



The Role of Sexual Activity from the Perspective of Older Adults: A Qualitative Study

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Abstract

Despite a growing amount of literature on aging and sexual activity, there are still a limited number of studies that capture older people's understanding of sexuality in later life. This study explored the meanings that older people ascribe to sexual activity and how these meanings relate to the continuation, the decline, and the complete cessation of sexual activity. Thirty in-depth semi-structured interviews were conducted with Czechs aged 50–75 years (13 men) who were recruited through a preventive cognitive health program offered at a hospital. The analysis was carried out with a grounded theory approach and the principles of consensual qualitative research. The study identified three dominant understandings of sexual activity in later life that emerged as a reflection of the aging process. The first was sexual activity within a relationship that represented proof of being with someone and where sexual inactivity was linked to the threat of loneliness. The second concerned sexual pleasure and its continuity in later life, while its loss gave room for affliction and the emergence of ageist beliefs. The third linked sexual activity with the connotations of self-identifying as young versus being self-perceived as really old. The study findings suggest that the understanding of sexual activity in later life is ambivalent. Its continuity is viewed as an instrument for mitigating the markers of getting old, while the threat of its decline may activate older people's desire for asexual aging and negative views on aging.

Keywords Sexuality · Czech Republic · Later life · Older adults · Aging

Introduction

Sexuality in later life is a topic that has received more and more attention in recent years. There is continuously accumulating evidence that older adults remain sexually active by engaging in partnered sex (Beckman, Waern, Östling, Sundh, & Skoog, 2014; Field et al., 2013; Lindau et al., 2007) and masturbation (Træen et al., 2019). Some of them may not explicitly engage in sexual activity, but they report sexual desire (DeLamater & Sill, 2005) or attribute some importance to sex (DeLamater & Moorman, 2007; Gott & Hinchliff, 2003; Moreira et al., 2008). Such results indicate that later-life sexual expression varies. However, little is known about the meanings that older adults ascribe to sexual activity and how these perceptions are revised as part of the aging

process. In this view, exploring the meanings of sex can cast some light on the role of sexual activity in later life.

Prior research has intensively worked to capture the factors that could explain why some older persons continue their sexual activities and others do not. Review studies have shown that positive attitudes toward sex, good physical and mental health, and access to a healthy partner play critical roles in the continuation of sexual activity (Carpenter & DeLamater, 2012; DeLamater, 2012; Gott, 2005; Hillman, 2012). These factors (i.e., attitudes, health, access to partner) contribute to the variability of later-life sexual trajectories. For instance, the separation of partners reopens the question of searching for sexual enjoyment or re-partnering in later life in order to alleviate worries about remaining alone and the risk of chronic loneliness (Böger & Huxhold, 2018; Brown & Lin, 2012). Similarly, responses to physical changes may generate diverse coping strategies, which range from adopting ageist beliefs related to the expectations of inevitable physical limitations or taking measures to maintain an active body and potential sexual activity in older age (Katz, 2000).

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These factors are taken into consideration in the Gendered Sexuality over the Life Course Model (GSLC), which posits that the trajectories of sexual life are the intersection of psychological (e.g., attitudes, knowledge), biological (e.g., physical changes, health state), and social (e.g., relationship status, satisfaction) determinants (Carpenter, 2010; Carpenter & DeLamater, 2012). The GSLC takes into account that a lifelong accumulation of (dis)advantageous transitory experiences and the adoption or rejection of heteronormative sexual scripts shape sexual life in older age. The timing, order, and duration of earlier transitions in the sexual trajectory influence later transitions through the opportunities and constraints that the former had brought. Each transition (e.g., union dissolution, retirement, the onset of chronic illness) represents a point at which the forms of sexual expressions are revised and renegotiated (e.g., decline of sexual intercourse in favor of non-coital activities, a temporary cessation of sexual activity while recovering from physical incapacity). Therefore, the cumulative continuity of sexual behavior and the occurrence of transitions affect the extent of sexual activity in later life. Changes in sexual activity may not necessarily correspond to the importance ascribed to sex, and a more nuanced view of the role of sex in older age is needed. This can be addressed by studying the meanings that older persons ascribe to sexual activity in their later life.

Prior research on the perception of sexuality in later life has pointed to several specifics. Some studies have focused on how older people frame their sexuality and deal with the normative understanding of gendered heterosexuality that put an emphasis on penetrative sex, men's active role in negotiating for sex, and, potentially, on the youthful ideals of sexual practices. For instance, a qualitative study by Lodge and Umberson (2012) has shown that the worsening capacity to have partnered sex was interpreted by some older married couples as a failure to perform in line with the normative understanding of gendered heterosexuality. Some women interpreted a husband's lack of interest in sex as a sign that they were no longer attractive, while some men felt embarrassed because of erectile difficulties which prevented them from following cultural ideals of hegemonic masculinity and inhibited their interest in partnered sex (Lodge & Umberson, 2012). In contrast, maintaining sexual activity in later life, particularly after widowhood, has been found to be understood as a sign of vitality, strength, and successful aging (Calasanti & King, 2005; Štulhofer, Hinchliff, Jurin, Hald, & Træen, 2018; van der Geest, 2001; Yun, Kim, & Chung, 2014). Other qualitative research that separately explored male and female sexuality in later life have found that views on sex in older age is broad and context dependent and may go beyond the norms of sexual intercourse (Fileborn et al., 2017; Fileborn, Thorpe, Hawkes, Minichiello, & Pitts, 2015). For instance, both older women and men, even those after union dissolution, perceive sexual activity as a relevant source of intimacy (DeLamater, Koepsel, & Johnson, 2019; Fileborn et al., 2017; Gott & Hinchliff, 2003; Hinchliff & Gott, 2008). Some

