

# Perceived Sexual Health Needs of Older Women: A Systematic Review

## Abstract

**Background:** Maintaining and promoting sexual health in older women requires paying attention to and meeting their sexual health-related needs. This study aimed to determine older women's perceived sexual health needs through a systematic review. **Materials and Methods:** In this systematic review, studies conducted from the beginning of 2000 to August 28, 2022, were searched in Databases, Scopus, Web of Science, SID, Pub Med, and Google Scholar as a research engine. To access all English articles, keywords such as sexual health, sexual performance, sexual intercourse, sexual, need, demand, and women and their possible combinations were used using "AND" and "OR" operators. This research was implemented based on the criteria of the PRISMA checklist. The articles were evaluated using the STROBE and COREQ checklists. The thematic synthesis method was used to synthesize the data. **Results:** The sexual health needs of older women were categorized into four groups: restoration of violated sexual rights, elimination of age discrimination (ageism), promotion of sexual health literacy, and providing sexual health services. **Conclusions:** The sexual needs of older women have been neglected due to prevailing social structures of many countries, stigma, gender discrimination, and lack of sexual health literacy. In addition to the need for social and emotional support to adapt to the conditions of old age, these women need to achieve sexual rights, improve sexual health literacy, and receive health services.

**Keywords:** Needs, older people, sexual health, women

## Introduction

Old age, an inevitable part of human life's natural process, occurs constantly.<sup>[1]</sup> Aging typically includes three interconnected processes: physical, psychological, and social aging. The physical aging process is the changes caused by aging happening to the body over time. The process of mental aging is defined as the changes caused by personality growth and evolution, including emotional, perceptual, and behavioral changes. Social aging includes various processes of transition from one social base to another experienced by individuals during their lifetime.<sup>[2]</sup>

The development of healthcare services, followed by an increased life expectancy and decreased mortality and fertility rate, has led to a significant increase in the world's elderly population.<sup>[3]</sup> According to the World Health Organization, the proportion of older people aged 60 and over will reach 22% in 2050 from 12% in 2015. This increase in the elderly population has been affected by gender roles, with

the majority of the elderly population comprising women.<sup>[4]</sup>

Considering the growing trend of aging worldwide, it is indispensable to regard mental, social, and sexual health needs and their dimensions.<sup>[5]</sup> Today, health is a multi-dimensional and multi-layered phenomenon and one of the fundamental human rights. Consequently, physical, mental, social, and sexual dimensions of health are significant indicators of health status in individuals, especially in the elderly, which are of great importance in achieving successful old age and enjoying a quality life in different societies.<sup>[6]</sup> In this regard, sexual health is one of the most critical dimensions of elderly health. This dimension of health is when couples enjoy a healthy, appropriate, and normal sexual relationship. Accordingly, their physical, mental, and behavioral status is favorable and indicates harmony, devotion, and affection in married life.<sup>[7]</sup> Sexual health is an important part of one's quality of life and a sense of general well-being, which forms an inseparable part of the identity and personality of a complete human being,

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affecting the way they communicate with themselves, their wives, and other individuals.<sup>[8,9]</sup>

However, despite the importance of sexual health in older people, these individuals' most sexual health needs have remained unmet, and regardless of the growing elderly population, the existing stereotyped thoughts and opinions about their sexual issues persist.<sup>[10]</sup>

According to studies, aging has imposed obstacles in policies and programs in various sectors, such as education, work, social health and care, and retirement. It has also reduced older people's access to services, including health and social care.<sup>[11]</sup> On the other hand, older women face difficulties receiving the services they need, and health workers are more focused on providing their bio-medical needs.<sup>[12]</sup> Moreover, influenced by sexual schemas, older women's sexual performance after years of fertility is assumed unimportant.<sup>[13]</sup>

Currently, most health planning is focused on teenagers or women of reproductive age. The lack of planning in the field of old age and inadequate attention to these individuals' health affects their quality of life.<sup>[14-17]</sup> Providing a comprehensive and effective program to improve the sexual health of the elderly requires identifying the sexual needs of these women. Considering the dispersion of the studies conducted in this field, it seems that conducting a systematic review can provide a suitable summary of the sexual needs of older women in various studies. This study aimed to determine older women's perceived sexual health needs through a systematic review.

