



## ORIGINALES

### Influences exerted by the world and the body on older adults' sexuality

Influencias del mundo y el cuerpo en la sexualidad del adulto mayor

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#### ABSTRACT:

**Introduction:** Despite the care need expressed by older adults, sexuality is a human dimension that is hardly addressed by Health Sciences.

**Objective:** To describe the meaning of older adults' sexuality based on the influence exerted by the world and the body.

**Method:** A phenomenological study guided by the concepts of Merleau Ponty's Phenomenology of Perception, conducted in a city from central Mexico with groups of older adults. Intentional sampling with the following selection criteria: older adults with preserved verbal communication ability, with no cognitive decline ( $\geq 24$  points in the Mini-Mental State Examination), and with legal decision capacity; the participants were 16 older adults, considering the data saturation criterion. Virtual phenomenological interviews were conducted, analyzed according to Giorgi's phenomenological method. The ethical and qualitative rigor criteria were respected.

**Results:** Three topics emerged from the units of meaning identified, namely: 1) The world as experienced by older adults; 2) Possibilities of the current body; and 3) Stereotypes and preconceptions about older adults' sexuality.

**Conclusions:** Older adults' sexuality is influenced by the context where they interact and by the experiences underwent in this aspect throughout their lives. Diseases and physical limitations affect aged people's sexuality and hinder its expression; in this same sense, the stereotypes and preconceptions about sexuality existing in society and in the family condition sexual expression and force older adults themselves to repress their sexuality.

**Keywords:** Older Adult; Sexuality; Geriatric Nursing; Older Adults' Health; Phenomenology.

#### RESUMEN:

**Introducción:** La sexualidad es una dimensión humana poco atendida por las ciencias de la salud pese a la necesidad de cuidado expresada por los adultos mayores.

**Objetivo:** Describir el significado de la sexualidad del adulto mayor desde la influencia del mundo y el cuerpo.

**Método:** Estudio fenomenológico guiado por los conceptos de la Fenomenología de la percepción de Merleau Ponty, realizado en una ciudad del centro de México en grupos de adultos mayores. Muestreo intencional con criterios de selección: adulto mayor con capacidad de comunicación verbal conservada, sin deterioro cognitivo ( $\geq 24$  puntos en Mini Examen del Estado Mental) y con capacidad de decisión jurídica, participaron 16 adultos mayores, considerando criterio de saturación de información. Se realizaron entrevistas fenomenológicas virtuales analizadas con el método fenomenológico de Giorgi. Se respetaron los criterios éticos y de rigor cualitativo.

**Resultados:** A partir de las unidades de significado identificadas surgieron tres temas: 1) Mundo vivido del adulto mayor; 2) Posibilidades del cuerpo actual; 3) Estereotipos y prejuicios sobre la sexualidad del adulto mayor.

**Conclusiones:** La sexualidad del adulto mayor está influida por el contexto donde se desenvuelve y por las experiencias vividas al respecto a lo largo de toda su vida. Las enfermedades y limitaciones físicas afectan la sexualidad del adulto mayor y dificultan su expresión, en este mismo sentido. Los estereotipos y prejuicios que existen sobre la sexualidad en la sociedad y en la familia condicionan la expresión sexual y obliga a la represión de la sexualidad por el mismo adulto mayor.

**Palabras clave:** Adulto Mayor; Sexualidad; Enfermería Geriátrica; Salud del Anciano; Fenomenología.

## INTRODUCTION

Sexuality is one of the human dimensions that are least explored and addressed by Health Sciences in old age, despite the diverse evidence of care needs expressed by older adults themselves<sup>(1,2)</sup>. Sexuality in old age is conceived as the energy that drives people to seek love, human contact, tenderness and intimacy; it is expressed through feelings, movements and tactile sensations<sup>(3)</sup>. In the group of older adults, sexuality is influenced by upbringing, culture, couple relationships, negative stereotypes and body sensations experienced throughout the years<sup>(4,5)</sup>.