of them may even experience this feeling while engaging in non-coital practices, which include holding hands or looking at a partner's naked body (Sandberg, 2013). Furthermore, the revision of meanings ascribed to sexual activity may occur after the loss of a lifelong partner. Some widowed women intentionally opt for sexual inactivity to demonstrate faithfulness to their deceased partners (Kasif & Band-Winterstein, 2017), indicating that religiously based norms co-shape meanings. The perception of sex as an inappropriate behavior in older age may also be strengthened by gendered-based ageism (Heywood, Minichiello, Lyons, & Fileborn, 2019; Lee, Carpenter, & Meyers, 2007), which portrays older women as unattractive and "asexual" (Calasanti & Slevin, 2001; Lee et al., 2007) and older men as potentially sexual. Later-life sexual activity in men can be viewed either as "dirty" or positive, signifying strength and good health (Calasanti & King, 2005).

Despite accumulating knowledge of the meanings of sex in later life, the existing literature remains rather disintegrated because it has focused on specific subpopulations of older persons (e.g., on women, on men, on couples). Moreover, little remains understood about why the importance of sex persists to some extent in later life despite the reduced frequency of sexual activity (DeLamater & Moorman, 2007; Gott & Hinchliff, 2003; Moreira et al., 2008). Little is also known about what sex means to older people who have and do not have a partner and access to sex. These issues still remain under-researched. With the use of the GSLC theoretical framework, this study aims to examine how persons aged 50 and over in various relationship situations understand the role of sexual activity in their lives. Specifically, we focus on the meanings they ascribe to sexual activity and how these understandings relate to the continuation, decline, and complete cessation of sexual activity.

Method

Participants

In-depth semi-structured interviews were conducted with 30 participants aged 50–75 (one of the interviews included two participants). The criterion of 50 years old was chosen for two reasons. First, sexual functions, such as lubrication and erection, beyond midlife become saliently affected (AARP, 2010; Mitchell et al., 2013). Second, this criterion represents a milestone where people begin to psychologically experience the period before the onset of old age, while they face more frequent physical manifestations of aging and age-related changes (e.g., menopausal transition-induced changes, such as cardiovascular disease, osteopenia/osteoporosis that contribute to weight gain; Atsma, Bartelink, Grobbee, & van der Schouw, 2006; Beaufrere & Morio, 2000). The informants were recruited at a hospital

through a preventive cognitive health program designed for people 50 years and older, and subsequently through a chain-referral technique. Informed consent was obtained from all individual participants included in the study. No incentive was provided for participation. The study was approved by the Institutional Review Board of the authors' university.

The theoretical sampling method was used to acquire a similar proportion of male and female informants (Strauss & Corbin, 1990). There were 17 female participants and 13 male participants in the sample. The average age was 61.1 ($SD=6.76$). The sample included participants with diverse levels of education: completed elementary school ($n=1$), completed secondary vocational school ($n=3$), completed high school ($n=13$), and completed university studies ($n=12$). Most of the participants were married ($n=17$). One of the participants self-identified as gay. Eleven interviewees lived alone and 19 lived with a partner. No participant suffered from cognitive impairment or severe health difficulties that would lead to disability or immobility; however, some ($n=7$) reported physical constraints or a previous illness. Table 1 provides an overview of the participants' characteristics.

All participants came from the ethnically homogeneous Czech Republic, which is regarded as one of the most secular countries in Europe (i.e., less conservative attitudes toward family and marriage) (Hamplová, 2000; Rabušic & Chromková Manea, 2012). The life expectancy of 78.7 years is comparable to the mean life expectancy in the EU, which is 80.6 years (CZSO, 2018). However, the Czech Republic is a former communist country which underwent specific social changes (e.g., secularization, socialistic emancipation, repression of pro-democratic movements, pro-family politics) (Lišková, 2018; Šiklová, 1997). This indicates that Czech society missed the sociopolitical movements and related discourses on aging and feminism that have been recognized in Western societies (Lišková, 2018; Vidovičová, 2004). With respect to sexual behavior, the sexual climate was shaped by a few important historical changes, such as the legalization of abortion, decriminalization of homosexuality in the late 1950s, and the launching of a large campaign in the late 1970s to propagate the idea that good sex contributes to the consolidation of marriage and the prevention of divorce (leading to an onset of a baby boom in the late 1970s; Lišková, 2018). Nowadays, vaginal intercourse is the most dominant sexual activity for the current Czech population aged 60 and over. Despite campaigns for the demythization of masturbation, this sexual practice remains less popular, with older men masturbating more (54%) than women (19%) (Steklíková, 2014). Moreover, older Czechs have also been shown to hold less liberalized attitudes toward masturbation when compared to younger Czechs (Weiss & Zvěřina, 2001), suggesting that there might be some generational differences.