## Materials and Methods

The present study is a systematic review conducted with the approval of the Ethics Committee of Isfahan University of Medical Sciences in 2023. This research was implemented based on the criteria of the PRISMA checklist, and all research team members were responsible for implementing all processes. The purpose of this research was to address the following question: What needs and problems do older women have regarding sexual health? Accordingly, the study population consisted of older women whose sexual health needs were investigated to classify a systematic set of such needs.

To access all English articles, keywords such as sexual health, sexual performance, sexual intercourse, sexual, need, demand, and women and their possible combinations were used using the "AND" and "OR" operators. To maximize the comprehensiveness of the search, the reference lists used in all relevant articles found in the search were manually reviewed. SID, Pub Med, Scopus, Web of Science databases, and Google Scholar as a research engine were used to collect the required data. Moreover, all articles published from the beginning of 2000 to August 28, 2022, were evaluated [Table 1].

The main criterion for including studies in the present research was the published English and Persian articles (quantitative and qualitative) on the sexual health needs of older women. Exclusion criteria included a letter to the editor and no access to the full text of articles and studies presented in conferences, except for conferences related to international organizations. To select the studies based on the search strategy and the mentioned keywords, a list of all the articles was prepared from the mentioned databases. The titles of the searched articles were reviewed by the researchers, and duplicates were removed. In the next step, the title and abstract of the remaining articles were reviewed, and irrelevant articles were removed. Afterward, the full text of seemingly related articles was evaluated using the STROBE<sup>[18]</sup> and COREQ checklists.<sup>[19]</sup> for the selected quantitative and qualitative articles, respectively. Finally, the articles obtaining the least required quality evaluation score from the STROBE checklist (15.50) and the articles meeting all the criteria of the COREQ checklist were included in the study.

All the final articles in the study process were entered into a table for data extraction. This table included the authors' names, the year, type, location, and objective of the research, the number of samples, tools, and results. It should be noted that the data extraction was performed by one of the researchers. Afterward, the selected individual divided all the reviewed articles among other members for re-evaluation while interacting with these members during this process. These evaluations were performed while the second team member was present and controlled the process as the team leader.

Assessment of studies for risk of bias was implemented by two researchers separately using the Cochrane risk-of-bias tool,<sup>[20]</sup> based on which the studies' degree of bias is reported as unclear, low, or high. Accordingly, studies that were not methodologically high-risk were included in the study.

At this stage, the focus was on presenting a summary of the studies' main findings. Since the methodology of the reviewed studies was not identical, and quantitative and qualitative articles were included in the research, a thematic synthesis approach was used to combine the data, and the similar findings of the research were classified under themes.

## Ethical considerations

Ethical approval for this study was obtained from the ethics committee affiliated with Isfahan University of Medical Sciences, Iran (IR.MUI.NUREMA.REC.1401.157). Moreover, researchers were required to comply with the ethical considerations of publishing information in studies.

## Results

Figure 1 shows the flow chart of the study selection process. In this systematic review, 20 studies, including

15 qualitative studies, four quantitative studies, and one mixed-method study, were evaluated.

The results of the studies are listed separately in Table 2.

The results of the study were categorized into four groups of needs: promoting sexual health literacy, elimination of age discrimination (ageism), restoration of violated sexual rights, and policy for health planning, described separately.

**Restoration of violated sexual rights**

The most crucial needs related to the restoration of older women’s sexual rights based on existing studies include the need to express sexual desires, establish sexual relationships, respect privacy, express sexual interest and

emotions to each other, have sexual conversations, identify stereotypes and cultural norms, maintain sexual agency, and express sexual needs.

