



# Sexual Well-Being in Older Adults: a Qualitative Study with Older Adults from Portugal and Slovenia

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## Abstract

**Introduction** Beyond living longer, it is increasingly important to live with more and better health during aging; sexual well-being was found to contribute to health and well-being in old age and is highly under-researched in the older population. This study aims to analyze sexual well-being in a cross-cultural way through older Portuguese and Slovenian older samples.

**Methods** We interviewed 136 older participants with an average age of 71.6 years old. Participants were Portuguese and Slovenian and lived in the community. Participants were subjected to semi-structured interviews and these were subjected to a content analysis process.

**Results** The content analysis indicated nine themes related to sexual well-being: self-reported good health; demonstrations of love; non-sexual joint activities; overall well-being and quality of life; partner support; positive self-image; being independent and active; sexual compatibility; and masturbation.

**Conclusions** Portuguese older adults experience their sexual well-being associated mainly with self-reported good health and demonstrations of love, while Slovenians older adults associate their sexual well-being mainly with non-sexual joint activities and overall well-being and quality of life.

**Policy Implications** The themes found in this study are fundamental evidence for cultural interventions and guidelines outlining in the context of sexual health in aging, mainly due to the scarcity of knowledge of sexual well-being among older adults.

**Keywords** Content analysis · Cross-cultural · Older adults · Qualitative study · Sexual well-being

## Introduction

Longevity is currently prominent in the world population (WHO, 2015). The average life expectancy has increased significantly, and by 2050, approximately 20% of the world's population is expected to be at least 60 years old (UN, 2015). By 2030, the life expectancy at birth of a Portuguese or Slovenian man is expected to be 80 years old and, for an American man, 76 years old. A Portuguese or Slovenian

woman is expected to live to 86 years old and an American woman to around 81 years old (Kontis et al., 2017; WHO, 2015; 2016). With increasing longevity, older adults seek to live their old age with a more active role and better quality of life, well-being, affection, and intimacy (Lee et al., 2016; Santos-Iglesias et al., 2016). Older adults seem to show high levels of sexual well-being, particularly in Western Europe countries, where on average, more than 60% of older adults report high levels of sexual well-being (Laumann et al., 2006). Additionally, sexual well-being has been directly associated with sexual health in older age (Lee et al., 2016; WHO, 2010). There are some similarities between Portugal and Slovenia regarding the lifestyle and living conditions of the older population, which may affect sexual health and sexual well-being, particularly the scarcity of psychosocial support in both countries. Moreover, both countries show a projection of continuing aging population, with insufficient programs for health promotion among older adults (Euronews, 2016; Trigueirão, 2020). Furthermore, Slovenia and Portugal are countries with increasing numbers of older

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adults living alone and limited social relations (Euronews, 2016).

Sexual well-being is defined as a subjective emotional and cognitive assessment of individual quality of sexuality (Santos-Iglesias et al., 2016; Štulhofer et al., 2018). Sexual well-being has been used as an umbrella concept that integrates several predominantly positive aspects of sexuality, hindering a clear and adequate structure and operationalization of this concept (Graf & Patrick, 2014; Schaller et al., 2018; Štulhofer et al., 2018). Sexual well-being has been conceptualized differently under two broad perspectives: the Hedonic, centered on the subjective experience of sexual pleasure, more focused on variables such as sexual satisfaction; and the Eudaimonic, centered on the evaluation of the degree of sexual functioning, more focused in variables such as sexual activity (DeLamater, 2012; Golub et al., 2011; Kleinstäuber, 2017; Santos-Iglesias et al., 2016).

In this sense, one of the most popular definitions of sexual well-being is that of Rosen and Bachmann (2008), which indicates sexual well-being is a combination of four factors: sexual satisfaction, sexual function, sexual activity, and sexual interest (Rosen & Bachmann, 2008; Štulhofer et al., 2019). However, like most definitions of sexual well-being, it focuses only on sexual activity and sexual function, which is a major limitation in the study of sexual well-being in older adults (Kleinstäuber, 2017; Štulhofer et al., 2019; Syme et al., 2018). Older people tend to report more sexual function problems than younger adults, and moreover, suffering associated with sexual problems may not be reported due to social, cultural, and moral barriers (Hendrickx et al., 2015; Peixoto & Nobre, 2015; Santos-Iglesias et al., 2016; Štulhofer et al., 2019). However, several studies indicate that, for older adults, intimacy, physical closeness, and being cared for may be more important than the sexual activity itself (Fileborn et al., 2017; Fileborn et al., 2017; Freak-Poli et al., 2017; Štulhofer et al., 2019).

Moreover, von Humboldt, & Leal, 2014a, b, 2015; von Humboldt et al., 2018; von Humboldt et al., 2020a) recently proposed sexual well-being as composed by five dimensions: importance of sexual activity, sexual desire, physical attraction, intimacy with partner, and emotional satisfaction. Likewise, Štulhofer et al. (2018) proposed a multifaceted sexual well-being concept, with five dimensions: sexual satisfaction, sexual intimacy, absence of distress over sexual function, cuddling frequency, and perceived sexual compatibility (Štulhofer et al., 2018; Træen et al., 2016).