Table 1 Characteristics of participants ($n=30$)

	<i>n</i>
Women	17
Men	13
Aged 50–54	7
Aged 55–59	3
Aged 60–64	10
Aged 65–69	9
Aged 70+	1
Position in the labor market	
Employed	11
Unemployed	1
Retired	14
Retired and employed	4
Current family status	
Married	17
Divorced	7
Widowed	6
Current relational status	
Live alone	11
Live with a partner	19
LAT	7
Importance of sexuality in later life	
Women (median)	4
Men (median)	6
Masturbation in the past 12 months	
Women	6
Men	10
Penetrative sex in the past 12 months	
Women	11
Men	12

Measure and Procedure

Semi-structured interviews were carried out between January and August 2017. Except for one participant, who was interviewed through Skype, all the remaining interviews were face-to-face. The average length of the recorded material was 1.3 h. Each interview was structured in three parts. First, the participants were asked about their socio-demographic characteristics and their partner's age and health (if they knew them). Second, participants were asked to rate the importance of sex in their current life on a 7-point Likert scale, which was derived from the World Health Organization Quality of Life Importance Scale (Gott & Hinchliff, 2003; Skevington, 1999). We used the scale in order to facilitate participants' accounts of their understanding of sexual activity at older age. Third, the semi-structured interviews included a set of questions that analyzed participants' sexual lives. They were theoretically driven by the sexual expression model developed by Carpenter (2010) and Carpenter and DeLamater (2012), and they mapped the

moments that affected the importance of sex (i.e., turning points) along with their onset (i.e., timing). We probed what happened during the transitional periods of participants' lives and based questions on the aspects of sexual life from which the participants derived importance. Furthermore, we asked interviewees how they perceived the impact of these events on sexuality, relationship functioning, and other life trajectories (e.g., the accumulation of (dis)advantageous experiences and the effects on other trajectories). We mapped how participants responded to challenging moments and negotiated their (sexual) needs (i.e., agency, sexual scripts); which sexual practices they engaged in, if any; whether and how sexual activities changed during their lives; from where participants gathered information about sexuality throughout their lives; whether and which body and health changes were part of the participants' interest or worries (i.e., physiological processes); what notions participants had when thinking about the role of gender (i.e., femininity/masculinity) in their sexual life (i.e., reflections upon gender); what were their memories of sexual maturation/sexual life in a communist regime (i.e., historical and generational context); and what thoughts came to mind upon hearing "sex" or lack thereof. If necessary, we asked informants to reflect on the meanings described in prior research (e.g., Gott & Hinchliff, 2003; Kasif & Band-Winterstein, 2017; Lodge & Umberson, 2012; Morrissey Stahl, Gale, Lewis, & Kleiber, 2019), and which sexual practices they engaged in during the previous year. The interview structure was not fixed; it varied according to the reported experiences.

Reflections of participants' sexual lives were facilitated by using a graph where the horizontal axis represented the participant's age and the vertical axis showed the importance of sexuality in the participant's life. Informants were invited to draw a line to help visualize the changes in the importance of sexuality during their lives (as compared to a timeline technique; e.g., Sheridan, Chamberlain, & Dupuis, 2011). This timeline graph served as an anchor for the interviews.

Data Analysis

The analysis of the transcribed interviews was guided by the grounded theory approach, the constant comparative method (Strauss & Corbin, 1990), and the principles of consensual qualitative research (Hill, 2012; Hill et al., 2005). Consensual qualitative research derives from grounded theory, a phenomenological approach, and other traditions, while consensus is its main distinguishing feature (Hill et al., 2005). The consensus is based on data consistency across participants and researchers, and it is ensured by a collaborative process within the research team. Different viewpoints and experiences from the team members are taken into consideration while discussing the data analysis, data interpretation, coder disagreements and differences, and ambivalent feelings, in order to reach the consensus (Hill, 2012). This method

allowed researchers to examine data, come to a consensus about their coding, and reduce the biases inherent from just one analyst.

The analysis consisted of three steps of open, axial, and selective coding, upon which the authors closely collaborated. In the initial phase of open coding, researchers independently and repeatedly read narrative transcripts, line by line, and coded all the relevant aspects of sexuality and links. In addition, the interviews were coded and interpreted with respect to the GLSC model (Carpenter, 2010; Carpenter & DeLamater, 2012). A detailed description of the components of the GLSC model (i.e., turning points; timing; psychological, biological, and social determinants of sexual life) was obtained for each participant. Simultaneously, while coding sexual expressions, we considered them to be gendered (i.e., occurring in a gender-related context) and we reflected upon them as part of the accumulation process for both positive and negative sexual experiences. This data coding facilitated the capture of links and the identification of repetitive patterns in the participants' sexual trajectories. At the end of this stage, the researchers discussed each participant case with respect to the sexual expression model, shared their interpretations, and discussed the emerging categories and their dimensions across the cases. In the axial coding phase, the analysis focused on the relationships between major categories (e.g., relational intimacy with a sexual partner) and subcategories (e.g., fear of loneliness), and their dimensions. The process of axial coding generated and stabilized key dimensions of the meanings of later-life sexuality. If needed, the paradigmatic model of axial coding was used to serve as a clue for creating relationships between the categories and subcategories (Strauss & Corbin, 1990). In the selective coding phase, we integrated partial results into the main themes.

Results

The study findings are drawn from interviews with participants who varied in sexual practices and for whom the importance of sex ranged from moderately important (for female participants) to very important (male informants). Twenty-three interviewees (11 women) engaged in vaginal intercourse, and 16 (six women) masturbated in the preceding 12 months (for further details see Table 1). In this study, we identified the three main themes which constituted the dominant understandings of sex in later life. They were linked to: (1) relationship, (2) pleasure, and (3) vitality and youthfulness. They varied with respect to what sexual activity and its absence meant to participants: to be with someone versus to be alone; to have pleasure from sex versus to face affliction related the loss of pleasure; and to be self-perceived as young versus to be self-perceived as really old.