The need to express sexual desires, establish sexual relationships, express sexual interest and emotions to each other, and have sexual conversations are among older women’s fundamental sexual needs and rights. The lack of privacy in many older women is one of the most significant obstacles to its provision. Sometimes, older women live with their children and grandchildren due to underlying diseases or widowhood. Most women in Luz’s study expressed that despite their desire to have sex and express their sexuality, they needed privacy and primary conditions for sexual activities.<sup>[40]</sup>

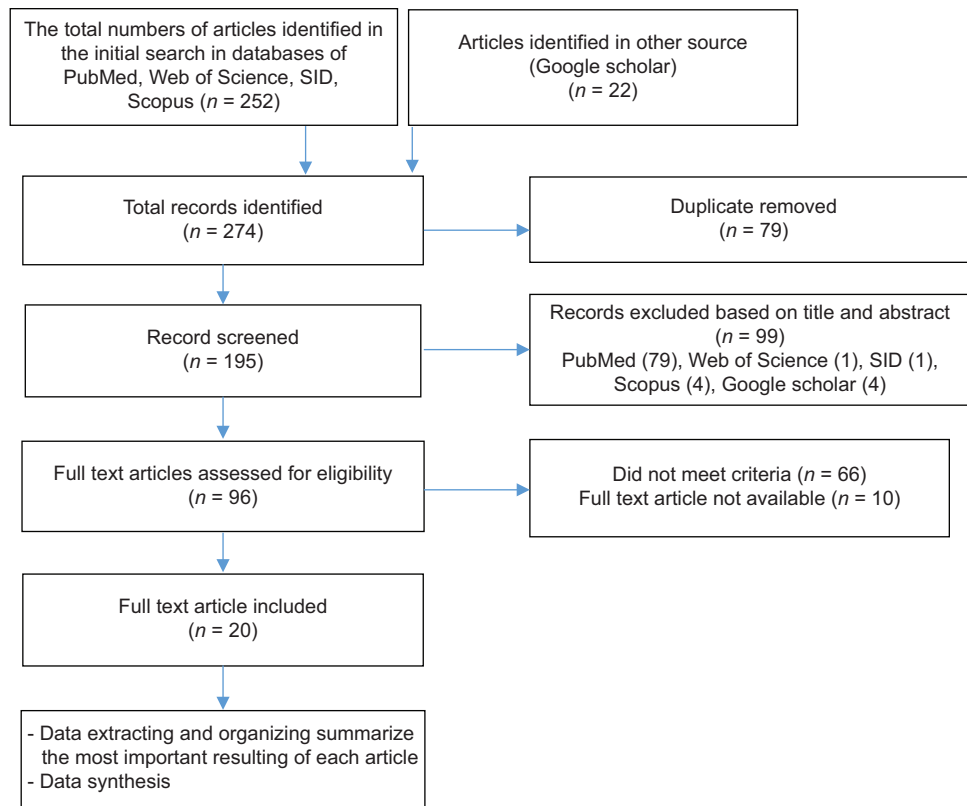


Figure 1: PRISMA flowchart of present study

**Table 1: Search strategy**

Data base	Search strategy	Results
PubMed	((“sexual health”[MeSH Terms] OR (“sexual”[All Fields] AND “health”[All Fields]) OR “sexual health”[All Fields]) AND (“aged”[MeSH Terms] OR “aged”[All Fields] OR “elderly”[All Fields] OR “elderlies”[All Fields] OR “elderly s”[All Fields] OR “elderly”[All Fields]) AND (“woman”[All Fields] OR “women”[MeSH Terms] OR “women”[All Fields] OR “woman”[All Fields] OR “women s”[All Fields] OR “women”[All Fields]) AND (“health services needs and demand”[MeSH Terms] OR (“health”[All Fields] AND “services”[All Fields] AND “needs”[All Fields] AND “demand”[All Fields]) OR “health services needs and demand”[All Fields] OR “needed”[All Fields] OR “needs”[All Fields] OR “needing”[All Fields])) AND ((ft[Filter]) AND (female[Filter]) AND (2000:2022[pdat]) AND (data[Filter]) AND (English[Filter]) AND (aged[Filter]))	229
Scopus	(TITLE-ABS-KEY (“sexual health” OR “sexual” OR “health”) AND PUBYEAR>2000) AND (TITLE-ABS-KEY (“sexual” OR “health” OR “elderly” OR “women”) AND PUBYEAR>2022)	20
Web of Science	TI= (“sexual health “ OR “sexual” OR “health” AND TI= (“elderly women” OR “elderly” OR “women”)	2
SID	The mentioned search strategy was adapted to SID	1