The meaning and interpretations associated with sexual well-being in old age are directly influenced by sociocultural processes (Træen et al., 2016). For this reason, the literature on sexual well-being shows some contradictions. For example, several studies in different parts of the world, like Spain, Taiwan, Norway, or other European countries, argue that sexual well-being tends to decrease with age (Chao et al., 2011; Sánchez-Fuentes & Sierra, 2014; Træen

& Schaller, 2010; Træen et al., 2016), while others have not replicated these results (Neto & Pinto, 2012; Thompson et al., 2011). The lack of transcultural and mainly qualitative research has not allowed the confirmation of some potential and essential features common to societies (e.g., comparison of western and eastern societies) that can significantly influence sexual well-being (Schaller et al., 2018; Træen et al., 2016).

Sexual well-being has been associated with several benefits. Higher levels of sexual well-being are related to higher quality of life, less sexual problems, greater sexual desire (Golub et al., 2011; Hinchliff et al., 2017; Santos-Iglesias et al., 2016; von Humboldt, & Leal, 2014a, b, 2015; von Humboldt et al., 2018; von Humboldt et al., 2020a), higher satisfaction in relationships, better cardiovascular health, better cognitive performance, lower levels of stress, higher levels of self-esteem, and lower mortality (Bouman et al., 2006; Brody, 2010; Kleinstäuber, 2017; Santos-Iglesias et al., 2016).

Attitudes toward sexuality directly influence sexual well-being (Træen et al., 2018). Although there seem to be more similarities than differences among older people in some cultures regarding attitudes about sexuality, Portuguese older adults seem to have more positive attitudes than the Norwegians, Belgians, and Danes regarding sex as directly affecting sexual well-being (Træen et al., 2018). Likewise, sexual attitudes seem to be more important determinants of sexual well-being in Denmark than in Croatia, highlighting some cultural differences between northern and southern European countries (Træen et al., 2016). Also, there are some differences in sexual well-being between some western (e.g., Italy) and eastern (e.g., Hungary) European countries. For example, Italian middle-aged and older adult men more frequently report high satisfaction with the timing of orgasm and satisfaction with overall sex life than middle-aged and older Hungarians (Corona et al., 2010). Despite its great contribution to sexual, physical, and mental health at various levels, sexual well-being has unfortunately been a neglected concept in research, particularly in old age, and qualitative studies of sexual well-being should be included towards an in-depth understanding of sexuality (DeLamater, 2012; Schaller et al., 2018; Trudel et al., 2010; von Humboldt, & Leal, 2014a, b, 2015; von Humboldt et al., 2018; von Humboldt et al., 2020a). Rebec et al. (2015) performed a mixed method study on a sample of Slovenian nursing care students and nurses care staff working in nursing homes. Nevertheless, nurses find it difficult to talk with older patients about sexuality. They do perceive sexuality as a life activity with positive effects on older adults' quality of life, but they have problems addressing older adults' concerns about sexuality (Rebec et al., 2015). They (Rebec et al., 2015) conclude that the exploration of nursing staff attitudes towards sexuality among older adults in nursing homes suggests that this is still a taboo.

Research in sexual well-being has been focused on a biomedical perspective (e.g., biological determinants,

sexual function), and the positive aspects of sexuality, such as the sexual well-being and its benefits, have been poorly studied (DeLamater, 2012; Santos-Iglesias et al., 2016).

Although there are few sexual well-being studies among older people living in Western countries, sexual well-being research in non-Western and developing countries is still scarce (Laumann et al., 2006). Also, much of the research does not address the sexuality of non-partnered older adults (Santos-Iglesias et al., 2016) and there is a great gap of knowledge about sexual well-being among older lesbian, gay, bisexual, and transgender adults (Træen et al., 2016). Moreover, there are several methodological limitations and inconsistencies in the results of studies on sexuality in older adults, suggesting the need for cross-cultural comparative studies (Bell et al., 2016; Træen et al., 2018). These gaps could be bridged through in-depth qualitative studies (Santos-Iglesias et al., 2016; Schaller et al., 2018; von Humboldt, & Leal, 2014a, b, 2015; von Humboldt et al., 2018; von Humboldt et al., 2020a). In this context, this study aims to analyze sexual well-being in a cross-cultural way through older Portuguese and Slovenian older samples.

## Methods

### Recruitment and Sampling

Potential participants were recruited through telephone contact and purposeful sampling. Among the 200 community-dwelling older adults from Slovenia and Portugal that were contacted, 187 agreed to participate in the study. Application of the exclusion criteria, i.e., cognitive level (above the MMSE cutoff level) and being at least 65 years of age, resulted in a final sample size of  $n = 136$  older adults. The average age of among the Portuguese sub-sample was 71.5 years ( $SD = 4.4$ ). Among the Slovenian sub-sample, the average age was 71.6 years ( $SD = 6.4$ ). Other sample characteristics are provided in Table 1.

The final sample underwent semi-structured interviews (Kallio et al., 2016). Interviews took place between May 2018 and January 2019 and were approximately 20 to 40 min long. The main objectives of these interviews were to collect qualitative data in order to assess the factors contributing to sexual well-being in old age. After sharing the contents