Sexuality, Relationships, and Solitude

One of the crucial understandings constituted the theme of sex within a later-life relationship in which partnered sex signified being with someone, while the lack of sex was linked to being alone or the fear of being alone. This meaning was saturated with subthemes related to love, having/lacking someone close, re-partnering, relational intimacy, and sex as an integral part of a satisfying relationship. Predominately, female participants linked sex to a relationship and the expression of love and care that represented an important lifelong driver for sexual activity. Only a few male informants shared this perception of sex being inseparable from the expression of love. In this respect, male participants were more diverse and some of them even explicitly negated this notion and perceived of sex as being separate from love, albeit they still considered it to be an important part of a committed relationship (as we show below).

In this study, we found that the interconnection of sex and relationship was accentuated in later life. Engaging in partnered sex was interpreted to be proof and reassurance that they stayed with a significant other who witnessed their life, fulfilled their needs, and emotionally and socially anchored them in later life: “I don’t think that having sex means I am still attractive. No. I think that I want and need sex, because I have the companion beside me.” (Barbora, female, 63, divorced and re-partnered). Similarly, 53-year-old Sara described that after sex with her husband she felt more secure, relaxed, and assured that she was not alone. On the contrary, the absence of sex due to the loss of a partner evoked loneliness and generated worry about remaining alone, as described in the interview excerpt with 69-year-old widowed and not re-partnered male participant Karel:

What affects me the most are loneliness feelings. You know, I read a lot, I try to be active. In the village where I live, you may play volleyball, ping-pong, or ride a bike, so I have plenty of activities like these... During the day I do not feel lonely but when I come home in the evening, take a shower and when I am lying in bed, I often say to myself, well, what the hell when I’m here alone. If I only had someone by my side...

Karel was used to spending evening times with his deceased partner, devoting them to sex and relational intimacy. Another male participant, 75-year-old married Eduard had a long-term extramarital relationship and began to link a decline in sexual intercourse to the onset of emotional emptiness: “When sex is disappearing, then life is no longer normal. I have the impression that I am emotionally deprived. Until the time that I had no sex problem, there was no deprivation, everything was nice.” This deterioration of the emotional state occurred when the frequency of meetings decreased and Eduard started to have health problems that negatively

affected his sexual functioning (i.e., erection, ability to climax).

From the gender perspective, the findings suggest that the understating of partnered sex as the sign of a bond with a significant other started to dominate for men in later life. For instance, 51-year-old divorced and re-partnered male participant Gabriel admitted: “It’s more about relationships now. It’s totally about relationships. One starts appreciating the relationship, the family and sex, per se, must be part of it.” This shift in the perception of sex was apparent in men and not in female participants, who reported a lifelong emphasis on having sex within an emotionally valuable relationship.

The interconnection of sex and an intimate relationship made some participants consider sex as a potentiality, even though their sexual activity had diminished. Both men and women anticipated that later-life re-partnering would require resuming sexual activity: “If I find a new partner, I am open to respecting the fact that he wants to have sex once a week, if you want me to think of frequency. Sex would not be a priority for me but I respect that the man needs it more than me.” This 62-year-old widowed and unpartnered participant, Michaela, started to long for a new relationship. Even though she desired a relationship without partnered sex, she could imagine herself accepting a partner’s expectation for coupled sex even though she had been abstinent for 13 years. As this excerpt indicates, her understanding of gender roles in the relationship (e.g., a woman subordinates to a man’s sexual needs to allow the relationship to function) remained unrevised at older age. It is possible that her reasoning about later-life re-partnering was framed by scripts for relationship formation/dating which had been developed for people at a young age and which are characteristic of the expectation for sexual interaction being predominantly initiated by a man (Bartoli & Clark, 2006; O’Sullivan & Byers, 1992). The following excerpt of an interview with 69-year-old, widowed, and re-partnered female participant Karolina shows how partnered sex may become an inseparable part of re-partnering:

I used to have sex (vaginal intercourse) once a year. It’s not that I had not had sex for 30 years... Well, later it did not matter anymore. When I got older, when I was 50 years old, I did not miss it that much anymore... But now it works, and we have (vaginal intercourse) once per 14 days...

Karolina did not compensate for a shortage of partnered sex with masturbation or any other means. Despite these circumstances, she started to have regular sex after re-partnering in her 60s, indicating that following scripts for relationship formation had the potential to completely change one’s sexual trajectory in later life.

Partnered sex often remained as an inseparable part of a long-term committed relationship. To preserve penetrative sex, the participants were willing to cope with unfavorable

health conditions on their or their partner's side by adopting various behavioral measures (e.g., reducing masturbation frequency to strengthen erection for partnered sex, vaginal training to slow atrophy, introducing sex aids and sex toys to compensate for incapacities). Penetrative sex in such difficult circumstances represented not only an important source of pleasure and intimacy but also constituted a tool for maintaining a healthy long-term relationship at older age. Predominately male informants and a few female participants reported that partnered sex strengthened their feeling of couplehood, as shown in this interview excerpt with 61-year-old married Lukas: "... We are still together, she [wife] proposed to be just friends. But I said no way." This demand for sex was important for him since it helped to maintain the exclusiveness of the long-term marriage (i.e., his wife and the participants are still partners and not old friends).

Partnered sex was shown to solidify a later-life marriage. Its absence, on the contrary, was perceived as a threat to the long-term functioning of the relationship in the sense that the quality of the partnered sex could no longer buffer relationship disagreements. For instance, 62-year-old Veronika, whose husband resigned from coupled sex due to erectile difficulties, started to blame the lack of sexual contact and her partner's unwillingness to deal with his sexual problem for the deterioration of marriage functioning:

Even though I often disagreed with his [husband's] opinions and attitudes and his personality did not impress me that much, our sex used to be really good. Generally, I used to be satisfied with our relationship. Then it suddenly went down... I told him that there is no need to make love only via coitus, there are other ways.

