

## ORIGINAL RESEARCH ARTICLE

# Qualitative research on elderly people's perception of sexuality and sexual lives

DOI: 10.29063/ajrh2025/v29i11.7

Nevra K. Bıçakçı<sup>1\*</sup>, Binali Çatak<sup>2</sup>, Birsen Altay<sup>3</sup>, Ayşe Çalmaz<sup>4</sup> and Güven Soner<sup>3</sup>

Department of Nursing, Faculty of Health Sciences, Public Health Nursing Division Kafkas University, Kars, Türkiye<sup>1</sup>; Department of Public Health, Faculty of Medicine, Kafkas University, Kars, Türkiye<sup>2</sup>; Ondokuz Mayıs University, Department of Public Health Nursing, Faculty of Health Sciences, Samsun, Türkiye<sup>3</sup>; Iskilip Vocational School, Hitit University, Çorum, Türkiye<sup>4</sup>.

\*For Correspondence: Email: karacabnevra@gmail.com; Phone: +90 554 118 4644

## Abstract

This qualitative study aimed to explore elderly individuals' perceptions of sexuality and their sexual lives. The study sample consisted of 15 women aged 65 years and above, who were married and voluntarily participated in the research. Using a phenomenological design, data were collected through face-to-face, in-depth interviews with semi-structured questions and analyzed via NVivo software. Five main themes emerged: Perception of sexuality, old age and sexuality, society and elderly sexuality, problems related to sexuality, message to past self. Participants described sexuality as a vital aspect of human health. Despite this recognition, they reported limitations in expressing their sexuality due to social taboos associated with aging. Many expressed regret and emotional distress over missed opportunities for sexual fulfillment caused by societal pressures. The findings highlight the tension between personal needs and cultural expectations regarding sexuality in later life. This study emphasizes the importance of acknowledging and supporting the sexual health of older adults as part of holistic well-being. (*Afr J Reprod Health* 2025; 29 [11]: 79-90).

**Keywords:** Elderly, Sexuality in old age, Perception of sexuality, Sexual health

## Résumé

Cette étude qualitative visait à explorer les perceptions des personnes âgées concernant la sexualité et leur vie sexuelle. L'échantillon de cette recherche se composait de 15 femmes âgées de 65 ans et plus, mariées et ayant participé volontairement à l'étude. En utilisant un design phénoménologique, les données ont été recueillies à l'aide d'entretiens approfondis en face à face avec des questions semi-structurées, puis analysées à l'aide du logiciel NVivo. Cinq thèmes principaux ont émergé: la perception de la sexualité, le vieillissement et la sexualité, les problèmes liés à la sexualité, la vision de la société et les messages à soi-même dans le passé. Les participants ont décrit la sexualité comme un aspect essentiel de la santé humaine. Malgré cette reconnaissance, ils ont indiqué être limités dans l'expression de leur sexualité en raison des tabous sociaux liés à la vieillesse. Beaucoup ont exprimé des regrets et de la tristesse face à l'impossibilité de vivre pleinement leur sexualité en raison des pressions sociales. L'étude souligne l'importance de soutenir la santé sexuelle des personnes âgées dans une approche de bien-être global (*Afr J Reprod Health* 2025; 29 [11]: 79-90).

**Mots-clés:** Personnes âgées, Sexualité chez les aînés, Perception de la sexualité, Santé sexuelle

## Introduction

Old age is an inevitable phenomenon that has chronological, biological, physiological, sociological and psychological dimensions, starting from birth until death.<sup>1-2</sup> In the "Aging World Population: 1950-2050" report of the United Nations (UN), it was reported that there was a decrease in fertility rates and, along with this, an increase in the life expectancy of countries and the number of people aged 65 and over increased more

than other age groups.<sup>3</sup> Turkey is one of the countries where aging occurs rapidly.<sup>4</sup> According to the report of the Turkish Statistical Institute (TUIK), the elderly population accounted for 10.6% of the total population in 2024, and women comprised 55.4% of this group.<sup>5</sup> As the elderly population increases, special needs for the elderly increase and it becomes inevitable to encounter many problems.<sup>6</sup>

Physiological regression may occur due to physiological and psychological changes and

diseases, especially during the aging process.<sup>7</sup> Regressions and changes that are thought to affect the elderly individual may also be reflected in the individual's sexuality.<sup>8</sup> According to the World Health Organization, sexual health; It is defined as a state of complete physical, emotional, mental and social well-being regarding sexuality, and it is emphasized that sexual health does not age.<sup>9</sup> For this reason, it would be more accurate to describe it as a decrease in sexual performance or the inability to have the sexual intercourse that the individual hopes for, rather than the loss of sexuality in elderly individuals.<sup>7,9</sup> There are many factors that affect sexuality in older individuals.<sup>10</sup> Physiological changes in older women: vaginal, breast tissue and uterine atrophy due to decrease in estrogen and progesterone production, infections caused by decreased secretions in the vagina, increased incontinence due to weakening of pelvic muscles, and sleep disorders with old age constitute risk factors for sexual health.<sup>11,12</sup> In older men, the decrease in androgen levels as a result of andropause and sexual problems such as shrinkage of the genital organ, erectile dysfunction and premature ejaculation constitute a risk factor for sexual health.<sup>7,13,14</sup> In addition to the physical effects of menopause and andropause, stressors such as the presence of a chronic illness, retirement, dependence on relatives, loss of a spouse or acquaintances can also affect sexual health in old age.<sup>10</sup> At the same time, ignoring sexuality in old age in society, associating sexuality with youth, not being able to share their sexual problems, and discrimination against older individuals due to their sexual desires can cause psychological negative emotions and make the elderly feel guilty.<sup>15,16</sup> In the studies conducted, elderly individuals expressed their perceptions of their sexual desires as 'aging and age-related diseases, not feeling emotional closeness to their spouse, past negative memories, daily stress and economic difficulties, and stereotypical beliefs that sexuality is not appropriate at older ages.<sup>17</sup>