**Table 1** Sample socio-demographic and health characteristics

Characteristics	Portuguese ( $n = 76$ )	Slovenian ( $n = 60$ )	Total ( $n = 136$ )
Age, mean $\pm$ SD	71.5 $\pm$ 3.2	71.6 $\pm$ 6.38	71.55 $\pm$ 4.55X
Gender, $n$ (%)			
Women	46 (60.5)	39 (65.0%)	85 (62.5%)
Men	30 (39.5)	21 (35.0%)	51 (37.5%)
Living status, $n$ (%)			
Alone	22 (28.9%)	16 (26.7%)	38 (27.9%)
With sons	3 (3.9%)	2 (3.3%)	5 (3.7%)
With a partner	51 (67.2%)	39 (65.0%)	90 (66.2%)
With others	0 (0%)	3 (5.0%)	3 (2.2%)
Education $n$ (%)			
Primary school	30 (39.5%)	7 (11.7%)	37 (27.2%)
Middle school	20 (26.3%)	36 (60.0%)	56 (41.2%)
$\geq$ High school	26 (34.2%)	17 (28.3%)	43 (31.6%)
Marital status $n$ (%)			
Married or cohabiting	49 (64.5%)	37 (61.7%)	86 (%)
Having a spouse or other intimate relationship	27 (35.5%)	11 (18.3%)	38 (%)
Widow	0 (0%)	12 (20.0%)	12 (%)
Professional status $n$ (%)			
Active	19 (25%)	16 (26.7%)	35 (25.7%)
Inactive	57 (75%)	44 (73.3%)	101 (74.3%)
Family annual income $n$ (%)			
$\leq$ 25,000 €	24 (40.1)	51 (85.0)	75 (55.1)
$>$ 25,000 €	52 (59.9)	9 (15.0)	61 (44.9)
Perceived health $n$ (%)			
Good	51 (67.1%)	48 (80.0%)	99 (72.8%)
Poor	25 (32.9%)	6 (10.0%)	31 (22.8%)
Not good or bad	0 (0%)	6 (10.0%)	6 (4.4%)

and objectives of the study with participants, interviews followed five main steps: clarification of questions and signing informed consent; interview (with audio recording); full transcribing; in-depth reading; and content analysis (Mayring, 2000). Interviews focussed on three main topics: predictors of sexual well-being, the concept of sexual well-being, and the benefits of sexual well-being. Data collection uniformity was ensured through the provision of a short interview guide and a proposed structure for each semi-structured interview. In addition, interviewers were trained through mock interviews to better facilitate participants' sharing and expression of sexual experiences and did not have any previous relationships with the participants. All such procedures were undertaken in accordance with the ethical standards of the 1964 Helsinki Declaration and the Code of Ethics for Nurses and Nurse Assistants of Slovenia, and were approved by the ethics committee of the William James Center for Research — Instituto Universitário. No monetary compensation was offered to participants.

## Data Analysis

After collecting data from the interviews, data were distributed with the aim of generating units of meaning; codes for the units of meaning emerged; and categories were generated from the existing codes. The coding process to categorize data in relevant dimensions for further analysis included the development of a codebook, in which a number was attributed to each category (Sampaio & Lycarião, 2018; Singh, 2007). This coding process generated quantitative (e.g., frequency of a certain content) and qualitative (e.g., analysis of ideologies, beliefs, themes inherent in discourse) data. Described content were named with succinct and intuitive names (Erlingsson & Brysiewicz, 2017; Mayring, 2000). Data collection was terminated when no new themes arose from the data. Data analysis was therefore inductive (Saunders et al., 2017).

General rules for a reliable codification process were applied (e.g., mutually exclusive codes, applied consistently, Erlingsson & Brysiewicz, 2017; Neuman, 2011; Sampaio & Lycarião, 2018). In order to perform a robust and reliable content analysis, a valid step by step two-coder approach was taken (see Fig. 1; Neuendorf, 2002). Cohen's kappa was used to assess coder agreement ( $k=0.89$  for the Portuguese sub-sample and  $k=0.87$  for the Slovenian sub-sample) (Sampaio & Lycarião, 2018).

The coding process employed a categorization process wherein different set of codes were classified and then regrouped as dimensions/themes, using clear and consensual criteria. Categorization involved two steps: (a) isolation of elements and (b) the distribution of elements by seeking or imposing a certain organization on the content (Neuendorf, 2002). Categories were established using an a posteriori

process and thus resulted from an analogical and progressive classification of elements (Neuendorf, 2002). The principles of classification were also respected (Neuendorf, 2002). For example, each element cannot belong to more than one category (mutual exclusion); a single classification principle prevailed in the organization of a given set of categories (homogeneity); each category was well adapted to the chosen analysis material and theoretical framework (relevance); different parts of the same material were coded in the same way and categorized variables were clearly defined (objectivity and fidelity); and categories provided fertile results (productivity).

Content analysis was undertaken to describe the phenomenon (Neuman, 2011), using descriptive statistics to calculate frequencies, percentages, mean, medians, and averages (Erlingsson & Brysiewicz, 2017; Mayring, 2000). A descriptive qualitative approach permitted the gerontological researchers of this study to develop the analysis and theoretical-empirical discussions of themes. The latter approach guided the subsequent exploration and discussion of the evidenced contents, and quantifications (Silver & Fielding, 2008).

## Results

The findings of this study are based on interviews of 136 participants who shared their perspectives on sexual well-being in older age. Key quotes representing the cultural diversity of narratives of older people of different ages, genders, educational levels, and marital and living status were selected to illustrate the diversity of the studied sample. All names are pseudonyms. The non-mutually exclusive themes that emerged from interviews were self-reported good health, demonstrations of love, non-sexual joint activities, overall well-being and quality of life, partner support, positive self-image, being independent and active, sexual compatibility, and masturbation.

### Theme 1: Self-Reported Good Health

This theme was relevant to Portuguese ( $n=34$ ) and Slovenian ( $n=8$ ) participants. We rarely hear that the sexual health of older adults is discussed openly in everyday conversations or in the media. Staying silent on the subject leads older adults to lose interest in sex. Dina (71 years of age) asks, "Why does this important topic seem to become more taboo and less talked about as we get older?" and she continues, "It looks like I'm doing something wrong."