In Veronika's case, coupled sex helped her to overcome the perceived shortcomings of her partner. This indicates that partnered sex has its own specific function in a long-term relationship and its disruption may stress later-life couples.

This linking of sexual activity with a relationship might be completely revised with the overarching aim to stay with a significant person. This was the case of two female participants in a committed relationship who deliberately ceased partnered sex (for them, this meant all sexual activity) in response to the menace of losing their husbands and experiencing the fear of being alone in later life. If serious health issues had a negative effect on both partners' sexual functioning and well-being, then refraining from sexual activity was about avoiding further health deterioration and psychological distress. Therefore, suppressing sexual demands literally helped to keep alive a lifelong partner with poor health and sustain the couple's life course, as described in this excerpt from an interview with 65-year-old married participant Kristina: "From my point of view, there was a big fear of his [husband's] illness. Once I visited him in the hospital and saw all those tubes and everything, I told myself, I would be glad

if he survived and stayed alive." For Kristina, the cessation of partnered sex did not mean the end of relational intimacy. The couple adopted a coping strategy in which the experience of intimacy and "closeness" was ensured by engaging in non-sexual acts (e.g., eye contact, caressing, hugging, cuddling, having breakfast together). In the following excerpt, 67-year-old married participant Dorota, whose sexual life was affected by her husband's health risks, described how physical proximity and touch became a source of intimacy:

It's satisfying for me when we lie together and hold hands. It is sufficient for me. It satisfies me... Sex is no longer in the first place, or it has never been so much that I had to have it.

In this view, the cessation of partnered sex in favor of maintaining a long-term relationship and the reorientation toward the expression of relational intimacy with non-sexual acts reflected the desire to be close to their partners.

Sexuality and Pleasure

The second meaning of sexual activity was based on a lifelong understanding of sex as a source of pleasure that enriched life, while its loss was likened to an affliction. This understanding was shared by the participants for whom the focus on pleasure constituted part of their self-perception as a sexually passionate individual. Specifically, some female participants stressed that they portrayed themselves as persons with lifelong positive attitudes toward sex and the types to take an active role in negotiating the sexual life. Sexual pleasure was primarily perceived as part of penetrative sex and was not mentioned with regards to autoeroticism and the necessary release of sexual urge, indicating that the linking of later-life sex with pleasure is tightly linked to a relationship. Nonetheless, male and female participants differed in how pleasure was experienced within coupled sex. Men put an emphasis on the exchange of pleasurable experiences with their partners, as mentioned in an interview with 51-year-old divorced and re-partnered Gabriel: "It is pleasant. It brings pleasant feelings both to me and to my partner. And I enjoy doing things that make my partner feel good..." In his and other participants' understanding, pleasing their partner amplified the experienced pleasure. By contrast, female participants such as 64-year-old, divorced, and re-partnered Nikola talked about pleasure within partnered sex and keeping the emphasis on one's own sexual satisfaction: "I am focused more on giving satisfaction to a partner by satisfying myself rather than being directly focused on doing something to satisfy him." This indicates that women needed to focus on themselves in order to get pleasure out of sex and to have a reason for leading a sexually active life.

The meaning of pleasure dominated older adulthood if sexual functioning—including the ability to reach orgasm—was intact and a partner desired coupled sex. However, our

participants found it more challenging to preserve the interconnection of sex and pleasure in later life. For some, sex became a synonym for an affliction linked to worries about the deterioration of sexual health, persisting sexual desire, the lack of access to sex, and insecurities. Male participants in particular shared worries about how fast their capacity for sexual performance would go down and when it would completely disappear:

I have no problems with the prostate gland, with the erection perhaps a bit. I don't take any pills. Of course, it's not as good as it used to be in my 30s. I hope I will keep it (capacity for having sex). Once a friend of mine told me that he was looking forward to becoming freed so that he won't have these desires any longer. Of course, we are people who have desires and these desires are nice. I would not like to give them up.

As with 56-year-old married participant Filip, most male participants in the sample were concerned with erection and aging problems that affected their capacity for having sexual intercourse and access to pleasurable experiences.

These worries were scarcely apparent in female participants, including among those after menopause. In our sample, sexually active women easily addressed the issue of postmenopausal changes, such as insufficient lubrication. Moreover, they were able to imagine themselves as sexually active even at advanced age, as shown in the interview with 65-year-old widowed participant Helena: "I do not want to say that I would like to have sex until 80, but until 75... those women have (sexual desire) and if (sex) is still possible, then I am for it." The only exceptions were 68-year-old married Anna and 58-year-old married Pamela. For Anna, the loss of the ability to have sex due to increasing vaginal atrophy represented similar worries that were observed in male participants. In the case of Pamela, climax became more difficult and reaching orgasm was linked to work: "In the end, it's always terribly nice, yeah. This orgasm is nice. I always feel really fine. My husband is happy as a flea in a doghouse. And it's really nice. But it's hard work." This excerpt shows how ambivalent sex was for her and how maintaining sex as a pleasurable activity had become more problematic.

Affliction particularly appeared when sexual desire endured despite barriers to having sex within a long-term relationship (e.g., a partner lacked interest in sex, a partner suffered from poor health). This discrepancy between a participant's and the partner's libido created tension that was followed by a desire to have a reduced libido and no longer demanding, as shown in the interview with 50-year-old married male participant Norbert:

But it seems to me that the times of calming down are supposed to come now or I would welcome such

a calming down of my sexuality, undergoing such a transition...I will be free from this (sexual urge).