**Table 2: Features of the reviewed studies**

Author/Year/Reference Research type/Country	Aim	Sample size	Result
Gott, 2001 <sup>[21]</sup> Descriptive and analytical/UK	Determining informational needs related to STI and HIV/AIDS in the elderly	319 women and men	In this study, most participants needed to receive further information and training about sexually transmitted diseases after referring to behavioral clinics following high-risk behaviors.
Gott, 2003 <sup>[22]</sup> Qualitative/UK	Explaining the experiences of the elderly about the obstacles to seeking treatment for sexual problems	22 women and 23 men	Several barriers were identified as barriers to seeking help, including demographic characteristics, attitudes of the GP towards sexual desires, attribution of sexual problems to typical aging, shame/embarrassment, fear, and lack of awareness of appropriate services. These obstacles should be removed or reduced through logical planning.
Hinchliff, 2008 <sup>[23]</sup> Qualitative/UK	Explaining the sexual experiences of elderly women from challenges and social cultural stereotypes	19 women	Compared to men, women's health is influenced by numerous complications affected by many sociocultural stereotypes. It is necessary to express these obstacles in order to remove them.
Nyanzi, 2011 <sup>[24]</sup> Qualitative/Uganda	Explaining the sexual experiences of widowed older women from sexuality and sexual rights	44 women	Negative thoughts and social and cultural stereotypes lead elderly widows to hide their sexual desire. In order to secure their sexual rights, older women need independence to choose new sexual relationships.
Ravanipour <i>et al.</i> , 2013 <sup>[25]</sup> Qualitative/Iran	Explaining old women's view of sexual desire	15 elderly married women	In this study, three categories of factors affecting sexual desire were identified: dictated role, acquired management, and honored spirituality. In all three categories, the religious dimension played an important role. In addition to sociocultural and psychological factors, assessing sexual desire in older women requires consideration of a full range of spiritual and religious issues.
Menard <i>et al.</i> , 2015 <sup>[26]</sup> Qualitative/Canada	Explaining the successful sexual experiences of elderly couples	30 men and women	In this study, factors contributing to successful sexual experiences included: learning and acquiring information about sexual activity in old age, using experiences, mutual empathy, and deep emotional relationships.
Fileborn <i>et al.</i> , 2015 <sup>[27]</sup> Qualitative/Australia	Explaining Australian elderly women's experiences of sex, sexual desire, and pleasure	43 women	Participants expressed the need for education, awareness, and information resources to gain more control and independent choice in sexual experiences, desire, and ability to establish sexual relationships and pleasure.
Palacios <i>et al.</i> , 2016 <sup>[28]</sup> Qualitative/Spain	Describing the lived experience of Spanish elderly women living in nursing homes about their sexuality	20 women	In this description, three main categories emerged from the data: a) expression of sexuality, b) sexual desires as a duty, and c) respect for vows.
Fileborn <i>et al.</i> , 2017 <sup>[29]</sup> Qualitative/Australia	Explaining the views of older Australians on how to best support and/or improve their sexual lives.	53 men (n=30) and women (n=23)	In this study, the key issues that can improve and support the elderly's sexual life included: normalizing sex and sexual desire, improving the cultural norms of the elderly's sexual health, optimal policymaking, and educational and action-based changes in order to provide facilities for sexual education of the elderly.
Kasif and Band, 2017 <sup>[30]</sup> Qualitative/Israel	Description of behavior and sexual activity of widowed elderly women	17 widows between the ages of 62-91	In this description, three main categories emerged: (a) conservative attitude versus open attitude, b) building sexual identity throughout life, and (c) explaining and expressing sexual perception.
Ghazanfarpour <i>et al.</i> 2018 <sup>[31]</sup> Qualitative/Iran	Explaining the experiences of physicians and midwives from sex counseling with menopausal women	13 midwives and 12 general practitioners	In this study, sexual incompatibility was a main and challenging issue in maintaining sexual relationships. Stereotypes were among of the reasons for these inconsistencies.
Traeen <i>et al.</i> , 2018 <sup>[32]</sup> Retrospective section/ Norway	Determining changes in sexual interest and pleasure among elderly couples in Norway, Denmark,	The elderly population in Norway (676	In order to maintain sexual interest and pleasure, elderly men need to maintain general health, and elderly women need attention and provision of individual factors.

Contd...

Table 2: Contd...