Sex is associated with many benefits: sex relieves stress and makes you feel good; sex burns fat and boosts your immune system, and as Jimi (66 years old) reported, "we feel different after sex." Sex may not be the same as it was

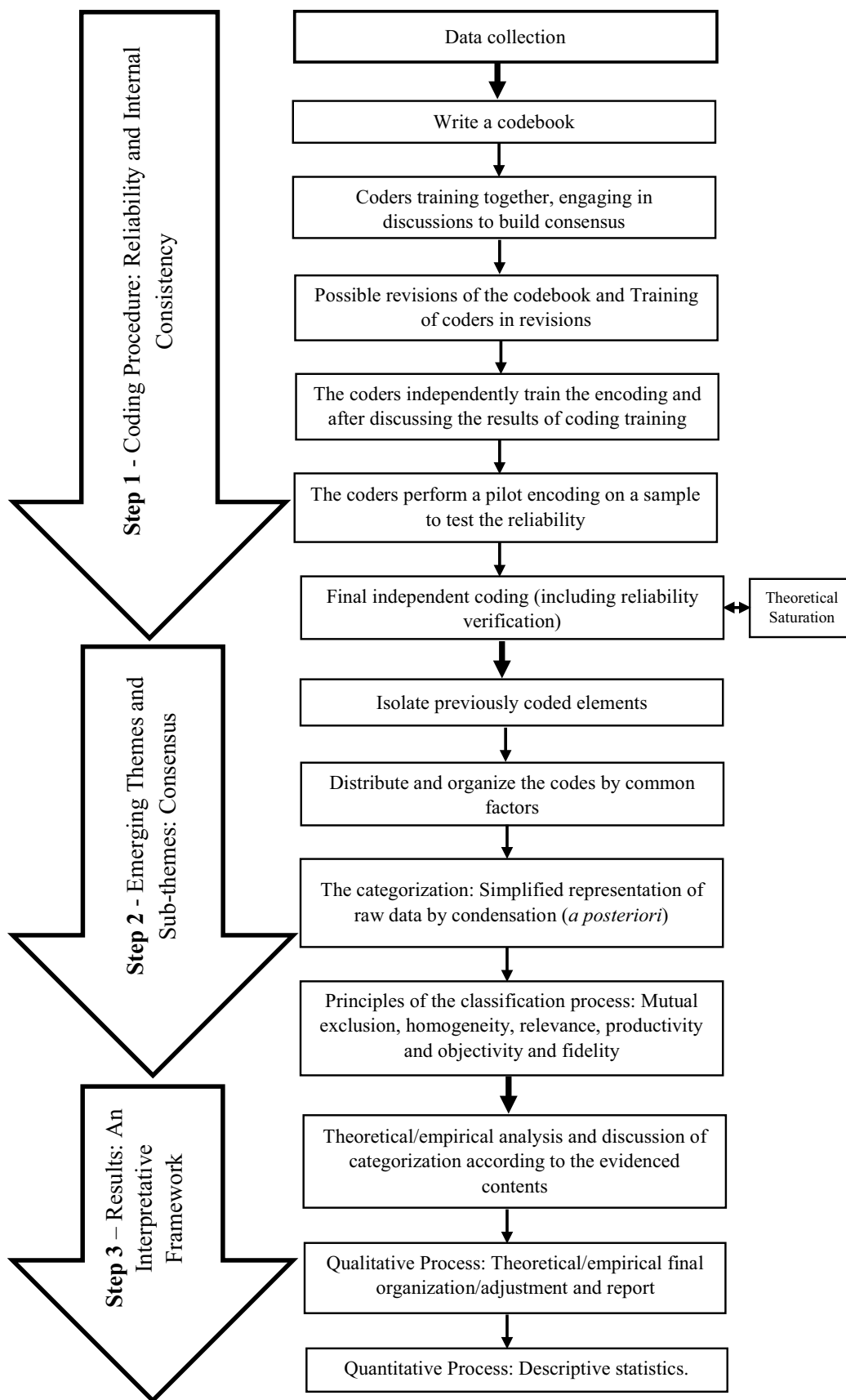


Fig. 1 Adapted step-by-step of content analysis

in your twenties but in many ways, it can become even more fulfilling and rewarding with age. “My sexual relationship in adulthood and later life, even with the same partner, is different,” verbalized Carolina (87 years old).

Sexuality in older age is dependent of one’s health status. Sex is an activity that represents feeling good and being healthy: “Sexuality is important in life if you have a partner, or you are healthy enough to establish and maintain a partnership with others. So you feel younger, active and alive” (Kristina, 65 years old). Pavla did not want to talk very much about sexual well-being. She explained, “I’m embarrassed to talk about this with others, but in my opinion, that means you’re still healthy and alive” (Pavla, 65 years old).

### Theme 2: Demonstrations of Love

This theme was important to Portuguese ( $n = 31$ ) and Slovenian ( $n = 6$ ) participants. Demonstrations of love may seem like a cliché, but they are still highly valued by the older population. As Filipa reported, “Knowing that he loves me is still important to me; is important for my sexual well-being” (Filipa, 68 years old).

In old age, demonstrations of love do not consist of grandiose and luxurious gestures, but of having a partner by your side to help. “At this age we are not expecting dinners in expensive restaurants, or trips to different countries, but small gestures. Helping with house cleaning, watching a movie together, making dinner together...” explains Francisco (Francisco, 69 years old).