This man introduced beliefs about weakening sexual drives with age as a hope that it would free him from the distress caused by a lack of coupled sex and simultaneously allow him to refocus his attention on other activities: "Maybe (the desire for other activities) is associated with the fact that at my age my father was a grandpa and my mum a grandma. And I would look forward to that, grandchildren or something like that."

The affliction also arose from acquired insecurities in sexual performance after a long-term break in partnered sex. We interviewed a married 62-year-old woman, Veronika, who reacted negatively to her husband's refusal to have partnered sex due to erectile difficulties: "I'm angry with my husband. He knows that it would be enough if he gave me a hug and somehow lightly touched me, or if he just showed me some physical closeness in another way. He knows he does not have to do much to make me climax." The same participant tried to compensate for a long lack of partnered sex but found herself to be insecure about her sexual performance, which deepened her frustration:

We were staying with one of my colleagues, a man, in an apartment. When we got there, there was already tension between the two of us. There was a double bed in one of the rooms and the tension was getting more intense when we joined the common room. Suddenly, I got into a panic and I felt the fear of failing, although I have been longing for it so much...

Veronika experienced several adverse circumstances, which included problems with the sexual health of her partner, the lack of penetrative sex, and undermined confidence in her sexual performance. An opportunity for casual sex, where sexual competencies were probably expected, did not allow her to overcome these adverse circumstances and, in contrast, resulted in further frustration because of the new barriers to pursuing sex and having pleasure from it.

Lastly, an unfavorable relationship situation in later life was found to give room for further beliefs about the appropriateness of pursuing sex and pleasure in older age. This was apparent in 63-year-old, divorced, and not re-partnered Katerina, who self-identified as a sexually passionate person and took responsibility for her sexual pleasure:

I feel that I do not need (sex). It does not say anything to me, but life is not as it used to be. It might be better if I had a partner. I would still like it, but...I sort of closed it up, or I find it not okay at my age. I know that people live sexually...maybe even into their 70 s, yeah. But it seems to me that it does not belong to my life situation anymore, or I do not consider it completely normal at my age.

This quote shows how Katerina found herself in an ambivalent position: longing for a relationship while questioning the appropriateness of partnered sex in later life. The interviews with her and other female participants who were in unfavorable relationship situations showed their difficulties to re-partner in later life. In this vein, some women, even those with a rich sexual history, started questioning the legitimacy of sex in later life when they had difficulties to find a new partner.

Sexuality, Youth, and Vitality

The last central meaning that the participants ascribed to later-life sex was linked to vitality (i.e., invigoration) and youthfulness within which sexual activity was linked to a youthful self-perception and its cessation signified the onset of real old age. This understanding reflected participants' views of and worries about aging, and it was saturated with several subthemes, including linking sex to life (i.e., an essential part of life), continuity, an uplifting effect that was invigorating, and the pressure of a young body. For some participants, this meaning worked as an underlying driver for sexual activity at later life. More precisely, sex stood for penetrative sex and was introduced as a synonym for youthfulness and feeling alive, while its cessation was seen as the onset of "real old age." This unavoidable reality in the presence of salient physical and health difficulties was shown in the interview with 65-year-old female participant Laura:

What would it mean for me (to cease my sexual life)? I suppose that we're old when we cannot do it anymore. So, this would mean for me, I would have to admit to myself that I'm old, I guess.

Engaging in partnered sex provided participants with the opportunity to feel and act vigorously, vitally, and youthfully. It helped them to distance themselves from the generalized definition of the "old man"—the stereotypical portrayal of a person with an illness, a physical dysfunction, and a dependence on the others. In this regard, 61-year-old married participant Lukas mentioned: "Otherwise, without (sex) I would feel clapped-out."

Furthermore, interviewees considered sex to be an integral and inherent part of life. Thanks to this notion, they—particularly men—put emphasis on the continuity of sexual activity in later life. By doing things which had been done in youth, in this case engaging in sex, they gained the experience of not aging or feeling aging-deceleration, as demonstrated in this excerpt of an interview with 63-year-old, divorced, and re-partnered male participant Johan: "So, I take (sex) as a natural thing. I like it as relaxation, a joy...to a certain extent, as I say to myself: I'm still young, it's fine, it's still the same as when we were young. Although it is not so often." Putting a strong emphasis on the

continuity of sexual activity in later life can be related to the experience of some male participants who hold solely negative beliefs about the cessation of sexual activity and view it as part of a terminal life stage. "I cannot imagine life without sex. According to me, this is in fact the end of life" is the way that 68-year-old married male participant Adam put it. By this emphasis, participants also expressed their worries about losing agency and requiring dependence.

Lastly, acting sexually was linked to invigorating experiences. The divorced and recently re-partnered 63-year-old female participant Barbora mentioned: "Sex charges me, it activates me. I like it. I'm more cheerful. I'm happier in my life and I want to do more things, like I want to be more active." In this excerpt, the informant, who lived with a significantly younger partner, provided a description of how an active sexual life positively affected her subjective well-being.

The analysis revealed that, for some participants, sexual activity represented proof of attractiveness. A few women said that they would interpret a potential partner's lack of interest in sex as a sign of being no longer attractive. One such demonstration was an offer in the interview with 68-year-old married female participant Anna: "For instance, we had not have sex for three quarters of a year and then I started to feel uncomfortable as woman. I had doubts like he [her husband] is not attentive that often." The issue of sexual attractiveness emerged in the preference for younger partners in later life. For some male interviewees, the partner's younger age showed their expectation that their partner would be sexually attractive, as demonstrated in the interview with 56-year-old married male participant, Filip:

I have a very nice woman, and she would probably arouse even a dead man, so I have it massively simplified. I think if I had a similar partner to myself [at a similar age] maybe I would cease my sexual life.