Author/Year/Reference Research type/Country	Aim	Sample size	Result
	Belgium, and Portugal in the last ten years.	men, 594 women), Denmark (530 men, 515 women), Belgium (318 men, 672 women), and Portugal (236 men, 273 women).	Women's sexual desires and the expression of these desires are more dependent on social and cultural factors than men's.
Smith <i>et al.</i> , 2018 <sup>[33]</sup> Longitudinal, cross-sectional/UK	Determining the relationship between sexual activity, problems, concerns, and well-being experienced in the elderly	6879 women and men	In this study, the preferences related to the expression of sexual activity were different between the sexes. Sexually active women enjoy frequent kissing and caressing more than frequent intercourse. Concerns about sex life and problems related to sexual performance were strongly associated with men.
Moghasemi <i>et al.</i> , 2018 <sup>[10]</sup> Qualitative/Iran	Explaining Iranian women's attitudes and experiences of sexual life changes in middle age	17 women	This study found that under the influence of social beliefs, women did not express their sexual needs and desires honestly. Therefore, they need to be supported socially and culturally.
Erens <i>et al.</i> , 20119 <sup>[34]</sup> Mixed/ quantitative-qualitative/ UK	Determining the influence of the health of the elderly on their sexual activities	quantitative study: 3343 women and qualitative study: 23 women	The need to identify and treat the sexual problems of the elderly by healthcare activists and develop operational strategies in this regard was confirmed in this study.
Mernone <i>et al.</i> /2019 <sup>[35]</sup> Quantitative/Descriptive Analytical/Germany	Determination of psychological predictors of sexual performance in healthy middle-aged and elderly women	93 women	In this study, several psychological factors, such as emotional support, self-esteem, optimism, and life satisfaction, were identified as the sexual rights of the elderly. These factors significantly predict overall sexual performance, arousal, satisfaction, orgasm, and pain during sexual intercourse in the elderly.
Stahl <i>et al.</i> , 2019 <sup>[36]</sup> Qualitative/USA	Explaining elderly women's experiences of sexual pleasure pathways	16 women	According to the participants' opinions, for expressing sexual needs, cultural rules should be changed. Moreover, they considered learning and gaining awareness, cultivating intimacy with a sexual partner, being creative in sexual activities, and expanding the sense of sexual possibility in old age as the prerequisites for older women's sexual pleasure.
Hashemiparast and Naderi, 2021 <sup>[37]</sup> Qualitative/Iran	Clarification of processing considerations of the elderly in the expression of sexual desires	19 elderly men and women	In this study, the expression of sexual desires was considered essential in promoting sexual performance. Obstacles to expressing sexual desires included main categories of declining sexual life, traces of life's sufferings, discouraging sexual behaviors, and stereotypes in the sexual relations of the elderly.
Gore-Gorszewska, 2021 <sup>[38]</sup> Qualitative/Poland	Qualitative analysis of traditional versus evolved meanings of sexual activity among elderly women and men	30 women and men	In this analysis, it was found that partner intimacy as a main concept is of concern to older women, which is more important to women than men. Moreover, in this study, intimacy to achieve sexual pleasure was introduced as an essential part of a sexual relationship.
von Humboldt <i>et al.</i> , 2022 <sup>[39]</sup> Qualitative/Portuguese	Explaining sexual well-being by means of cross-cultural comparison between Portuguese and Slovenian elders	136 women and men	In this study, the main factors related to older adults' sexual well-being were extracted as follows: good health status, manifestations of love, joint non-sexual activities, general well-being and quality of life, partner support, positive self-image, being independent and active, sexual adaptation and masturbation when needed.

Social structures and cultural norms are other significant factors and obstacles in restoring older women's sexual rights. In many societies, menopause in women is considered the end of women's sexual life, and from society's point of view, menopausal women are not sexually active. However, such stereotypes and sociocultural norms are not accepted by older women. They consider sexual life after menopause a new experience and sexual life.<sup>[34]</sup> Fileborn's study showed that older women's sexual needs and desires were influenced by a wide range of cultural and social factors, leading to neglecting the needs related to their sexual rights. Most women in the study reported growing up in a social context where sexuality was not openly discussed. Moreover, masturbation was considered taboo and disgraceful, and the sexual stigma arising due to their old age was influenced by different cultures and societies and caused them problems in meeting their sexual needs.<sup>[27]</sup> Kasif's study, which addressed older widowed women's behaviors and sexual activities, showed that they did not express their sexual needs due to social restrictions and anomalies derived from age and menopause and attempted to hide their sexual desires and needs, which confirms the violation of older women's sexual rights and ignoring the needs related to those rights.<sup>[30]</sup>