Nowadays, society conceives old age as a life stage where the body is diminished in all its abilities<sup>(6)</sup>; stereotypes such as inability and disease are constantly attributed to the aged population, thus assuming its impossibility of experiencing sexuality. The physical changes inherent to the aging process, the presence of diseases or even medication use do not mean that older adults' sexuality has come to an end; however, these situations do require adaptations to the new possibilities of an aged body and constant Nursing care<sup>(7)</sup>.

Among other influencing factors we can mention those related to the social environment and to the culture where these people interact; ideas such as asexuality in old age, the criticism to looking for a partner in this life stage and ageism considerably condition the experience and expression of sexuality in older adults<sup>(8)</sup>, who tend to repress their emotions, feelings and desires when facing the social and family judgments they are subjected to.

Older adults' sexuality is not only invisible for society; health services set aside the topic when focusing the attention on people's disease processes. In the case of Nursing, the assistance provided is seldom focused on solving needs of this nature, although care is an interpersonal practice and should be targeted at promoting people's health and growth<sup>(9)</sup> and not only at disease or dependence processes.

Nurses acknowledge that it is necessary to take care of sexuality in this age group; however, they mention not feeling confident enough or having the necessary training to address this topic during the care process; therefore, the Nursing assistance

provided for older adults' sexuality continues to be insufficient, sometimes nonexistent<sup>(10,11)</sup>.

For this reason, it is necessary to deepen on the topic from a comprehensive perspective that includes the beliefs, attitudes, values and behaviors that distinguish older adults from other age groups<sup>(12)</sup>; in other words, older adults' sexuality has to be addressed based on the way each person relates to their body and this, in turn, to the world. To this end, the Phenomenology of Perception is resorted to, a work whose premise is centered on the body as the perception instrument through which we can know ourselves, the others and the world<sup>(13)</sup>.

The objective is to describe the meaning of older adults' sexuality based on the influence exerted by the world and the body.

## **METHOD**

### **Study design**

A phenomenological and qualitative study guided by the concepts of Maurice Merleau-Ponty's Phenomenology of Perception<sup>(13)</sup>, conceiving older adults' bodies and the world in which they interact as influences in signifying their sexuality. The Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>(14)</sup> were resorted to in order to prepare this article.

### **Population**

The participants were older adults attending a public institution devoted to caring for aged individuals. Access to the participants was through an invitation made by the personnel working in that institution. The older adults that showed interest in participating were contacted by the researchers in order to provide information about the research and the procedures to be followed in case of accepting to take part in the study. The aged individuals selected were those that agreed to participate after the first contact; two older adults decided not to take part in the study, arguing lack of time.

### **Locus**

The current study took place in a Gerontology center located in Aguascalientes, Mexico; a public institution devoted to the care of older adults where recreational and sports activities are offered, in addition to health and legal counseling services. The older adults are not institutionalized in such center, as they only attend the activities they select on their own. During the COVID-19 pandemic, the services were offered online via the Zoom® platform. The period to approach the *locus* and conduct the data collection procedures was from February 2020 to October 2021.

### **Selection criteria**

The inclusion criteria were as follows: older adults with preserved verbal communication ability, with legal decision capacity as per the Civil Code in force in the state of Aguascalientes, and with no data of cognitive decline determined by scores

≥24 points as assessed with the Mini-Mental State Examination<sup>(15)</sup>, which evaluates the memory, calculation, orientation, coordination and spatial orientation dimensions.

### **Definition of the sample**

Intentional sampling by selection criteria was used<sup>(16)</sup>; the researchers went to a *locus* where the participants were easily available and where the invitation to participate was open to all older adults enrolled in the institution. Selection of the participants was constant until reaching data saturation according to Mayan's saturation criterion<sup>(17)</sup>, where researchers have to continue investigating until considering that they can say something important and novel about the phenomenon of interest.

The universe included approximately 120 older adults that were users of the Gerontology center services; the final sample was comprised by 16 aged individuals and no other subjects were invited once saturation was reached. The participants were 9 women and 7 men. Most of the participants were married and lived with their partner. The participants' aged varied from 62 to 92 years old; the most common answer about the older adults' schooling level was High School; all the participants stated being Catholics; and arterial hypertension was the most common disease among those with some ailment. No participant presented cognitive decline according to the assessment made.