In the interview, Filip demonstrated that he was aware of his strong tendencies to both perceive women as sexual objects and to prefer younger sexual partners. However, his pattern of reasoning was similar to that which appeared in other interviews.

Discussion

This study aimed to investigate the meanings that older people ascribe to sexual activity and how these meanings relate to the continuation, the decline, and the complete cessation of sexual activity. The findings resulted in the identification of three dominant understandings of sex that emerged upon reflection of the aging process. Changes in health and sexual functioning and the threat of loneliness in older age pervaded the ascribed meanings and gave rise to newly emerged

understandings of sex: as a source of vitality and youthfulness, as proof of staying with a significant other, and as a challenge to experience pleasure in older age.

These dominant themes were found to be interconnected. They emphasized the role of partnered sex in their fulfillment, with two possible explanations. Firstly, partnered sex was preferred to masturbation. This might be typical for the Czech population aged 60 and over because it tends to hold less liberalized attitudes toward this sexual practice when compared to younger Czechs (Steklíková, 2014; Weiss & Zvěřina, 2001). Secondly, the focus on partnered sex may be emphasized due to a profound change that people undergo when growing old. Some participants considered coupled sex to be reassurance that they will not be alone in later life. This understanding is very much in line with the theory of socioemotional selectivity that postulates the reorientation from knowledge-related goals to emotion-related goals while aging (Carstensen, Isaacowitz, & Charles, 1999). As time horizons become shorter, older persons find it important to regulate emotions and focus on what is most essential, typically on meaningful relationships from which they mostly derive greater satisfaction. Therefore, the emphasis on partnered sex within a committed relationship may emanate from the prioritization of emotional goals.

The theory of socioemotional selectivity (Carstensen, et al., 1999) may also explain the shift in the importance of perceiving sex as a source of bonding that is observed in male participants. Irrespective of gender, interviewees might have started valuing sex for the purpose of bonding in response to the reorientation toward emotional goals. However, this change could be more pronounced in men than in females, for whom the prioritization of emotional goals could correspond to their lifelong perception of sex as the source of a bond and proof of being loved. It is also possible that male participants might have emphasized the linking of sex with bonding experiences at the expense of selfishly pursuing sexual pleasure in order to produce a good impression on an inquirer. However, other studies of male sexuality in older age have also shown that older men valued sex more for relational intimacy and found themselves to be more considerate while having partnered sex than ever before (Fileborn et al., 2017; Sandberg, 2013, 2016). One may even argue that men might have adjusted their approach to partnered sex in response to the deterioration of their sexual functioning, which allowed them to gain more stimulation for overcoming erectile difficulties, which is a dominant barrier for getting pleasure. Either way, reorientation toward emotional goals that include a greater emphasis on experiencing relational intimacy while having sex may very well be combined with the need for extended sexual stimulation to get an erection or vaginal lubrication.

Participants also perceived sex as an important part of relationship functioning and satisfaction. This link has been thoroughly described in prior literature about young and

middle-aged couples (Christopher & Sprecher, 2000; Yeh et al., 2006), indicating that the link between sex and relationship functioning may persist into older age. On one hand, this finding contrasts with prior qualitative research, according to which older couples tended to redefine their relationship to companionship by valuing the emotional aspects of marriage over sex (Fileborn et al., 2017; Lodge & Umberson, 2012). On the other hand, it is in line with other studies that point to partnered sex as a relevant part of a satisfying marriage (DeLamater et al., 2019; Gott & Hinchliff, 2003; Hinchliff & Gott, 2004). This discrepancy could be explained by the fact that we interviewed participants (a) for whom a relationship was solidified with sex (i.e., relationship disagreements were overcome with a satisfactory sexual relationship), and (b) whose sexual functioning and pleasure from having sex remained largely intact (an aspect that was also emphasized in study by Gott and Hinchliff (2003)).

This study also showed that partnered sex (i.e., penetrative sex) that was intentionally suppressed due to health deterioration and bonding/intimacy experiences was re-accessed solely via non-sexual acts (at least in the participants' view). This process has been described in various research studies (Hinchliff & Gott, 2004; Lodge & Umberson, 2012; Sandberg, 2013), with some of them arguing that older people may still perceive these activities as a sort of sexual act that is just adjusted to bodily changes (i.e., inability to perform penetrative sex, inability to climax; Hinchliff & Gott, 2004; Sandberg, 2016). However, some female participants from this study would not agree, probably due to the reason that their own sexual functioning remained intact and did not constitute a barrier for having sex. Nonetheless, they refocused on appreciating non-sexual physical contacts with their partners, which could again be explained by the theory of socioemotional selectivity in that non-sexual physical contact may reassure the partners that they still have each other (Carstensen et al., 1999).

The findings showed that the link between sex and pleasure may become fragile in older age and transform into an affliction because of difficulties to perform sexual acts and persisting sexual desire. In these circumstances, some participants had dramatic responses (e.g., a wish to have their sex drive completely diminished), and activated stereotypical thinking about their sexual life in older age, such as questioning the legitimacy of sex in older age. Interestingly, a similar process has been described in prior research (Gott & Hinchliff, 2003; Hinchliff & Gott, 2008), according to which participants considered age to be responsible for a decline in sexual activity in later life (i.e., a decrease in frequency was an expected aspect of “normal” aging). However, the findings indicate that some older people may even lean to ageist reasoning (i.e., become more vulnerable toward beliefs about asexual old age despite a history of a sexually liberated lifestyle). Probably, growing old in the Czech society, which

has been found to be ageist (Vidovičová, 2004; Vidovičová & Rabušić, 2005), may facilitate this reasoning and thus diminish older people's agency in negotiating partnered and sexual lives.