In Turkey, there are no health services for elderly sexuality risk factors or problems other than reproductive health. Nurses have important responsibilities to improve and protect the quality of life of elderly individuals. It is very important for nurses to be active and conscious about elderly

elderly people's perception of sexuality and sexual lives

sexuality and to provide counseling to elderly individuals. Since there are few studies describing the sexual health of elderly individuals, this original research, planned to investigate the sexuality of elderly individuals without being hidden and to determine the perceptions of elderly sexuality, was conducted for the purpose of qualitative research on the sexuality perception and sexual lives of elderly individuals.

## **Methods**

### ***Type of research***

This research was conducted in the type of Qualitative Research on the Perception of Sexuality and Sexual Lives of the Elderly. In the research, phenomenology approach, one of the qualitative research types, was used. With this approach, it is aimed to reveal individuals' perceptions, descriptions, feelings and opinions about a concept.<sup>18</sup> Phenomenological research is based on individuals' experiences and experiences of their own lives.<sup>19,20</sup> Phenomenology "what is reality?" It is a research method that seeks answers to the question. With this approach, participants' personal (subjective) experiences, perceptions and the meanings they attribute to events are examined. Since phenomenology is a descriptive type of research, it focuses on describing phenomena without making generalizations.<sup>21</sup>

### ***Place and time of the research***

The research was conducted in Samsun city center between November 2022 and January 2023.

### ***The universe and sample of the research***

The sample group of the research consists of 15 women living in the city center of Samsun, aged 65 and over, married and voluntarily participating in the research.

### ***Data collection process and tool***

A semi-structured interview form was prepared by the researchers as a data collection tool. First of all, a literature review was conducted and opinions were obtained from two faculty members who are

experts in the field in terms of scope and validity. Form of elderly individuals; It consists of 15 multiple-choice questions including socio-demographic characteristics, marital characteristics, 7 open-ended main questions about the sexuality perceptions and sexual lives of the elderly, and 12 semi-structured sub-questions. The data was obtained using the "individual in-depth interview" method in the homes of fifteen participants determined by the snowball technique. Women were chosen as participants because sexuality is considered a private matter in Turkish society, and men are often reluctant to discuss issues related to sexuality. The first participant was a retired woman who was serving as a volunteer in a non-governmental organization. Subsequently, using the snowball sampling method, other participants were reached successively through referrals. Data collection was carried out by female researchers. The data collection process was terminated when repetitions were observed in the answers. Before the interview, detailed explanations were given to the participants and their verbal and written consent was obtained. Each interview lasted approximately 40-60 minutes on average. The method of using a voice recorder and taking notes was used according to the participant's preference.

### ***Semi-Structured research questions***

1. What do you think sexuality is? How do you define sexuality?
2. In your opinion, does sexual life change with aging? How do you evaluate your sexual life today? What aspects of sexuality do you find attractive?
3. According to the culture, beliefs, and value judgments of the society in which you live, how is elderly sexuality perceived?
4. Have you ever experienced problems related to problems, do you share this situation with others? Do you seek solutions when you face such problems?
5. If you had the chance to talk to your past self about sexuality, what would you say to yourself?

### ***Ethical decision***

Before the research, permission was obtained from the Ondokuz Mayıs University Social and Human Sciences Ethics Committee (decision dated

elderly people's perception of sexuality and sexual lives

25.05.2022 and numbered 2022-508). Prior to the interviews, the purpose of the research and the method to be employed were explained to the participants, and their informed consent was obtained with an emphasis on the protection of personal data confidentiality.

### ***Evaluation and analysis of data***

In evaluating the data, descriptive analysis of the data was made using the Nvivo program. In this study, which employed a descriptive qualitative research design, the aim was to present a phenomenon, event, or situation as it exists, without alteration. The data were reported by describing participants' statements and observations without modification or interpretation. Within this approach, the focus was placed on addressing the questions of "what" and "how." During the descriptive analysis process with NVivo, the data were imported into the software and systematically coded. Meaningful codes were assigned, and similar codes were grouped together to form higher-level categories. From these categories, themes aligned with the research objectives were derived.

## **Results**

The average age of the participants was found to be  $70.53 \pm 3.48$ , while the average duration of marriage was determined to be  $45.00 \pm 6.15$  years. It was also found that the average age at first marriage for the participants was  $25.27 \pm 5.16$ , and they had, on average, more than 3 pregnancies and more than 2 births. Table 1 and 2

It was determined that only 1 participant in the study was a middle school graduate, 7 were high school graduates, and 7 were university graduates. Among the participants, it was identified that 1 had no children and 1 had lived in an extended family for the longest period. Of the elderly individuals participating in the study, it was found that 1 experienced difficulty in independent movement, 9 had a chronic illness, and 3 were smokers. It was also determined that 2 participants had regular sexual activity, 9 engaged in less sexual activity compared to their past, and 4 no longer had any sexual activity. It was determined that only 1 of the individuals participating in the study was a secondary school graduate, 7 were high school graduates and 7 were university graduates.