### **Data collection**

The data were collected by means of phenomenological interviews<sup>(18)</sup> that were conducted via video calls, a modality that has proved to present no differences in the results when compared to the in-person modality<sup>(19)</sup>. The following guiding questions were used: What is sexuality for you? How do you live your sexuality now, as an older adult? The interviews were conducted by the main researcher, who was duly trained by a researcher specialized in Phenomenology. They were single and individual, with the sole presence of the participant and the researcher/interviewer. The interviews were audio-recorded with the older adults' consent and lasted a mean of 71 minutes.

### **Data analysis**

The analysis process was performed based on Giorgi's phenomenological method<sup>(20)</sup>, which includes five stages: 1. Reading the full description; 2. Distinguishing the units of meaning; 3. Transforming the units of meaning into central topics; 4. Writing an essential structure of the experience; and 5. Clarifying and interpreting the data. The data analysis was performed by the researcher in charge and supervised by the rest of the authors, defining units of meaning and, subsequently, topic based on such units; the entire process was conducted with the researchers' consensus. Analysis matrices in Microsoft Word® were used to transcribe and analyze the interviews.

### **Ethical aspects**

The research has been approved by the Bioethical Institutional Committee of the University of Guanajuato (*Comité Institucional de Bioética de la Universidad de Guanajuato*, CIBIUG), under Registration Code CIBIUG-P77-2020. The participants were handed in and voluntarily signed the informed consent form before initiating the research; subsequently, they were assigned pseudonyms to safeguard their identify

and privacy. The following criteria were adopted: credibility rigor; value of the truth; transferability; consistency; confirmability; and relevance<sup>(21)</sup>.

## RESULTS

Three topics emerged from the analysis of the interviews:

### **The world as experienced by older adults**

A series of factors exert an influence on older adults' way to express their sexuality; these factors range from upbringing, early sexual experiences, lack of knowledge, the social opinion about the topic and negative experiences in that sense to the aging process undergone by the participants. These elements condition the experience underwent by the older adults regarding sexuality, as they exert a strong influence on the attitudes and behaviors adopted.

The early influences experienced by a person around their sexuality mark their actions in a singular way; this issue has been observed in the interviews with the older adults: reports about a family nucleus where sexual topics were repressed or where they were even punished for addressing them are not uncommon; older adults had to learn and describe their sexuality on their own, sometimes from friends or pornographic materials and others with more experienced partners. These facts have generated unpleasant memories around their sexuality in older adults, which has exerted an influence on the meaning they now attribute to it. The participants mention that, along with their children, they have sought for this topic to be more open and, with that, seek to normalize the approaches to sexuality in the family nucleus.

*Life itself gradually taught me, because no, zero contact with my parents, life, friends, my friends taught me (Othello).*

*Well, it was a taboo topic in the family at the beginning, they always taught us that you have to have only one partner (Macbeth).*

### **Possibilities of the current body**

Sexuality in old age is also signaled by the presence of chronic diseases and the sequelae they leave on the body, which limit satisfactory sexual expressions; likewise, the medications used to treat these ailments usually have side effects that affect older adults' sexuality. Unfortunately, people experience these impacts with no guidance provided to them, as if experiencing limiting factors and supposing that they are due to their health conditions.

As a response to these situations or to the normal changes in the body inherent to old age, it is common for some aged men to adopt measures such as medication use to improve their sexual performance. When prescribed by a physician, the information provided in this sense is usually scarce and insufficient to optimize the desired effect and, in even more worrisome cases, older adults use them with no medical indication, unsupervised and with no supporting information; in both cases, it is a delicate practice that is potentially harmful for aged people's health.