Surprises, gifts, and affection are examples of demonstrations of love that many appreciate, and in older age, such gestures are special. Ana reported, “my husband surprised me in the morning with small gifts, with romantic phrases and I didn’t need anything else to understand that he loved me. And of course, I was also surprised at night! This all affects sexual well-being in a positive way” (Ana, 69 years old).

Beti stressed that sexuality is a “pure expression of love and devotion.” After her husband passed away, she no longer thought about intimate relationships: “Now,...I am a widow...I don’t think about sex anymore” (Beti, 66 years old). “When my husband was still alive, it meant an expression of love that complemented our life together and mutual agreement” (Norma, 76 years old). However, the expression of sexuality does not always have an important value in old age, as indicated by Sara “Sexuality is not and was never important in my life, there was no luck” (Sara, 75 years old).

### Theme 3: Non-Sexual Joint Activities

This theme was emphasized by Portuguese ( $n = 14$ ) and Slovenian ( $n = 22$ ) participants. Sexual well-being was described as including non-sexual joint activities. Hugo

listed some examples: “hiking, watching movies together, dining out, traveling together, having new experiences are essential activities for positive sexual well-being” (Hugo, 82 years old).

Sexual activities are an important factor, but non-sexual activities also have a bearing on sexual well-being. John asked, “How can I have a good sexual relationship if I don’t spend time with my partner?” (John, 89 years old). As Bruno reported “My sexual relationship with my partner is great, but that’s because we do a lot of activities that don’t include the sexual part; We live life together!” and adds “life gets better when we share it with someone, and it’s not just about sexual activities” (Bruno, 80 years old).

The importance of non-sexual joint activities in the relationship was also explained by Jure: “Now, in this stage of life, all that matters to me is that my wife and I can still be together and that we can cook and eat something good. We are enjoying in this” (Jure, 80 years old). Barbara also remarked, “Sexuality is important, but I think that more important are other things I do with the person I care about, such as trips, going to concerts, theater, and other activities” (Barbara, 71 years old). Boris was thinking about common joint activities as a means to preventing loneliness: “In old age other things also become important, that you have people to talk to, that you are not lonely...in short, that you have a person to socialize” (Boris, 65 years old).

### Theme 4: Overall Well-Being and Quality of Life

This theme was indicated by Portuguese ( $n = 13$ ) and Slovenian ( $n = 22$ ) participants. Overall well-being was fundamental to sexual well-being. As Tina verbalized, “First of all, I have to feel good in life and then I will integrate people into it” (Tina, 81 years old). Likewise, Toni said that sexuality and sexual well-being “are still important... it is about quality of life... It contributes to overall well-being, but it is no longer as it was when we were young” (Toni, 75 years old). Maria explained that sexual well-being is a facet of overall well-being: “... Is of great importance for the quality of my life. After the surgery I had, it is still important. It is a sign of good life and contributes to overall well-being” (Marija, 66 years old). Diego added “If I improve my sexual well-being, I improve my quality of life” (Diego, 82 years old).

Sexuality was considered an integral part of human life but at other times, sexuality was mainly linked to reproduction and fertility. Carla verbalized that “my quality of life will also depend on my sexuality, which in the past was not true. Before I used to worry about protecting myself from an un-wanted pregnancy, which negatively affected my sense of pleasure in bed” (Carla, 65 years old).

### Theme 5: Partner Support

This theme was emphasized by Portuguese ( $n=26$ ) and Slovenian ( $n=6$ ) participants. Supporting a partner makes a difference when we move to a more intimate part. Showing that you care about your partner is, as Daniel reported, “creating a connection with that person, sharing secrets and intimate things with him” (Daniel, 81 years old). Supporting one’s partner in whatever is important and sharing ideas and important moments that are good and bad unites a couple. The worst loneliness is loneliness for two. “When we share our concerns, we feel lighter, and it improves in our sex life.” explains Andrea (Andrea, 72 years old).

Partner support contributes a sense of belonging between partners. As Luka says “It is important. It is a reflection that my wife and I are still together as we were young” (Luka, 65 years old). Klara added “as long as you have a partner, you can happily do everything you have so far, or whatever your age allows. Random encounters give too little” (Klara, 80 years old). Moreover, it is important for a couple to stay well connected and to not forget their promises. Joana reported, “When we got married, we promised to be beside each other, in good and bad times, in joy and sadness. And that is what I am doing” (Joana, 67 years old). In addition, Janez explained that a good partner relationship is essential to one’s health: “Sexuality is a matter of a good relationship, but at the moment, health is the most important life field for me. I think about sexuality, but my health hinders me” (Janez, 75 years old).

### Theme 6: Positive Self-Image

This theme was important to Portuguese ( $n=23$ ) and Slovenian ( $n=4$ ) participants. As indicated by Laura “We must love ourselves first before we love others.” She also added “having a positive self-image is a topic that affects both sexual and non-sexual well-being” (Laura, 69 years old). Alex stressed the importance of self-image for sexual well-being wherein “having a positive image of myself is a factor that we must take into account. If I feel inferior, I will never achieve positive sexual well-being.” Alex further remarked “I am a man but I also value my image” (Alex, 80 years old).

While women seem to develop several strategies to combat the effects of aging, men do not appear to be as affected. Sara explained, “Every morning, I feel the need to put on makeup so I don’t look so old, even though I know my partner continues to love me. But I need to feel good about myself for a good sexual well-being” (Sara, 82 years old). To Mira, sexual well-being “means a positive self-image” (Mira, 74 years old). And Nataša added that sexual well-being “has a significant impact, it makes you feel good about yourself. I think that this is an important aspect in life” (Nataša, 76 years old).