**Table 1:** Marriage and obstetric characteristics of the participants (n=15)

Variables	X±SD	min-max
Age	70.53±3.48	65-78
Year of marriage	45.00±6.15	33-52
Age at first marriage	25.27±5.16	17-37
Number of pregnancies	3.33±1.71	1-7
Number of births	2.60±1.29	0-5
Number of children	2.53±1.30	0-5

**Table 2:** Sociodemographic characteristics of the participants (n=15)

Variables	Group	n
Educational background	Primary school	0
	Middle school	1
	High school	7
	Higher education and above	7
Type of marriage	Forced abduction	0
	Get married by running away together	1
	Arranged marriage	6
Status of having children	Marriage by friendship	8
	There is	14
	None	1
Income status	Income is less than expense	3
	Income equals expenses	9
	Income exceeds expenses	3
Longest lived family type	Nuclear family	14
	Extended family	1
Chronic disease condition	Yes	9
	No	6
Individual mobility problem	Yes	1
	Partially	7
Substance use	No	7
	Yes	3
Status of having sexual intercourse	No	12
	Yes	2
	Less than in the past	9
	No	4

**Table 3:** Basic Conceptual Codes (Code Tree)

Main Theme	Subtheme	Example Codes
Perception of sexuality, Definition of sexuality	Physical sexuality	Need, energy, youth, having children
	Emotional sexuality	Happiness, peace, value, blessing, privacy, pleasure, suffering
Old age and sexuality	Change with aging	Hormonal decline, loss of energy, physical fatigue
	Sexual attractiveness	Harmony, consent, cleanliness, hugging, scent
Society and elderly sexuality	Social evaluation	Culture, tradition, belief, privacy, taboo
Message to past self		Regret, suggestion

It was determined that one of the participants did not have a child and one of them lived in an extended family for the longest time. It was determined that 1 of the elderly individuals participating in the study had difficulty in individual mobility, 9 of them had a chronic disease, and 3 of them smoked. It was determined that 2 of the participants had regular sexual activity, 9 of them had less sexual activity compared to their past experiences, and 4 of them no longer had sexual activity at all.

While the average age of the participants was found to be  $70.53 \pm 3.48$ , the average year of marriage was  $45.00 \pm 6.15$ . It was determined that the average age of the participants at first marriage was  $25.27 \pm 5.16$ , they had more than 3 pregnancies and had more than 2 births on average. Table 3. After data analysis, 5 main themes with sub-themes emerged: '(1) Perception of sexuality (Physical sexuality, Emotional sexuality), (2) Old age and sexuality, (Sexuality in old age, Attractiveness in sexuality), (3) Society and elderly sexuality, (4) Problems related to sexuality (Having problems in sexual intercourse, looking for solutions to sexual problems and sharing). (5) Message to your past self (Table 3).

### **Perception of sexuality**

Regarding the answers that form this theme, the participants were asked: 'What do you think sexuality is? The question "How do you define sexuality?" was asked. Participants defined sexuality in two categories: both physical and emotional sexuality.

**Physical sexuality:** They defined it as physical need, having a child, husband-wife relationship, union, the body's need, pleasure. One participant defined sexuality through her own sexual life.

*Sexuality is the most important thing in human relationships. Sexuality is a need like water. The meaning of sexuality varies depending on what kind of sexuality a person experiences. I've been married twice. According to my first marriage, I would say that sexuality is the scariest thing in the world. When I look at the other, I can say that sexuality is the most beautiful blessing in the world. First of all, I don't know exactly whether my marriage was bad because my sexual life was bad, or whether sexuality felt bad to me because my marriage was*

elderly people's perception of sexuality and sexual lives

*bad. But if I say it according to my second marriage, sexuality is like the reason for existence of men and women. So it's a must.*

*Two participants interpreted sexuality as universal and male-female (P-10).*

*Sex is a very important issue, the world is built on sex. If there is no attraction between men and women, there will be no sex, and if there is no sex, there will be no reproduction. If there is no reproduction, there would be neither humans nor animals on earth. It's such a thing that without sex, men would destroy women. In other words, all kinds of humanity will come to an end. Men are naturally more brutal than women. The main element that calms men and makes them value women is sexuality (P-12).*

**Emotional Sexuality:** Participants defined sexuality outside of physicality as the secret of happiness, peace, the basis of marriage, the value of women, blessing, privacy, women's duty, man's pleasure, torture, pollution, unnecessary thing and scary thing. It was observed that each participant defined sexuality according to their own value judgments, the way they experienced sexuality, and the perspective of the society in which they lived.

*Sexual activity is a need. It has great importance in human life. Sexuality is the most important issue on which men and women establish partnerships. In other words, without sexuality, men and women can never live a long-term shared life. It was determined that most of the participants attributed meaning to sexuality according to their own religious values (P-8).*

*Sexuality is the privacy of men and women. God gave sexuality so that the human race could continue. Sexuality is a man's pleasure and a woman's duty (P-3).*

### **Old age and sexuality**

Participants were asked whether their sexuality changed with age, how they evaluated their sexuality today, and what they found attractive in sexual matters. Based on the answers to these questions, the category is divided into two subcategories.

**Sexuality in old age:** Almost all participants stated that sexuality decreases in old age due to various reasons. The most important factors affecting

sexuality in old age: They interpreted it as health problems, aging of the body and decrease in hormones.