*I started to feel weaker and, little by little, I already wanted a pill for each contact (...) They didn't explain much to me, only what everybody knows (Othello).*

*These last times, about a year ago, I've used the pills (Richard).*

This absence of sex education is even more visible in testimonies that mention the urgent need to receive guidance on sexuality, as situations are evidenced that require guidelines from a health professional specialized on the topic, especially when the age-related needs are difficult to meet due to lack of knowledge. Older adults acknowledge that this information should come from reliable and serious sources that understand the situation experienced around sexuality and that can instruct on the best way to undergo it; likewise, they indicate Internet use as a source of sex information, evidencing the intention to find answers to their concerns.

*He wasn't well-informed either, none of us were, we didn't investigate or read because it used to be a taboo (Ophelia).*

*They didn't explain much to me in the insurance company either, they gave me the pills and that was it (Othello).*

### **Stereotypes and preconceptions about older adults' sexuality**

Another factor that exerts an influence on sexuality in old age is each person's stance on the topic; the older adults that took part in this study mention their intention to undergo the experience around sexuality with the current body abilities and mutual understanding with their partner. However, this desire can be moved to the background by personal denial of sex experiences, as the testimonies show that feeling old, marital loneliness and the sexual repression which accompanied it are major obstacles for older adults to fully and freely experience their sexuality.

*You still have your life to live, undergo that experience and move on, not like when you were young, but you still have that experience to live (Hamlet).*

*I believe that it was due to the life experiences, infidelities, due to the education that we were born to have only one partner, we grew up with those teachings, you got married once, it didn't work out and then your world ended (Macbeth).*

*I don't know, I refuse to feel, better instead, I don't want to feel anything, I don't want, I can't (Gertrudis).*

Older adults' sexuality is signaled by the current and past family morale; the opinions of the closest family members exert an influence on the meaning older adults attribute to their sexuality; likewise, upbringing during childhood and adolescence forged the conception of sexuality and the way of experiencing it, which remains present in old age. Religious doctrine is an element that is equally present, as sexual expressions are associated as a sin, which even causes sexual repression in older adults.

*Well, I believe that it was a taboo topic in the family at the beginning (Macbeth).*

*It caused a little bit of a conflict in me because they used to tell me that it was a sin (...) Feeling the need to have sexual relations doesn't seem like a sin to me, I don't see it as for me to say: "Shame on me", no, I'm a human being (Miranda).*

Many of the sexual repression thoughts are also supported by society's opinions regarding older adults' sexuality. Despite greater openness about the topic in all scopes, there are still social preconceptions to talk about it; older adults are still seen as asexual beings that, if they dare to address the topic or to openly live their sexuality, are labeled as morbid, immoral or deviated. These preconceptions generate fears to address the topic, as the idea of being objects of mockery is present.

*There's certain taboo, most people deprive themselves of this, they spare this type of conversations, "machismo" comes in first in many of us (Horatio).*

*What I've more or less seen is that they often say: "that old dude doesn't even get a boner any more, I don't think he can" (Titus).*

*No, it used to be a taboo, a topic not talked about (Cordelia).*

Older adults like sexual relations but acknowledge that their physical condition hinders their practice; however, the physical issue is merely another one of the factors affecting sexuality in old age, as we should add the fact that the physical and emotional sexual expressions are even intentionally repressed by older adults due to negative previous experiences, both sexual and couple-related. It is these previous experiences that can cause rejection to having a partner and make a person prefer loneliness, as well as to avoid any type of sexual expression.

*Sexuality is just for having children or to satisfy a man (Macbeth).*

*And that's why I decided to stay more peaceful, calm and it's not that I don't like it, I can assure you that I love it, although I'm old, but I prefer to be alone (Hermia).*

*What he used to do with me was rape, because I didn't want to and he forced me to do it (Cordelia).*

## DISCUSSION

Older adults perceive sexuality as an important physiological need that continues to be experienced during old age and whose satisfaction is sought and valued both by men and by women, who state that this satisfaction turns out to be nice, pleasant and relaxing for their life in the present. Expressing the importance and need of experiencing sexuality is an element constantly described by researchers on the topic<sup>(7)</sup>, where it is stated that sexuality is seen as something positive that they want to continue experiencing in this life stage<sup>(4)</sup>.