### Theme 7: Being Independent and Active

This theme was mentioned by Portuguese ( $n=21$ ) and Slovenian ( $n=3$ ) participants. Being independent in advanced life is difficult since family members and younger friends believe that older adults do not know what is best for them. “I got older and my daughter was treating me more and more like a child. Being independent and making my own choices is something I value, as I continue to have my sex life and it is not something that I share with everyone.” verbalized Karla (Karla, 86 years old). In addition, older adults have lived out their lives in accordance with their own personalities and beliefs. If they reach a point where they can no longer express themselves, they will not feel like themselves. These feelings can lead to depression, anger, or destructive behavior, which are damaging to both the older person and his/her caregiver. “It is not because I am older that I should lose my independence.” verbalized Joao (Joao, 89 years old).

For Marko, sexual well-being means that he is “still sexually active (laughs). So I feel still young” (Marko, 65 years old). Sexual activity and sexual well-being are a representation of being active, dynamic, or as Sara explained: “Sexuality’s still quite important. Indicates that you are alive, dynamic” (Sara, 68 years old). Eva added “Some olders only when they reach advanced life do they realize that they did not do everything they wanted, and realize that they can still continue to contribute to the sexual good. I am already in the last phase of life and I want to make the most of it. Sex life is something I’ve been investing in” (Eva, 72 years old). Being active is something that most older people value, since it makes them think about life, and wanting to end up knowing that they were happy in the end. “I don’t care what others think, sex makes me active, sex makes me feel like I’m alive and I think it’s never too late to do what makes you happy” (Julia, 72 years old).

### Theme 8: Sexual Compatibility

This theme was important to 16 Portuguese participants and by Slovenian participants ( $n=0$ ). Considering that the majority of older individuals live with partners for years, perceived sexual compatibility is likely to play an important role in their sex lives, regardless of whether the perception is simply a reflection of the time spent together, an acknowledgment of mutual erotic skills that evolved through repeated sexual interaction, or the recognition of the importance of emotional closeness for sustained sexual interest and pleasure. Roger indicted that “my spouse is everything I wanted in life. We know each other and get along in bed perfectly, like if we were glued to each other” (Roger, 71 years old). Ju added that “my partner and I share the same sexual likes and dislikes” (Ju, 72 years old).

Perceived sexual compatibility is another key facet of relationships. Sandra expressed that “we totally bond together in the bedroom” (Sandra, 76 years old), and Luis verbalized that “she knows me so well, she knows exactly what I want. We have a physical understanding that come from all these years loving each other so much” (Luis, 76 years old).

### Theme 9: Masturbation

This theme was limited to Portuguese participants ( $n=7$ ). Our findings seem to corroborate the validity of the compensatory hypothesis wherein older men and women are more likely to masturbate if they do not have a partner or if the partner is unwilling or unable to engage in sex. As indicated by Lauren “after he died I feel alone and I need to self-indulge myself physically” (Lauren, 77 years old).

Masturbation is an increasingly socio-culturally accepted sexual behavior of demonstrated importance to one’s sexual health (Regnerus et al., 2017). Participants in our study were largely socialized in a substantially less sexual permissive sociocultural environment wherein masturbation was portrayed as a health hazard (for men) and/or morally problematic act (especially in young women; see Stengers & Van Neck, 2001). Carlos verbalized that “my religious beliefs interfere with my intimate moments. I feel the urge to masturbate and after the act, I feel immensely guilty” (Carlos, 66 years old). Moreover, Cristina reported that “of course I do not do those weird things. That is a modern invention to separate men and women from getting close to each other” (Cristina, 66 years old). Perhaps these negative associations primarily reflect the internalized stigmatization of self-pleasuring, along with feelings of guilt and shame.

## Discussion

The aim of this study was to analyze how older adults perceive their sexual well-being in a transnational perspective. Nine themes emerged: self-reported good health; demonstrations of love; non-sexual joint activities; overall well-being and quality of life; partner support; positive self-image; being independent and active; sexual compatibility; and masturbation.

Self-reported good health was especially valued by Portuguese participants. The positive perception of health by older adults is fundamental for their sexual well-being; a number of participants in our study indicated that their health condition affected sexual activity or the enjoyment of sexual intercourse (Rodrigues et al., 2019; Træen et al., 2017). Half of older adults who perceive and report their health as excellent indicated having weekly sexual activity while only approximately 15% of people who report being

poor health do so. Also, in old age, chronic diseases are more common and can negatively affect sexual function and therefore sexual well-being (Hillman, 2012). Older adults who report good health tend to be more available and motivated toward sexual and relational involvement (Hillman, 2012; Lindau & Gavrilova, 2010).

Demonstrations of love was a theme mostly reported by Portuguese participants. Patterns of expression of affection and love in older adults are highly shaped by the sociocultural context. As evidenced by our findings, sexual well-being is directly influenced by common cultural beliefs (e.g., older adults are asexual, sex is only for young and beautiful people), as evidenced by our findings (also see Brock & Jennings, 2007). Older people increasingly express love and sexuality through sexual intercourse (Bell et al., 2016; Syme et al., 2018) and varying forms of sexual expression such as kissing, holding hands, hugging, walks together, and more are important (Fileborn et al., 2017; Fileborn et al., 2017). In other words, sexual well-being comes to life through care, loyalty, and affection (Hillman, 2012; Syme et al., 2018). This emphasis given to the expression of affection by Portuguese participants, and less so by Slovenian participants, may be associated with ageism. The European Social Surveys have been highlighted the particularly high rate of ageism that Portugal showed in recent years, which may influence the way older adults demonstrate affection and express themselves romantically (ESS, 2018).