Hinchliff's study, which explained older women's sexual experiences, emphasizes that, regardless of age discrimination and cultural taboos and stereotypes, many women need to explain the physiological changes of their aging with emphasis on menopause and express their sexuality.<sup>[41]</sup> Moghasemi's study showed that women, influenced by social beliefs, did not express their sexual needs and desires and needed their sexual needs to be socially accepted and supported.<sup>[10]</sup> According to the results of Hashemi Parast's study, regardless of sexual and cultural stereotypes, such as the dominant role of men in initiating sexual intercourse, women need to express their sexual desires and play an independent role in choosing their sexual experiences.<sup>[37]</sup> In their study, Stahl *et al.*<sup>[36]</sup> described the need to challenge social and cultural norms and constructions to create a supportive environment where sexuality with a life partner can be discussed.

By explaining older widows' experiences, Nyanzi's study showed that most of the elderly widows' sexual choices were made by others, including children and older relatives. These women's need for remarriage and sexual needs were often forgotten, and they were reluctant to express their sexual desires. On the other hand, due to patriarchal cultures, meeting these women's sexual needs was socially approved only in the case of marriage.<sup>[24]</sup>

Von Humboldt's study emphasized older women's need for independence, autonomy, and maintaining sexual agency in order to have active and energetic sexual relations in old age. It also stated that women at this age need to regain sexual independence due to the aging phenomenon.<sup>[39]</sup> Ravanipour's

study in Iran shows that women who admit that men have more sexual needs than women enjoy sexual activities less than those with a contradictory idea. Therefore, one of the reasons why women may not enjoy their sexual activities is rooted in the belief that their needs are not as much as those of men, and they have less sexual agency.<sup>[25]</sup>

### Elimination of age discrimination

According to Erens' study, in many cultures, women's sexual health is affected by ageism, and societies and families often regard older women as sexually undesirable or as individuals who lack the desire for sexual activity.<sup>[34]</sup> In Hinchliff *et al.*'s<sup>[42]</sup> study, regardless of ageism, older women needed to have sexual intimacy, express sexual desires, and have sexual conversations with their partners. They also needed to continue sexual activity diversely during the final years of their lives.

Based on Gott *et al.*'s<sup>[43]</sup> study, meeting older women's sexual health needs is problematic; older women's sexual health needs are neglected due to age discrimination and abnormal sexual relations in the elderly, which is a sociocultural issue. Ageism and subsequent negligence of older adults lead to numerous unexpressed sexual needs in older women. In fact, ageism can be considered one of the most critical obstacles to expressing sexual needs in these women. According to the studies by Gott *et al.*, women need to receive emotional support, unusual sexual relations, empowerment counseling, and psychosexual rehabilitation; however, due to ageism in societies, they refuse to express and meet these needs.<sup>[22,43]</sup>

The results of Hashemi Prast's study show that one of the significant reasons for hiding sexual desires in older women is the concern about taboos related to aging, the lack of intimate relationships, the incompatibility of the spouse, and receiving negative feedback from the spouse.<sup>[37]</sup> Von Humboldt's study showed that to care for their sexual health and well-being, women had a greater desire for affection to be expressed variously by their sexual partners; however, they usually refrained from expressing this feeling due to aging.<sup>[39]</sup> Smith's study indicated that compared to older men, older women needed more kissing and caressing to achieve greater sexual pleasure. Nevertheless, they did not express it due to the limitations of aging.<sup>[33]</sup>

### Promotion of sexual health literacy

According to studies, older women's most essential needs to promote their sexual health literacy include increasing sexual knowledge through information exchange and accurate interaction with healthcare providers and sex therapists, as well as using the precise media to search for information, which can lead to sexual self-care. The description of these studies is as follows: Stahl *et al.*<sup>[36]</sup> show that in order to maintain pleasurable sexual relations in old age, women need to receive information and knowledge about the physiological changes of the reproductive system

in old age and practical methods for sexual stimulation and higher pleasure. According to the results of the study by Fileborn, significant changes in life, such as menopause or being involved in surgeries and chronic diseases, lead to the emergence of diversity in the sexual experiences of older women, and therefore, receiving information from healthcare providers, sex therapists, and the media is required. In this study, women expressed concern about receiving no information from healthcare providers regarding the effects of medical interventions on sexual performance.<sup>[42]</sup>