The Phenomenology of Perception alludes to the human body as asexual and that, as part of its very nature, recognizes various affective states such as pleasure and pain<sup>(13)</sup>. Therefore, sexuality is influenced and experienced through perceptions, as sexual possibilities find support on the body experienced, understanding this body as the one in the here and now and distinguishing it from the other body dimensions:

organic body (product of the ancestors); and current body (the one containing the life story marks).

Among the factors that exert an influence on the experience of older adults' sexuality, those inherent to the world experienced have been identified, where the events underwent since childhood and young age exert important impacts on the meaning attributed in the present. Repressive upbringing stands out in this sense, as well as the family/social morale and the radical stances of various religious doctrines<sup>(22)</sup>, factors that are responsible for older adults' lack of knowledge and disinterest regarding sex education.

There is evidence about the knowledge deficit in terms of sexual topics among people aged at least 60 years old, a situation that endangers these people's health and infringes their rights<sup>(23)</sup>. The social world in which older adults grew up instilled in their bodies the idea of sexuality as something immoral that should be concealed and repressed at all costs; however, relegating the body to the socially imposed would be a synonym to impoverishment, as what really represents corporality is the Self that has it, the body experienced that accounts for the past and is responsible for the perception of the present.

In their eagerness for educating themselves on the topic, older adults resort to communication means and to the Internet; however, despite the usefulness and benefits of digital information, there is a risk of reaching websites where information is biased, incorrect and hardly in line with the precise recommendations for this age group, hence the need for Nursing professionals to address the topic and provide due care. Adults recognize the lack of access to sex education and indicate that Internet is of great help when doubts or questions about sexuality arise; however, they state preferring to receive guidance on the topic from health professionals such as physicians and nurses<sup>(7)</sup>. The information experienced is understood in the sense of the needs and generalizations underlying in the social sphere as a shared way of living that generates connections, even if it may be incorrect.

In addition to the influences exerted by the world, older adults' sexuality is conditioned by factors of a physical and psychological nature. Physical difficulties and the physiological changes derived from age can condition older adults' attitudes and behaviors<sup>(18)</sup>. The physical and psychological possibilities are contained the Self's corporality and the aged body is experienced with various behavior possibilities. These behaviors will be determined by the experiences and the way in which they were perceived and, based on that, they condition the way they will be expressed by the current body<sup>(13)</sup>. Older adults attribute meaning to their sexuality from the bodily perceptions about the world and themselves, and it is based on these perceptions that they live, experience and express their sexuality.

Aged people perceive their body as with diminished physical possibilities, arguing the following: presence of diseases, physical limitations and permanent medication use. The testimonies indicate that these events have significantly modified their sexual expressions, which had to be adjusted to their new physical possibilities, whether due to difficulty or impossibility to indulge in genital sexual relations. The body changes related to erection, vaginal lubrication, penetration and ejaculation have been widely documented<sup>(24)</sup> and are recognized as physical and psychological elements that

influence the expression of sexuality since, in addition to requiring adjustments in genital sexual relations, they exert a strong impact on older adults' self-esteem.

In this same sense, subtle sexual expressions are affected to a lesser extent by physical issues; however, the psychological impact caused by physical deterioration on older adults modifies everyday behaviors and even causes distancing from the partner. Older adults continue finding sexual satisfaction in subtle expressions such as kisses, caresses, hugs and words<sup>(25)</sup>, placing love as a central element and relegating penetration as dispensable<sup>(26)</sup>. Although the body possibilities are reduced over time, this should be no impediment for the expression of older adults' sexuality, as it is closely linked to any thinking and active being, as well as each person's intersubjectivity and history, so that the sexual should never be limited to the genital.