With aging, some older and predominately sexually active participants were likely to link sex to the meanings of vitality and youthfulness. Although the linking of later-life sexual performance to strength has been described in prior research (e.g., van der Geest, 2001; Yun et al., 2014), these results provide a more detailed view of how this understanding was generated. First, having sex represented as an instrument for delimiting from being or becoming “really old and unattractive” and being at the limits of one's functional capacity, which corresponds to the social imaginary of a fourth age—the state of dependency and lost agency (Gilleard & Higgs, 2015). Sexual activity and the associated agentic behavior within the spectrum of sexual expression may therefore represent a functional way to distance oneself from the image of the dependent person with lost agency. Second, being active and doing things throughout life, including having sex, could be invigorating. In this view, the continuity of sexual activity buffered the threatening feelings of aging and helped to slow down the perception of the aging process (e.g., Atchley, 1989). Third, sexual activity at later-life stages acted as one of many instruments to maintain an active body. Using Katz's (2000) perspective, maintaining an active body can be accomplished by keeping the body busy. Fourth, coupled sex in later life may also signal to older women that they are still physically attractive and able to be feminine. This result very much corresponds to prior research (Lodge & Umberson, 2012). Lastly, some people may incline to the overt preference for younger (sexual) partners as a way to explicitly distance themselves from their own internalized notions of getting old, which, in their view, could constitute a barrier for having sex at their age. Altogether, the linking of being or becoming “really old and unattractive” with the lack of coupled sex may explain why some older people put an emphasis on maintaining an active sexual life or having sex with a younger partner.

Interestingly, the participants did not explicitly link later-life sexual activity with health benefits, which does not corroborate the study by Calasati and King (2005). This might represent another cultural nuance, since older Czechs are generally known for a lower likelihood to age with good health compared to Western Europe (Eurostat, 2017). Another explanation could be that the sample included persons who were not particularly exposed to the discourse of the health benefits of sexual activity.

The dominant understandings of sexual activity in later life were found to be context dependent and represented an intersection of complex processes that Carpenter (2010) outlined in her GSLC model. We identified various examples of how different factors may shape access to sex in later life and

the meanings that older people ascribe to sexuality, including turning points (e.g., re-partnering, health deterioration); their timing (e.g., a loss of a partner, the onset of health, sexual problems); an accumulation of experiences (e.g., repeated failure to have penetrative sex); constructing gender (e.g., engaging in sex in order to feel youthful, feminine); adoption of sexual scripts (e.g., dating scripts); and other contextual factors (e.g., gender disproportion in the “dating market” with older women outnumbering men; Brown & Lin, 2012; Steklíková, 2014). At the same time, key understandings emerged in response to the reflection of the aging processes. Therefore, they took the shape of perceived dichotomies (e.g., to be with someone vs. to be alone; pleasure from sex vs. the loss of pleasure; feeling youthful, alive vs. feeling really old). Nonetheless, challenges related to aging are gender-specific. For instance, older men and women might differ in their concerns about the continuity of sexual activity since sexual activity in men is more likely to decline due to health issues rather than the loss of a sexual partner, while it is the opposite for women (DeLamater, 2012). This may have implications for the formation of the meanings that people ascribe to sex in later life.

Several study limitations should be noted. First, the findings were drawn from predominately white, heterosexual persons who grew up in a secular and former communist country. This indicates that the sociocultural background shaping their understanding of sexual activity may be specific in the sense that the Czech society has not dealt with the same sociopolitical movements and related discourses on aging and feminism as have most Western societies. Therefore, Czechs might have missed the opportunity to be sensitized toward ageism and sexism (Lišková, 2018; Vidovičová, 2004). Second, the study sample was diverse in terms of age (50–75 years old), indicating that they might have differed in experiences with historical and political changes, and to the extent which they perceived the pressure to conform to these politically driven social processes. However, the analysis showed that a sexual lifestyle may easily be overlaid with past life experiences. Third, the study was based on interviews with people who were willing and open to talk about their sexuality. The findings may not reflect the view of people with a reserved approach to sexuality and conservative attitudes toward sexual expression. Fourth, the interviewees were homogenous in terms of cognitive health and the absence of chronic physical conditions or disability, as only some participants reported the presence of physical constraints or an earlier serious illness. Moreover, the chain-referral technique might have contributed to sample homogenization. In this sense, the findings reflect the perception of sexuality among those healthy older adults who have their own household, privacy, and space for intimacy, and who are not part of institutions for social or health care. Fifth, the study did not disentangle possible differences in the

understanding of later-life sex among heterosexual and non-heterosexual older persons, which deserves to be elaborated upon in future research.

Despite these limits, the study included older people in diverse relationship situations, allowing for the analysis of the perceptions of partnered, unpartnered, and re-partnered persons. Moreover, this study showed how the perspective of meanings ascribed to sex in later life may help to disentangle the processes that lead some older people to use maladaptive coping strategies and be subject to ageist stereotypes when facing difficulties in sexual life. To conclude, the study findings suggest that the understanding of sexual activity in later life is ambivalent. The continuity of partnered sex is viewed as an instrument for mitigating the markers of getting old, while the threat of its decline may activate older people's desire for asexual aging or strengthen their negative views on aging.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Standard All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee, and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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