*Of course, sexuality is possible in old age, but only if the health condition is good. Sexuality decreases in old age; after a certain age, people do not want to have sex. Men are not the same again either (P-11).*

*There should be no sexuality in old age. Thank God, I am getting rid of that disease as I get older. It doesn't happen to us anymore, I don't want it. It happens every 2-3 months. I wish it never happened. I used to not like having sexual intercourse. It's less and less now, it's better that way (P-2).*

*Compared to my peers, I have a more active life, both sexually and socially. My peers have already retreated into their corners. I am still someone who takes on many responsibilities for society. Let me tell you right now. Healthy and regular sexuality contributes a lot to my being active. Sexuality keeps me more vigorous, both physically and psychologically. It is a natural process that the body declines with age, for example, hormones decrease, menopause, and other problems in men cause sexual intercourse to decrease in old age. In old age, bodies do not allow frequent sexual intercourse. Let me also point out that the beautiful and healthy sexuality of the past is also very beneficial in old age. Sexual activity does not end in old age; unless you have a health problem, sexual life continues in old age (P-12).*

*Sexuality in old age is not as exciting as it was in youth, I wish it were like that (P-1).*

*If there is no health problem in old age, of course there is sexuality, but I do not know if sexuality changes in old age. Because I gave up sexuality before I got old. We have not had a sexual life for 15 years, we even sleep in separate rooms. In order to want sexuality, you must first love it. If you love it, everything will be good for you. When I was young, my wife forced me to have sexual intercourse a lot. He behaved badly, even used violence. I moved away from both him and sexuality. I never forgot what he did to me sexually, so I didn't want to be with him even during our good times. Now, let alone having sex, if my children had not prevented me from having sex, I would have*

elderly people's perception of sexuality and sexual lives

*divorced at this age (P-14).*

*Old age is the phase where disability occurs. Although it varies from person to person, this is generally the case. A weakening begins in all faculties. For example, when you are a child or a young person, you run down the stairs and do not even look at the stairs, is this possible in old age? It is a sexual activity. It requires energy and strength. Of course, it has to be on demand. Sexual desire is related to hormones. Sexuality decreases in older individuals whose hormones have decreased and their physical activity ability has decreased. But sexuality should also be included in the situation we call active aging. If the elderly person is healthy, her sexual activity can continue. Less frequent, less exciting (P-5).*

*Old age means approaching death. A person should leave worldly pleasures and turn to god. The body gets tired, the person does not want sex. It's like there's no sexuality in old age. The body ages and diseases appear. Sexuality is decreasing a lot. There is no need for sexuality in old age. People don't want to have sex. But if the man's sexual will continues, she must fulfill her female duty towards him. If a woman does not do her duty for a her man, this is also a sin. We have sexual intercourse once in a while. I don't want it but it is our duty (P-9).*

*In old age, a person can hardly manage herself, those things are not possible. In old age, people have difficulty even walking and it is not possible to have sex (P-7).*

**Attractiveness in sexuality:** Under this theme, participants were asked what sexual situations they find attractive and whether they find their partners attractive. Participants gave different answers to situations that they found attractive and that made sexuality more desirable.

*You should smell nice, be clean, say nice words, and have a nice voice. All of these are very important to me. Yes, my spouse is a wonderful person in every respect. Even at this age, he appeals to me. We are a very compatible couple (P-10).*

*In my opinion, for sexuality to be attractive, a man should get consent from the woman and should not force the woman to have sexual intercourse. If the spouse is polite, he/she will already be attractive. My spouse and I were generally a harmonious couple (P-11).*

*The most important thing for me in sexuality is cleanliness. Your spouse must be clean. I had a good relationship with my spouse, I liked him. So we were compatible (P-4).*

*Hmm. Looks. I am very impressed by looks. Yes, I find my spouse very attractive (P-6).*

*It should be fragrant, the touches should be soft and meaningful. Even the tone of voice is very important in sexuality. There is a big difference between a whisper and a normal conversation. A sentence your partner whispers into your ear can change a lot at that time. Yesee Very, very attractive to me still. Touching her/him, hugging her/him, looking at her/him makes me very happy. I think we are a couple who can share life very well. We are a very compatible couple, especially when it comes to sexuality. I love when he holds my hand. I love when he hugs me and touches me. I do too (P-12).*

*Appearance and cleanliness appeal to me. My spouse has always been a sloppy man. A person should be clean and smell good. When one is covered in sweat and dirt, one becomes alienated from sexuality. I have never found my spouse attractive (P-15).*

**Society and elderly sexuality:** The answers given to the question of what is the view of elderly sexuality according to the culture, belief and value judgments of the society you live in are collected under this theme.