Another of the influencing factors related to the older adults' world is the social opinion about sexuality in old age along with the negative experiences they have undergone; in this sense, the stereotypes and preconceptions existing in the social collective towards aged people's sexual expressions regain strength. These elements make older adults feel ashamed of their sexual needs and prefer to repress all aspects related to sexuality. The social and family preconceptions and stereotypes towards older adults' sexuality and their aging process represent a difficulty that precludes their free and full sexual expressions<sup>(4)</sup>. People learn to live with these social preconceptions, labels and taboos by lowering their quality of life, as they must conceal their needs and feelings for the fear of negative criticism<sup>(27)</sup>. This is why the impact exerted by the world is again considered, in the sense of projecting diverse shared knowledge that can even generate normalizations around the image of old age. Over time, it would be expected that this stereotyped image of asexual older adults would disappear or change; however, the reality indicates that it is found in a large part of society to the present day<sup>(28)</sup>. All efforts to modify this perception should be based on showing the importance of experiencing sexuality in old age through education and sensitization targeted at normalizing the approach to this topic<sup>(4)</sup>, favoring adequate and healthy sexual practices in older adults.

The sexuality experiences underwent by older adults are determined by their corporality and by their relationship with the world and with others, so that it not only presents itself as a body possibility that is adjusted to bodily and social changes but as an intentionality of the Self, "with sexuality which, however, has long been seen as a bodily function, we now face an intentionality, not peripheral automatism..." p. 174 (free translation)<sup>(13)</sup>.

The results of the current study represent solid grounds to provide Nursing care for older adults' sexuality, to explore the meaning attributed by this age group to the experiences undergone around their sexuality enabling identifying opportunity areas and care needs by Nursing professionals, such as absence of sex education, the desire to normalize sexuality in old age and emotional support, which are aspects inherent to the profession that should be met. Knowing about the influences exerted by the world and the older adults' experienced body provides nurses with tools to develop care interventions that address all of a person's dimensions and, thus, achieve truly holistic care.

As study limitations we can mention the possibility that the data collection modality with digital tools may have excluded older adults that are not familiar with the

technologies or that cannot access to them. In this same sense, the sample was limited to participants from a single public institution devoted to caring for older adults; therefore, it is considered convenient to explore the topic in other institutional environments and even in community ones, in order to know the phenomenon of sexuality in old age more in depth.

According to what has been presented, there is a clear need for sensitization towards older adults' sexual health needs, which should be initiated with education on the topic in order to promote its open approach; in addition, Nursing professionals need to address this theme while providing care to older adults. Education should not only be focused on people aged at least 60 years old but be started since the approaches with the family and society in general; it is only in this way that it will be possible to fight against the preconceptions and stereotypes about sexuality derived from age<sup>(29)</sup>. Nursing professionals need to carry out sex education and sensitization strategies targeted at normalizing older adults' sexuality, in order to promote adequate and healthy sexual practices in this life stage<sup>(5)</sup>.

## CONCLUSION

The meaning of sexuality from the influence exerted by older adults' body and the world is constructed based on the world experienced as per the events underwent during other life stages, as well as on the current body possibilities, which condition the perception and expression of sexuality. Older adults recognize the negative influences of their own body in experiencing sexuality and seek strategies to counteract them; however, the influences exerted by the world (such as the stereotypes and preconceptions about sexuality) represent an important challenge, not only for older adults but for health professionals and society in general.

Older adults' sexuality is influenced by the context where they interact and by the experiences underwent in this aspect. Diseases and physical limitations affect older adults' sexuality and hinder its expression; in this same sense, the stereotypes and preconceptions about sexuality existing in society and in the family condition sexual expression and force older adults themselves to repress their sexuality.