On the other hand, non-sexual joint activities were most valued by Slovenian participants. Previous studies (e.g., Erens et al., 2019) show that health, lifestyle, and relationship factors between partners (or spouses) influence sexual activity and satisfaction, and sexual well-being (Erens et al., 2019). Day-to-day activities can provide an environment of intimacy, cooperation, and complicity that contributes to sexual well-being. Watching television programs together, caring for pets, having meals, and other shared activities can contribute to sexual well-being through relational well-being (DeLamater, 2012; Hillman, 2012; Štulhofer et al., 2019). Similarly, non-sexual activities can contribute to physical tenderness, which has been linked with greater social support, healthier behaviors, younger subjective age, and better health (Mahieu & Gastmans, 2015). Non-sexual activities can also reduce stress and can represent a sense of common purpose and contribution to one another’s general well-being, and therefore influencing partner relationships and sexual well-being (Hillman, 2012; Schaller et al., 2018; Trudel et al., 2010).

Slovenian participants also placed emphasis on overall well-being and quality of life. Feeling good, happy, and satisfied with daily life can spark greater involvement in activities such as lesser sedentary habits, more enthusiasm, a willingness to perform daily routine activities, and lower levels of fatigue, with all such things influencing sexual

well-being (Lee et al., 2016; Rodrigues et al., 2019). Likewise, a reduced quality of life and negative health conditions can be impediments for sexual well-being as these are important predictors of sexual well-being (Hillman, 2012). General well-being also pertains to having a sense of purpose and life goals in older age, the sense of belonging, and the availability of social and family support, with all such dimensions of life being considered fundamental to older people's sexual well-being (Chao et al., 2011; Rodrigues et al., 2019; von Humboldt et al., 2013a, 2014a, 2014b; von Humboldt, 2015).

Partner support was mentioned most often by Portuguese participants. According to recent literature, a good relationship allows partners to adapt to reduced sexual activity, which is usually a result of illness, by looking for other forms of intimacy (Erens et al., 2019). Morrissey-Stahl et al. (2017) conducted a study among older women regarding their opinions on ways to enjoy sexual life. Participants described the need to challenge cultural rules in order to create a supportive environment in which sexuality can be expressed with the partner. In addition, a generally supportive partner allows a confidante and protector, and one who enables greater intimacy and perhaps enhanced sexual well-being (Merz et al., 2009). In addition, receiving emotional support from a partner can enhance sexual well-being, although instrumental support seems to have an opposite effect (Reinhardt et al., 2006).

Positive self-image was also primarily important to Portuguese participants. When people transition into older age, they often experience changes in weight and body shape due to the redistribution of fat, and losses in skin elasticity and hair. In keeping with other's findings (Gagne et al., 2012; Pearce et al., 2013; Træen et al., 2016) and our participant, such changes can influence one's self-image and sexual well-being. In particular, women remain more dissatisfied over the life cycle with their body and image (Clarke & Korotchenko, 2011; Træen et al., 2016). Positive body image in older age is also associated with greater sexual satisfaction and attractiveness (Træen et al., 2016; Woertman & van den Brink, 2012). In order to maintain high sexual well-being, it is important that body shame and vigilance do not distract older people from experiencing pleasure during sexual activity (Claudat & Warren, 2014; Træen et al., 2016).

Being independent and active was a theme mainly reported by Portuguese participants. Gewirtz-Meydan and Ayalon (2019) found that the ability to maintain one's functional prowess in older age is a primary motive for engaging in sexual activities. For older adults, the sense of independence is fundamental in later life. For example, being autonomous evokes in older people a sense of feeling alive or enthusiasm for life and is associated with establishing intimate relationships, and improving sexual energy and sexual well-being (Salama-Younes & Hashim, 2018; von Humboldt

et al., 2020b). An active sex life has also been associated with higher self-esteem, decreased pain sensitivity, greater relationship satisfaction, and a longer life span (Brody, 2010; Ferreira-Valente et al., 2019; Graugaard et al., 2012; Syme et al., 2018; Træen et al., 2016). At any age, people who are more physically independent are better able to pursue and engage in intimate activities that enhance sexual well-being (Hillman, 2012). In relation to this, Portugal welfare and social policies have been focused in promoting older adults' independence and autonomy in a context of aging in place (Euronews, 2016; Trigueirão, 2020).

Sexual compatibility was a theme important to Portuguese participants alone. Sexual compatibility pertains to the perception of a shared sexual experience and expression, whether through needs, beliefs, or desires (Offman & Matheson, 2005). The sexual behavior of older adults, especially women, has changed in recent years, although there are still some stereotypes associated with pathophysiology, beliefs, culture, and tradition that negatively affect sexual activity, and co-occurrence of attitudes and fantasies towards sexuality among heterosexual partners (Hillman, 2012; Ricoy-Cano et al., 2020). In recent decades, gains in the rights, autonomy, and decision-making power among women in the field of sexuality influences the way in which relationships are established, between-partner demands, and sexual compatibility (Hillman, 2012). Female pleasure is less likely to be subjugated to male pleasure and is therefore more likely to play a role in empowering women and changing sexual compatibility standards (Hillman, 2012; Offman & Matheson, 2005). In addition, sexual satisfaction and shared sexual fantasies and experiences can shape sexual compatibility and are therefore likely to influence sexual well-being (von Humboldt et al., 2013b; von Humboldt et al., 2013c; Heiman et al., 2011).