*We are a Muslim society. Sexuality is private so it must be secret. In our society, sexuality in old age is not welcomed. But God said not to be rebellious towards your spouse. If the man wants, the woman continues her duty. According to society, sexuality suits youth. Sexuality should be experienced in youth. It's not very nice when you get old. This is what our culture and people say (P-9).*

*Ayy, our society does not approve of sexuality for the elderly. If an elderly person has sexual intercourse, they call him/her a pervert. Society does not tolerate sexuality, it suppresses it. They say it is forbidden for single people and forbidden for old people (P-6).*

*In Turkey, elderly people having sex is not viewed positively. But this idea changes over time. In my childhood and youth, sexuality was not considered appropriate for the elderly. But now we are in the information age. As people learned, they began to think that sexuality could and should be*

elderly people's perception of sexuality and sexual lives

*experienced for the elderly. The culture and religious beliefs of every society interfere with people's lifestyles. She imposes prohibitions and rules, and people do not tolerate those who violate these rules. Sexuality is one of them. For example, according to our society's beliefs, sex outside of marriage is prohibited. On the other hand, according to our culture, children's marriage may be considered normal. All these sanctions and approval are brought by beliefs and cultures (P-5).*

*Oh, this question is very good. Turkish society has made sexuality a taboo, and they are very far away from sexuality in old age. Even if elderly people have sex, they cannot say it, they hide it. Because they are shamed. Sexuality in old age is seen as a perversion. In our society, there must be an elderly person who performs her ablutions, performs her prayers and sits in a corner. They think that sexuality is forbidden for the elderly. How society views sexuality as a culture, people experience sexuality accordingly (P-8).*

*Ahh, the issue I suffer from the most. Now, if you weren't someone who was educated, cultured, could understand me, and wouldn't judge me, I wouldn't want to talk about these things with you. Because in our society, there is an approach and attitude that prohibits sexuality towards the elderly. You may have heard the saying: 'You are 60 years old, the job is done'. This is what Turkish society thinks about sexuality in old age. Our society prohibits sexuality for the elderly, and they think that their culture and beliefs dictate this. As if it were a shame, as if it were a bad thing. In fact, if they see someone getting married in their old age, they say they are crazy. This is very sad. Just as human rights are taken away on the basis of thought, and even more so, society regards sexuality in old age as a right even for animals, but not for humans. For example, the sexuality of an old lion is accepted, but they bring heavy criticism to the old person. The reason is ignorance (P-12).*

### **Having sexual problems**

This theme; Have you had sexual problems before? It consists of answers to the questions: Do you share this situation with someone else when you experience sexual problems and do you seek solutions when you experience sexual problems? Looking at the answers collected under this theme,

most of the participants stated that they had sexual problems, but that sexual problems were private and private situations and should not be shared.

*Yes had. I had an infection for a while and was treated. It hurt so much. Of course I will look for a solution, this is not a shameful thing. I talk to my spouse, I used to talk to my close friends. I don't talk to anyone anymore (P-6).*

*Sexuality itself is the problem. It was always painful and difficult. Being a woman is very difficult. Is what I said a problem? I know that many women are tired of sexuality and do not want it. I think sexuality is for men. Women's are just duties. I do not like. I don't talk much about sexuality. I don't think it's something worth talking about (P-2).*

*Well, I didn't like it. I don't know if this is a problem. That's why we fought so much. I didn't want sex. My spouse also forced me, the result is always a fight. I never thought about getting help. I'm embarrassed. But my spouse used to say that you were psychologically unstable when you were young. He said let's go to the doctor. I've never been. It's not needed anymore anyway. I used to talk. With friends or something. I don't talk about sex anymore (P-13).*

*No, I didn't have any problems. Thank goodness it never happened. I don't know if I would have gone to the doctor if it had happened. But if there was something preventing me from fulfilling my duty, I would go to the doctor. I would look for a solution. I don't talk about these private things much, I would talk to my sister or one or two close friends. At that time, I would talk so that I would not do anything wrong and know the right thing. Actually, I wouldn't talk to you either. You are young, we just met, but you said it was for research and your name would not be known. I accepted it because I wanted to be of benefit to young people. Otherwise, these issues are very private. It is not spoken (P-3).*

*I did not experience it physically. But I lived psychologically for a while. I thought my spouse was cheating on me with another woman for a while. At that time, I was psychologically alienated from my spouse. If I had a problem, of course I would look for a solution. I wouldn't hesitate about this. I talk. Sexuality is not a taboo for me. I talk about almost anything without exceeding the limits of privacy too much (P-8).*

elderly people's perception of sexuality and sexual lives

### **Message to past self**

This theme: If you had the chance to talk to your past self about sexuality, what would you say? It has been created by the answers given to the question.

*Ooff, what wouldn't I say? I would tell myself: don't live in hell for seven years, be brave. I would say break up and start a new beautiful life with someone new. I would say don't let your youth be wasted because of what others say. After my first marriage, I lived hating men for nine years. So my youth is lost. I would tell myself not to lose those good years. When I think about it, I feel very sad about my lost years (P-10).*

*I wish I had that chance. My biggest sin was having sex with my fiancée. We were ignorant, we were young. I would tell myself not to even hold her hand before marriage. My biggest sin in life is my biggest regret, may God forgive me (P-9).*

*Hmmm.. In the past, sometimes I didn't want to have sex, we would fight, we would get upset for weeks. When we didn't have sex, we would fight again. Now that I think about it, I used to tell myself to keep sexuality separate from the reason for fighting, time passes quickly, life ends, live the beautiful moments (P-6).*

*Ahh, that's what I used to say to myself. Human life is not monotonous; there are ups and downs. I would advise you not to neglect yourself or your spouse at such times, and not to take a break or interrupt your life at such times. Because life is not long enough to take a break from living, I would tell myself (P-12)*

### **Discussion**

In the perception of sexuality, which is the first theme of this research, most of the participants stated that sexuality is an important part of human health, a very important factor for marriage, a basic need and a necessity for happiness. Similarly, it has been stated that sexuality is an important element for the quality of life of elderly individuals and that sexuality can be affected by physical, psychological and social factors.<sup>22</sup> In the study conducted by Yıldırım Varışoğlu and Yeşiltepe Oksay, it was determined that the participants who attributed negative meanings to sexuality described it as something mechanical and a frightening necessity.<sup>16</sup>

