with the physiological need for improvement in the face of a condition, because it is something common to all people and because it is a demand considered "normal" by the professionals who attend to them.

*I felt pain during intercourse, the doctor gave me some ointment and I felt like it. Then he started looking for me and a deal came up (E3).*

*I go to the service whenever I need to [...]. Well, because if I'm not well, I need someone, so I'd say yes (E8).*

*No, I'd definitely trust them, I'd seek help to solve the problem. It's important (E10).*

*Look, I think that, if I go, it would be easy for me, but I wouldn't either, just like I'm telling you, I haven't been yet, I think I have to go. It would be easy, I'd go there and say, fine (E11).*

On the other hand, one interviewee pointed out a relevant issue when asked about the search for health professionals.

*Even though I was married, I didn't feel anything and for me it was whatever [...]. I didn't go to a psychologist, a psychiatrist or anything like that, because I tried to understand my situation better [...]. And not just that, because we also study and see doctors talking on the internet, right? So I've always had this concern too (E4).*

### **THEME 3 - IMPACT OF FAMILY DYNAMICS ON THE EXPERIENCE OF SEXUALITY**

Since sexuality is understood as the sexual act, the interviewees say that their experiences in this area are minimal or non-existent due to family dynamics.

*A gente se envolve com muita coisa, a gente vai tendo muito compromisso e a gente vai deixando [...]. E vai se acomodando, aí vai perdendo o ânimo (E6).*

*Eu vivo em função da família, dos netos, para mim isso preenche minha vida (E7).*

However, one participant reported a beneficial influence of the family routine on her sexual relationship with her spouse.

*Then my granddaughters started saying that it was ugly for us to sleep apart. Then he came back to our bed and it was fine (E3).*

### **THEME 4 - RELATIONSHIP BETWEEN SEXUALITY AND SELF-ESTEEM**

It is worth noting that most of the participants mentioned that practicing sexuality interferes with their self-esteem and self-image. The interviewees associated the impact of sexual experience with feeling good about themselves, feeling desired, attractive, beautiful, feeling satisfied and receiving affection. They also reported that when they didn't practice sex and the other attachments that sexuality carries, they perceived feelings

such as abandonment, exclusion, sadness, wanting to cry and a worsening of their self-perception.

*You feel important to the person, knowing that there's someone there who [...] wants you, wants you (E1)*

*It affects everything, it's horrible. When you don't have sex, you feel abandoned, that you're not beautiful, you feel excluded, you want to cry [...] it feels like it's all over [...]. Now, when you have sex, you have better self-esteem, you feel wanted (E3).*

*You get ready to go out, he looks at you and says: "Wow, you look beautiful" Wow, that takes you up a notch. You don't even need to have sex, just the words [...]. You feel so good (E8).*

*We stay up there because it's an act of love, you're giving and you're also receiving. [...] When we don't have it, we feel a bit sadder, but that doesn't mean you're going to stay on the ground (E9).*

*It's good for your self-esteem, it feels good. It's because, really, it's not just that sexual act, right? It's the affection, the importance (E10).*

## **DISCUSSION**

When asked about their experiences of sexuality, their answers were limited to whether or not they had sex. This view is not uncommon, since it is not uncommon for the perception of sexuality to be associated with genitalia and sex.<sup>7</sup>

The superficial and constructed idea that sexuality is only about the act of sex is not only present in the concept of the elderly women interviewed, but the information gathered corroborates a study carried out in Sanharó-PE, which points out that 73% of the elderly people surveyed directly associated sexuality with the act of sex.<sup>8</sup> Similarly, adults also correlate this area with pleasure and sexual intercourse, as revealed by a study aimed at understanding the meaning of sexuality for 1053 adults, who used the words love, sex and pleasure as references.<sup>9</sup>

It is therefore possible to see that, contrary to society's view that sexuality and sex are non-existent in the lives of the elderly, the results reveal that the perception of the elderly is similar to that of other age groups. As a hypothesis, we can think of the belief that older adults lose their libido with age and consequently have no desires. This proximity is due to the fact that sexuality is inherent to any human being, thus highlighting that, despite the biopsychosocial changes of ageing, the ideals linked to sexuality are maintained and are on a par with the cultural concepts of the general population.<sup>10</sup>

Relationships of oppression associated with issues of sexuality are not a new fact in our society and may be even more experienced among the elderly, since they are the result of a generation that has not yet been able to see the benefits and facilities of expressing sexuality. In addition to various changes to their image and perception of themselves, this leads to a frustration in their



desire to remain sexually active because they believe that, since their partner is no longer capable of achieving an erection, they have no alternatives left to explore their sexuality and other ways of feeling pleasure beyond the sexual act.<sup>11</sup>

In view of what was said in the speeches of the elderly women, it can be understood that a woman's libido and, consequently, her sexuality are the result of a combination that involves feeling desired, knowing that her spouse is active and the existence of a sexual relationship between them. This fact reiterates the perception that they often link their sexuality to their partner rather than to their own well-being and desires. In view of this, it is understood that women may not be living their sexuality successfully because they think too much about their partners and minimally about themselves, since socially women are seen to give pleasure to their partners.<sup>4</sup>