Lastly, masturbation was also a theme exclusively reported by Portuguese participants. Masturbation has been progressively more accepted in the current socio-cultural context and research has shown that it is a sexual behavior beneficial to sexual health and the sexual well-being (Regnerus et al., 2017). Masturbation is often presented as one of the few forms of sexual stimulation for older adults who do not have partners or who have some type of functional limitation (Ginsberg et al., 2005; Santos-Iglesias et al., 2016). Furthermore, it allows pleasure to be obtained solo, or accompanied, when chronic illnesses or medications dampen physical or emotional responses to intercourse (Ginsberg et al., 2005; Santos-Iglesias et al., 2016). For the practice of masturbation to contribute significantly to sexual well-being, it is important to address older people's shame and sexual inhibitions, especially given the prevalence of negative age stereotypes and the stigma attached to having an active sex life (Hillman, 2012; Santos-Iglesias et al., 2016). Another

possible explanation is related to the fact that religiosity seems to be more relevant to Portuguese older adults than Slovenian participants. In relation to this, we hypothesized that for religious older adults, masturbation might be more compatible with their religious beliefs (von Humboldt et al., 2014b).

The nine dimensions of sexual well-being discovered in this study draw attention to socially normative practices and cultural beliefs as factors that can influence older people's sexual well-being. This is important because systematic evaluations of the effects of social norms on sexual well-being in older age are lacking (Laumann et al., 2006; Træen et al., 2016) and the ways in which cultural norms shape older people's perspectives of sexual well-being remain largely unknown (Træen et al., 2016). At the same time, multicultural and intercultural contact is an everyday way of life for older people. Research and interventions focusing on the sexuality of older people increasingly require a deep cultural and ethnic sensitivity (Schaller et al., 2018; Træen et al., 2016). Studies that compare the dimensions of sexual well-being in older adults and duly consider difference in cultural values (e.g., equality, religiosity) in an in-depth way could therefore have important empirical and practical implications.

This study must be interpreted among the following limitations. Although this study is cross-national, Portuguese and Slovenian people are not part of such different cultures, the two countries are part of the European Union, are developed countries, and have a Westernized culture. Future studies may focus on comparing the sexual well-being between countries with more distant cultures. Likewise, we applied a non-randomized sampling, which limits the generalization of these findings to the whole population. Also, qualitative studies like ours may be particularly prone to researcher bias (e.g., influences of personal values; Creswell & Miller, 2000). Aging is a process particularly sensitive to socio-cultural factors, the way that it is lived varies significantly according to context, which hampers or limits some comparisons between older populations from different contexts (Fang et al., 2015; Laumann et al., 2006; WHO, 2015). Self-perception of aging itself and aging stereotypes are likely to differ, especially with regard to secrecy and the greater difficulty in expressing sexuality in old age in some cultures (e.g., particularly in Westernized countries), which may hinder some cross-cultural comparisons (DeLamater, 2012; DeLamater & Moorman, 2007; Katzo et al., 1998; Laumann et al., 2006). In cultures where themes such as aging or sexuality are particularly sensitive issues, the likelihood of bias (e.g., social desirability) is particularly high (Katzo et al., 1998; Laumann et al., 2006). At the same time, short and valid instruments that capture sexual well-being across cultures, especially among older people, are lacking (Laumann et al., 2006; Štulhofer et al., 2018, 2019).

This study also has a number of strengths. Various inconsistencies in the findings of studies about sexuality in older age and a growing recognition that social, cultural, and moral factors can shape sexual well-being in this population speak to a need for cross-cultural comparative studies (Bell et al., 2016; Træen et al., 2018) like ours. Studies about sexual well-being in older age are lacking (DeLamater, 2012; Santos-Iglesias et al., 2016) and research in this field has tended to focus on the negative aspects of human sexuality as opposed to conceiving of sexuality as a marker of health and well-being (DeLamater, 2012; Hillman, 2012). Research about older adults primarily focuses on biomedical aspects of sexuality such as sexual dysfunction and therefore lacks a health-related and psychosocial perspective (DeLamater, 2012). This study also contributes to the United Nations Sustainable Development Goals, especially objective 3, which calls for attention to evaluating and promoting well-being in older adults (United Nations, 2015a).

Knowledge production in the field of sexual well-being, especially cross-cultural knowledge, is important in combating negative social stereotypes (e.g., paradigm of sexuality only for reproductive purposes, paradigm of asexuality in old age; Hillman, 2012; Træen et al., 2016; Træen et al., 2016). Research is needed to promote greater proximity in the approach to sexuality in older adults in different geographical contexts (Kleinstäuber, 2017; Syme et al., 2018; Træen et al., 2016). Also, sexual well-being studies may represent important tools in the processes of health promotion, quality of life, and functional capacity among older adults (Bell et al., 2016; Syme et al., 2018). Indeed, sexual well-being qualitative research can be the basis for developing interventions that promote physical and mental health of older people and across several countries (e.g., intervention in sexually transmitted infections or attitudes about sexuality; Bouman et al., 2006; Fileborn et al., 2017; Golub et al., 2011).

In sum, this study highlights the importance of capturing different cultural perspectives on sexual well-being. In this respect, older Portuguese adults mainly valued good health and demonstrations of love, while older Slovenian adults focused on non-sexual joint activities and overall well-being and quality of life. This study also adds value by generating evidence that could inform sexual well-being interventions among older European populations.

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**Data Availability** This manuscript has associated data in a data repository.

**Code Availability** No software application or custom code was used for the coding process.

## Declarations

**Conflict of Interest** The authors declare no competing interests.

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