Aging and sexuality, which constitute the second main theme of the study, were formed by the answers given to the sub-themes of older individuals' subjective own sexuality and sexual attraction. Participants stated that health problems in old age reduce sexuality and that sexual experiences in youth affect their sexual lives in old age. Although sexuality becomes less important as we get older, according to many studies, there are studies showing that sexuality still maintains its importance for many older people.<sup>23</sup> In a study similar to our study, it was stated that health-related problems and physical changes that may accompany aging may cause a decrease in interest in sexuality or changes in sexual function.<sup>24</sup> Sexual incompatibility of older women is due to reasons such as health-related problems and menopause, and along with these problems, there is a decrease in sexual experience in old age, and post-menopausal women avoid sexuality for reasons such as thinking that they have a negative body image and not wanting to undress in front of their husbands. Women who have problems with sexuality are more different from their peers. and it was determined that they sought help from healthcare providers.<sup>25</sup>

In our study, it was determined that the participants experienced sexuality in old age according to their own beliefs, feelings and values. It has been stated that the negative effects of women's marital dissatisfaction and previous marriages affect their sexual satisfaction and the quality of sexual intercourse.<sup>25</sup> Similarly, Bozdemir and Özcan,<sup>26</sup> stated that sexuality includes not only the sexual organs but also the individual's body and mind, and that it starts from the prenatal period and is shaped according to the individual's beliefs, emotions and behaviors. In the study conducted by Hashemiparast *et al.*, elderly individuals expressed their perceptions of their sexual desires as 'aging and age-related diseases, not feeling emotional closeness to their spouse, past negative memories, daily stress and economic difficulties, and stereotypical beliefs that sexuality is not appropriate at older ages.<sup>17</sup> Yıldırım Varışoğlu and Yeşiltepe Oskay<sup>16</sup> found that participants who stated that their marital harmony was good perceived sexuality positively, while

elderly people's perception of sexuality and sexual lives

those who stated that their marital harmony was bad perceived it negatively. In Gore-Gorszewska's research, it was stated that older women stated that "I am happy because sexuality does not concern me."<sup>27</sup>

Problems related to sexuality, which constitute the third theme of the study; As a result of the evaluation of having problems in sexual intercourse, searching for solutions to sexual problems and sharing their sexual problems, they stated that elderly individuals generally talk about sexuality-related issues and the problems they experience with their relatives and that they receive little help from professional sources regarding their sexual problems. Sexuality is one of the important aspects of life, but it has been determined that older individuals face obstacles in expressing their sexual needs and desires.<sup>17</sup> Similarly, in Hinchliffe *et al.*'s<sup>22</sup> research, it was stated that very few elderly individuals had previously sought professional help. These results show that while social structure affects older individuals' knowledge and attitudes towards sexuality, it also determines their approach to seeking solutions.<sup>17</sup> Hinchliff *et al.*,<sup>22</sup> found that sexual difficulties experienced by elderly individuals may also have a negative impact on psychological well-being, which is basically defined as disappointment, depression and sadness. Health care professionals are often reluctant to discuss gender with their older patients, and so these challenges are often largely ignored.<sup>22</sup> In the study conducted by Fileborn *et al.*, it was stated that the sexuality of the elderly in elderly care institutions is not taken into account and the privacy of the elderly is not taken into consideration, and it is also stated that the elderly are not considered appropriate to have sexual intercourse by the workers in the elderly care facilities, and the elderly cannot easily access condoms.<sup>23</sup>

In the fourth theme of the study, society and elderly sexuality were evaluated: The elderly individuals who participated in the study stated that they could not experience their sexuality freely due to the social structure's approach to sexuality. In addition, it was stated that cultural values and traditional teachings had a significant impact on the participants' knowledge about sexuality. A study from Iran stated that older women do not have

sufficient information about their sexual desires due to the shame and discomfort they feel.<sup>29</sup> In the research conducted by Von Humboldt *et al*<sup>30</sup> with Mexican and Portuguese elderly individuals, it was stated that older individuals' knowledge about sexuality was affected by cultural values.

While some of the elderly individuals emphasized that only married individuals should experience sexuality, others emphasized that sexuality should be experienced before marriage. Similarly found in her research that older women think that sexuality no longer concerns them regarding their perception of sexuality<sup>27</sup>. This shows that social norms determine the views and behaviors of older individuals regarding sexuality. In this study, the majority of the participants stated that although they knew the benefits of sexuality in terms of life satisfaction and health, they could not talk about and experience their sexuality comfortably because social norms saw sexuality as a taboo in old age. Fileborn *et al*<sup>23</sup> conducted a study indicating that older adults similarly desire the normalization of sexuality and sexual desire in later stages of life, expressing a cultural acceptance of their sexuality. Similarly, it has been noted that in society, ignoring sexuality in old age, associating sexuality primarily with youth, seniors' inability to discuss sexual problems, and discrimination against older individuals due to their sexual desires can lead to negative emotional consequences. This may cause older adults to feel guilty or burdened psychologically.<sup>15,16,30</sup>