From the participants' speeches, it can be seen that resistance to seeking help, or even seeking care on the subject of sexuality, is linked to the safety of broaching the subject in a health environment, which is directly linked to the bond and trust established with the professional who will provide the care. Based on this, for Primary Health Care (PHC) professionals, the lack of a bond is a major difficulty in providing sexual health care to elderly women. As a result, longitudinal care is not effective and important information is omitted by patients.<sup>7</sup>

Thus, it is common for patients to suppress information that has an impact on their sexual health, largely due to the lack of preparation on the part of professionals and the stigmas surrounding the sexuality of the elderly. Added to this, due to feelings of prejudice and judgment on the part of the health system users themselves, the result is a high impact on the search for health services. This, together with the lack of affinity between patient and professional, means that adherence and engagement in health care are not as successful as they should be, with repercussions for both the professional's resolutiveness and the care provided to elderly women.<sup>12</sup>

Throughout history, women have always been socially linked to domestic tasks, which include: looking after children, cleaning the house, helping the husband with his needs, working and, depending on demand, looking after grandchildren. This type of assignment for women, coupled with the biopsychosocial changes that occur with ageing, mean that they are less and less successful and enjoy their sexuality<sup>10</sup>. In other words, the intense changes associated with the responsibilities that elderly women take on mean that the time they devote to enjoying this area of their lives is increasingly limited.<sup>13</sup>

In addition, the participants said that, due to household duties such as cleaning, raising grandchildren, work and the family rush, they don't think about this area of their lives, as they feel complete with the general family experience. In line with this, a study involving 692 older adults found that those who don't have children in their lives have more intense and more frequent sexual and emotional relationships. Not living with children in the same household means that the elderly not only live, but also express their sexuality verbally, physically and morally. This is

due to the greater freedom they have as a result of the couple's greater intimacy.<sup>14</sup>

However, it can be seen that when there is acceptance from the family member, it can bring a feeling of confirmation and this involves understanding and truly realizing that the elderly woman, like anyone else, lives her sexuality, including the practice of sex.<sup>3</sup>

In line with the various statements made by the participants, it is understood that self-esteem associated with a light and pleasurable experience of sexuality in old age increases the sense of well-being in physical, emotional and social terms. This self-esteem is closely linked to emotional self-perception and genital and social self-image. In other words, there is a cycle in which, in order to be successful in this aspect, there needs to be a whole involving bodily and social acceptance, the practice of sexual intercourse and secure affective relationships.<sup>15</sup>

This positive outcome of sexuality, associated with the feeling of being loved and having good relationships, has been shown to improve the quality of life of elderly women. Successful self-esteem involves well-being in various aspects of life, since it is a multidimensional personal field. Likewise, not experiencing these dimensions can be an obstacle to enjoying affection and relationships.<sup>14</sup>

It is therefore understood that high self-esteem and the practice of sexuality are factors that protect these elderly women from emotional damage.<sup>16</sup> In this way, not unlike other parts of society, sexuality in the elderly is still seen as taboo and highly prejudiced, even more so because it is seen as non-existent at this stage of life. Consequently, this has a direct and intense impact on their perception and experience of their sexuality, especially women, causing impacts on their emotional aspects and interpersonal relationships.<sup>11</sup>

Despite this culturally widespread idea, elderly women live their sexuality and have real opinions and experiences and values about this area of their lives. Therefore, this population's first perception of sexuality, like people from other generations, involves sexual intercourse and relationships. However, it was also possible to observe emotional suffering in this area when there is no sexual act and the existence of conflicts with the partner.<sup>12</sup>

This principle, which adds sex to emotional relationships, together with family repression of sexuality in old age, leads elderly women to stop understanding themselves fully, losing the real meaning of living their sexuality in a healthy way. Therefore, not enjoying this area of life due to a lack of openness and knowledge has negative consequences for their emotions and has a significant impact on their self-esteem.<sup>14</sup>

## FINAL CONSIDERATIONS

The findings of this study lead us to conclude that marriage, self-esteem, family and subjective concepts can be factors that facilitate or inhibit the experience of sexuality in the lives of elderly women. They are facilitators when they encourage and promote safety for this population to experience it in a light and spontaneous way. However, they can be inhibiting when they

generate embarrassment and stigma in relation to sexual practice and experience. These conditions influence older women's search for health care, leading them to prioritize seeking care only to address general health issues or acute cases.

In order to solve this gap between care and scientific knowledge, both for patients and the professionals who care for them, it is deemed necessary that nurses, in their consultations, seek to promote a bond and trust with their patients. This bond in the professional-patient relationship will be able to generate freedom of expression about sexuality. At the same time, it is considered necessary for nurses to encourage the interdisciplinary team to address the issue in their consultations and thus take full care of physical, emotional and social health, including sexuality.

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