## REFERENCES

1. Kim HY, Choe HS, Lee DS, Yoo JM, Lee SJ. Sexual behavior and sexually transmitted infection in the elderly population of South Korea. *Investigative and Clinical Urology*. 2019;60(3): 202–226. DOI: <http://dx.doi.org/10.4111/icu.2019.60.3.202>
2. Da Silva FG, Pelzer MT, Da Silva Neutzling BR. Attitudes of elderly women regarding the expression of their sexuality. *Aquichan*. 2019;19(3). DOI: <http://dx.doi.org/10.5294/aqui.2019.19.3.4>
3. Cambão M, Sousa L, Santos M, Mimoso S, Correia S, Sobral D. QualiSex: estudo da associação entre a qualidade de vida e a sexualidade nos idosos numa população do Porto. *Revista Portuguesa de Clínica Geral*. 2019;35(1):12–20. DOI: <http://dx.doi.org/10.32385/rpmgf.v35i1.11932>
4. Torres S, Rodríguez-Martín B. Percepciones de la sexualidad en personas mayores: una revisión sistemática de estudios cualitativos. *Revista Española de Salud Pública*. 2019 [acceso 30/06/2022];93:e201909059. Disponible en: [https://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1135-57272019000100105](https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57272019000100105)

5. Ricoy-Cano AJ, Obrero-Gaitán E, Caravaca-Sánchez F, Fuente-Robles YMD La. Factors conditioning sexual behavior in older adults: a systematic review of qualitative studies. *Journal of Clinical Medicine*. 2020;9(6). DOI: <http://dx.doi.org/10.3390/jcm9061716>
6. Silva D, Mendes D. Da gerontofopía ao envelhecimento consciente e saudável. *Psicologia e Saúde em debate*. 2019 [acceso 30/06/2022];5(2):66. Disponible en: <http://www.psicodebate.dpgpsifpm.com.br/index.php/periodico/article/view/592>
7. González-Soto CE, Guerrero-Castañeda RF. Análisis de la producción científica de la sexualidad del adulto mayor: una revisión integrativa. *Rev baiana enfer*. 2022;36:e38080. DOI: <http://dx.doi.org/10.18471/rbe.v36.38080>
8. Brito PS, Silva JOL, Silva JOL, Almeida JS, Silva TA, Cezar JG, Sousa LS, Silva DA, Campos VA, dos Santo LB. A importância da sexualidade na saúde do idoso. *Research, Society and Development*. 2023;12(2). DOI: <http://dx.doi.org/10.33448/rsd-v12i2.40155>
9. Tejeda DY, Suarez FRR, Dandicourt TC. La humanización del cuidado enfermero del anciano en estado de necesidad en la comunidad. *Rev Cubana Enfermer*. 2021 [acceso 05/02/2023];37(1): e3124. Disponible en: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S0864-03192021000100017&lng=es](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192021000100017&lng=es)
10. Medina FIA, Medina FJA, Torres OR, Sosa CR, Chale PGW, Chaparro-Díaz L. Actitudes hacia la vejez y actitudes hacia la sexualidad del adulto mayor en estudiantes y profesionales de enfermería. *Gerokomos*. 2021;32(1):17-21. DOI: <https://dx.doi.org/10.4321/s1134-928x2021000100005>
11. Moreira WC, Carvalho ARB de, Lago EC, Amorim FCM, Alencar D de C, Almeida CAPL. Training of nursing students in integrated care for the elderly. *Revista Brasileira de Geriatria e Gerontologia*. 2018;21(2):186–193. DOI: <http://dx.doi.org/10.1590/1981-22562018021.170137>
12. Gonçalves Da Silva L, Pereira RM, Cristina A, Vieira B, Helena M, Pires S, et al. Factores restrictivos e impulsores da sexualidade do idoso. *Revista Eletrônica de Trabalhos Acadêmicos*. 2018 [acceso 05/07/2022];3(5). Disponible en: <http://revista.universo.edu.br/index.php?journal=3GOIANIA4&page=article&op=viewFile&path%5B%5D=6417&path%5B%5D=3310>
13. Merleau-Ponty M. *Fenomenología de la percepción*. Barcelona: Planeta-Agostini; 1945.
14. Souza VR, Marziale MH, Silva GT, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. *Acta Paul Enferm*. 2021;34:eAPE02631. DOI <http://dx.doi.org/10.37689/actaape/2021AO02631>
15. Instituto Nacional de Geriatria. Guía de instrumentos de evaluación geriátrica integral. 2020. Disponible en: [http://www.geriatria.salud.gob.mx/descargas/publicaciones/Guia\\_InstrumentosGeriatrica\\_18-02-2020.pdf](http://www.geriatria.salud.gob.mx/descargas/publicaciones/Guia_InstrumentosGeriatrica_18-02-2020.pdf)
16. Gomes CCJ, Borges SMG. Sampling in qualitative research: concepts and applications to the field of health. *Pesquisa*. 2022;10(25):404-424. DOI: <http://dx.doi.org/10.33361/RPQ.2022.v.10.n.25.545>
17. Mayan MJ. *Essentials of Qualitative Inquiry* [Internet]. Nueva York: Routledge; 2023 [acceso 20/05/2023]. DOI: <https://doi.org/10.4324/b23331>
18. Ramos CM, Pacheco ZML, Oliveira GS, Salimena AM de O, Marques C da S. Entrevista fenomenológica como ferramenta de pesquisa em enfermagem: reflexão teórica. *R. Enferm. Cent. O. Min*. 2022;12. DOI: <https://doi.org/10.19175/recom.v12i0.3778>