In this study, older individuals evaluated their sexual lives as a societal taboo, expressing that they did not prioritize sexuality enough in their past because it was considered taboo. They now acknowledge the importance of sexuality, but due to advancing age, they feel they are unable to experience it. It has been noted that older individuals struggle to express their sexual desires and believe that engaging in sexual activity in later years could be seen as inappropriate behavior. As a result, many older adults suppress their sexual desires, indicating that cultural and social norms significantly influence sexual life in old age.<sup>31</sup> In the study conducted by Fileborn *et al* it was stated that the elderly were stigmatized with the idea that they were ingrained asexual.<sup>23</sup> It has been

elderly people's perception of sexuality and sexual lives

indicated that there are entrenched beliefs and myths based on sexual myths and beliefs that suggest sexual pleasure is not for women, that sexual relationships are not appropriate in old age, and that sexual relationships are reserved for the young. Furthermore, it has been noted that factors such as entrenched beliefs about sexuality, different parenting styles by parents, daily anxieties, role reversals between couples, suppression of sexuality, desire to meet the husband's sexual needs appropriately, and religious rules all influence attitudes towards sexuality.<sup>25</sup> In their research with elderly individuals in Portugal and Slovenia, it was found that Portuguese elderly primarily assessed their sexual health based on self-reported health status and intimacy, whereas Slovenian elderly associated their sexual health with non-sexual shared activities, overall well-being, and quality of life.<sup>30</sup> This situation reflects that the societal structure influences knowledge, attitudes, and behaviors regarding sexuality, and it varies from country to country.

The fifth theme of the study is the message to oneself in the past. The elderly participants in the study expressed that they had interrupted their sexual activity due to marital issues during their youth and had rejected their spouses' requests for sexual intercourse. They stated regret and sadness for the decisions they made in their youth, mentioning that if they had a chance to go back, they would never punish themselves or their spouses in this manner.

## Conclusion and recommendations

Holistic nursing care plays an important role in addressing the health issues and meeting the care needs of elderly individuals. The holistic nursing approach aims to provide comprehensive care by addressing the individual's physical, emotional, social, and spiritual needs. Elderly individuals often encounter various health issues, which are often complex. Holistic nursing care stands out as an effective strategy to assess, monitor, and manage these health issues through a multidimensional approach, aiming to improve the health and quality of life of elderly individuals. In this respect, sexual health should not be considered separately from the

general health of individuals and should be evaluated. In addition, it will be possible to increase the quality of life and self-esteem of elderly individuals by changing the misconceptions and beliefs in society about the lack of sexual life in old age, increasing awareness and developing positive attitudes. Nurses play a crucial role in providing comprehensive sexual education and accurate sexual information to both young people and the elderly. This involves not only addressing basic biological aspects of sexuality but also promoting understanding of sexual health, consent, safe practices, and respectful relationships. For younger individuals, this education can help establish healthy attitudes and behaviors early on. For the elderly, it can address misconceptions, provide support for sexual health in later stages of life, and ensure they have the information needed to maintain well-being and quality of life. By delivering this education sensitively and inclusively, nurses contribute significantly to promoting overall sexual health and well-being across all age groups.

Fostering positive perceptions and attitudes towards sexuality in old age can significantly contribute to increased access to sexual health services for the elderly. It begins with promoting the acceptance of sexuality as a natural part of life among elderly individuals. Positive perceptions and attitudes enable older adults to openly discuss sexual matters, become informed about sexual health issues from healthcare providers, and seek treatment when necessary. Moreover, it is crucial to ensure the provision of sexual health services tailored to older adults across healthcare providers and within the community. This process involves healthcare professionals demonstrating sensitivity and supportive attitudes towards older adults' sexual health concerns, as well as receiving adequate training in this area. Consequently, it supports the fulfillment of older adults' sexual health needs, facilitates the maintenance of a healthy sexual life, enhances overall quality of life, and promotes more active participation in later stages of life. In this way, society aims to fully support the health and well-being of elderly individuals. Research on sexuality in old age should be increased, and the care needs of elderly individuals should be clearly defined. This will help

elderly people's perception of sexuality and sexual lives

understand and address the specific sexual health concerns and needs of the elderly. Increasing research in this field is crucial for developing comprehensive guidelines, policies, and healthcare practices that support the sexual well-being of elderly individuals. Focusing on these issues can improve the quality of care provided to the elderly and support their overall health and well-being in later stages of life

## Authors contributions

Authors 1 and 2 conceptualized and designed the study. Authors 1 and 4 conducted interviews with older individuals and collected the research data. All authors contributed to the analysis of the data, interpretation of the findings, and the review and revision of the final manuscript. Furthermore, all authors contributed to the writing of all sections of the manuscript and approved the final version.

## Competing interests

There is no conflict of interest between the researchers and the individuals making up the sample group.

## Funding

The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

## Acknowledgment

We sincerely thank all the women who voluntarily participated in our study and responded to the questions with honesty and openness.

## References

1. Ertuğay R. Elderly dignity in the Covid-19/coronavirus outbreak process and the position of the elderly in hadiths. *J Mus Alparslan Univ Fac Islam Sci* 2020; 3(1): 52–63.
2. Ergün B and Taylan HH. Social policies for the elderly in the family: neglect and abuse in Turkey. *J Acad Soc Sci* 2018; 6(80): 659–676.
3. World Health Organization.: World Health Statistics. [https://www.who.int/gho/publications/world\\_health\\_statistics\(2013\)](https://www.who.int/gho/publications/world_health_statistics(2013)). Accessed 20 April 2023
4. Turkish Statistical Institute (TÜİK). (2022). Elderly with Statistics. Web.

- <https://tuikweb.tuik.gov.tr/HbPrint.do?id=27595>, Accessed 11 June 2023
5. Turkish Statistical Institute (TÜİK). (2024). Elderly with Statistics. Web: <https://data.tuik.gov.tr/Bulten/Index?p=Statistics-Elderly>, Accessed 19 August 2025
  6. Kurtoğlu S and Koç A. Examples of services provided to elderly people in the world. *J Baskent Univ Fac Health Sci* 2019; 4(2): 122–31.
  7. Ören M, Kızıltepe R and Çengelci Özekes B. Sexuality in old age. *Ege J Med* 2016; 55(1): 38–44.
  8. Çıracı Yaşar Y and Hintistan S. Old age – women and sexuality. *Izmir Katip Celebi Univ Fac Health Sci J* 2020; 5: 15–8.
  9. World Health Organization (WHO) (2022). Sexual-health Web. [https://www.who.int/health-topics/sexual-health#tab=tab\\_2](https://www.who.int/health-topics/sexual-health#tab=tab_2), Accessed 14 January 2023
  10. Karakartal D. Psycho-social factors affecting sexuality in old age. *Int J Humanit Educ* 2020; 6(13): 118–27.
  11. Yang CF, Kenney NJ, Chang TC and Chang SR. Sex life and role identity in Taiwanese women during menopause: a qualitative study. *J Adv Nurs* 2016; 72(4): 770–81.
  12. Şen S, Usta E, Aygin D and Sert H. Health professionals' approaches to aging and sexuality. *Androloji Bull* 2015; 17(60): 64–7.
  13. Sade G, Özkan H and Mucuk Ö. Male reproductive health problems and midwifery approach. *Arch Res Scan J* 2019; 28(4): 253–8.
  14. Ricoy Cano AJ, Obrero Gaitán E, Caravaca Sánchez F and Fuente Robles C. Factors conditioning sexual behavior in older adults: a systematic review of qualitative studies. *J Clin Med* 2020; 9:1716.
  15. Toptaş B and Aksu H. Older women's perspectives on sexuality, problems they experience and the role of health professionals. *Arch Res Scan J* 2020; 29: 1–24.
  16. Yıldırım Varışoğlu Y and Yeşiltepe Oskay M. The meaning of sexuality in advanced age: a qualitative study in Turkey. *Sex Cult* 2018; 22: 1507–15.
  17. Hashemiparast M, Naderi B, Chattu VK and Allahverdipour H. Perceived barriers of expression of sexual desires among older adults: a qualitative study. *Sex Relatsh Ther* 2022; 38: 805–18.
  18. Patton MQ. Qualitative research and evaluation methods. In: Bütün M, Demir SB, translators. Ankara: Pegem Academy; 2014.
  19. Ersoy A. Fenomenoloji. In: Saban A, Ersoy A, editors. *Book of qualitative research designs in education*. Ankara: [Yayınevi adı eksik]; 2016. p. 81–137.
  20. Merriam SB. A guide to qualitative research design and practice. In: Turan S, translator. Ankara: Nobel; 2013.
  21. Akturan U and Esen A. Fenomenoloji. In: Baş T, Akturan U, editors. *Qualitative research methods*. Ankara: Seçkin Publishing; 2008. p. 83–98.
  22. Hinchliff S, Tetley J, Lee D and Nazroo J. Older adults' experiences of sexual difficulties: qualitative findings from the English Longitudinal Study on Ageing. *J Sex Res* 2018; 55(2): 152–63.
  23. Fileborn B, Lyons A, Hinchliff S, Brown G, Heywood W, Dow B, Malta S and Minichiello V. Improving the sexual lives of older Australians: perspectives from a qualitative study. *Australas J Ageing* 2017; 36(4): 36–42.
  24. Peate, I (2004). Sexuality and sexual health promotion for the older person, *British Journal of Nursing*, 13(4). 262-305
  25. Ghazanfarpour M, Khadivzadeh T and Roudsari RL. Sexual disharmony in menopausal women and their husbands: a qualitative study of reasons, strategies, and ramifications. *J Menopausal Med* 2018; 24(1): 41–9.
  26. Bozdemir N and Özcan S. Overview of sexuality and sexual health. *TJFMPC* 2011; 5: 37–46.
  27. Gore Gorszewska G. 'Why would I want sex now?' A qualitative study on older women's affirmative narratives on sexual inactivity in later life. *Ageing Soc* 2021; 43(10): 2347–71.
  28. Pangman VC and Seguire M. Sexuality and the chronically ill older adult: a social justice issue. *Sex Disabil* 2000; 18: 49–59.
  29. Ravanipour M and Gharibi T. Elderly women's views about sexual desire during old age: a qualitative study. *Sex Disabil* 2013; 21: 179–88.
  30. Von Humboldt S, Mendoza Ruvalcaba NM, Ribeiro Gonçalves JA, Chávez Rodríguez A, Low G and Leal I. How do older Portuguese and Mexican adults experience their sexual well-being? A cross-cultural qualitative study. *Arch Sex Behav* 2021; 50: 2679–89.
  31. Bouman WP, Arcelus J and Benbow SM. Nottingham study of sexuality and ageing: attitudes regarding sexuality and older people – a review of the literature. *Sex Relatsh Ther* 2006; 21(1): 36–45.