19. Krouwel M, Jolly K, Greenfield S. Comparing Skype (video calling) and in-person qualitative interview modes in a study of people with irritable bowel syndrome-an exploratory comparative analysis. *BMC Medical Research Methodology*. 2019;19(1):1–9. DOI: <http://dx.doi.org/10.1186/s12874-019-0867-9>
20. Giorgi A. *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach*. Michigan: Duquesne University Press. 2009.
21. Branda N, Kate A. A Reviewer's Guide to Qualitative Rigor. *Journal of public administration research and theory*. 2019;29(2):348-363 DOI: <https://doi.org/10.1093/jopart/muy052>
22. Júnior EVS, Souza CS, Santos GS, Silva CS, Cruz DP, Sawada NO. Correlationl analysis between elderly people´s sexuality and quality of life. 2022;31:e :e20200629. DOI: <https://doi.org/10.1590/1980-265X-TCE-2020-0629>
23. Aguiar RB, Leal MCC, Marques AP de O. Knowledge and attitudes about sexuality in the elderly with HIV. *Ciência & Saúde Coletiva*. 2020;25(6):2051–2062. DOI: <http://dx.doi.org/10.1590/1413-81232020256.18432018>
24. Ghidara E, Antacle A, Erbeta F, Ferro M, Fitzsimons M, Loandos M. Mientras haya vida, hay todo: una mirada en la sexualidad del adulto mayor. 2019 [acceso 05/07/2022];22(1):1–4. Disponible en: <http://www.evidencia.org.ar/index.php/Evidencia/article/view/4219/1719>
25. Smith L, Yang L, Veronese N, Soysal P, Stubbs B, Jackson SE. Sexual Activity is Associated with Greater Enjoyment of Life in Older Adults. *Sexual Medicine*. 2019;7(1):11–18. DOI: <http://dx.doi.org/10.1016/j.esxm.2018.11.001>
26. Queiroz IBS, Sousa AAS, Luna CA, Gurgel LC, Sampaio SML, Lina TB. Sexuality and gender approaches in man's health: an integrative review. *Electronic Journal Collection Health*. 2020;43:e3000. DOI: <https://doi.org/10.25248/reas.e3000.2020>
27. Azmitia. Vista de Panorama neurosocial de la sexualidad en la senectud. *Revista Académica CUNZAC*. 2021 [acceso 13/07/2022];4(2):11–15. Disponible en: <https://revistacunzac.com/index.php/revista/article/view/38/100>
28. Zubiaurre A. Una aproximación al proceso de envejecimiento desde el análisis. *Revista Caribeña de Ciencias Sociales*. 2019 [acceso 13/07/2022]. Disponible en: <https://www.eumed.net/rev/caribe/2019/05/proceso-envejecimiento.html>
29. Hernández CM, de la Fuente BSL, García GN, Hidalgo BA, García AI, Cano PM. Characteristics of the sexual sphere in elderly patients. *Semergen*. 2019;45(1):37–43. DOI: <http://dx.doi.org/10.1016/j.semerng.2018.09.007>

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