According to Relhan and Miotto's studies, the rate of STIs among older age groups has dramatically increased in recent years. Older people lack information about sexually transmitted diseases but strongly desire to obtain it if provided with an opportunity. Consequently, there is a need to encourage safer sexual activities in older age groups.<sup>[23,44]</sup> According to Gott CM's study, most older people have high-risk sexual behaviors; however, they do not receive the necessary information when referring to healthcare providers.<sup>[21]</sup> Fileborn's study emphasizes the elderly's need for educational facilities and programs to promote and improve their sexual health literacy. In this study, the majority of older people expressed that, similar to women of reproductive age, they needed to participate in specialized educational programs and courses in the field of sexual health, and receiving the necessary relevant training could provide a high level of self-care.<sup>[29]</sup>

### Providing sexual health services

Providing sexual health to older women should be consistent with their needs. Older women need to receive sexual services regardless of cultural and attitudinal biases and healthcare providers' judgment. Nyanzi's study showed that many services according to the sexual rights of older women were not available for them. In this regard, he emphasizes that sexual counseling services should be strengthened to meet older people's needs. Moreover, service providers need to be empowered in order to provide efficient service, and the capacity building of the staff of these services should include regular training courses on how to deal with older clients without assuming that all of them are sexually incapacitated due to old age.<sup>[24]</sup> Erens's study accentuates that health activists should develop programs related to providing services to older people. He also does not consider medical interventions suitable for older people since the medication therapy provided to these women does not necessarily lead to an increase in their sexual satisfaction.<sup>[34]</sup> Gott's study indicates a need for a comprehensive plan by the authorities for older people to enjoy sexual health. He emphasized considering specialists with the ability to provide care and thorough consultation.<sup>[22]</sup> Considering religion and providing services in accordance with religious principles and beliefs are other issues that should be taken into consideration by health activists and in their planning when providing sexual health

services for older women. In this regard, Ravanipour's study showed that some women adhered to their religious principles in meeting their sexual needs, paying attention to which affected all dimensions of sexual health. In this study, women sought spiritual satisfaction in their sexual behaviors and considered the behaviors contrary to their religion and beliefs irrational. These researchers emphasized policymakers' plans based on religion and culture.<sup>[25]</sup> In Palacios's study, most women believed that the reason for limiting their sexuality and not remarrying was their commitment to their deceased husband and their religious beliefs. Some women considered themselves accountable to God; therefore, they sought to meet their husbands' needs and sometimes engaged in sexual relations against their sexual desires. Consequently, most believed they needed to receive non-judgmental sexual services independent of their sexual beliefs and commitments. These researchers emphasized the localization of programs developed for each region and state.<sup>[28]</sup>

### Discussion

This study aimed to determine older women's perceived sexual health needs through a systematic review. The sexual health of older women is changeable throughout their lives, and they experience a wide range of needs. Improving older women's sexual health requires providing sexual services based on their actual needs.

Regarding the restoration of violated sexual rights and elimination of ageism, older people face a wide range of health, social, and cultural barriers that can limit or alter their ability to participate in sexual activity; accordingly, their sexual health is put at risk.<sup>[37]</sup> Despite the profound physiological changes of aging, the nature of older women's physiological needs is stable; however, the way they are expressed changes due to various factors such as aging, chronic diseases, living conditions, and sociocultural factors, which require more attention to solve them in a safe environment.

Traditional gender roles and social and cultural attitudes on sexuality can shape sexual activity and desire at older ages.<sup>[45]</sup> Diverse views and attitudes toward the sexual health of the elderly are shared in all societies to varying degrees. Because the elderly's cultural and sexual identities are diverse in societies,<sup>[46]</sup> identifying and meeting the sociocultural needs of women's sexual health plays an important role in improving their sexual health. The elderly suffering from sexual problems may not be reported due to social, cultural, and ethical barriers.<sup>[47]</sup> Therefore, research and interventions on the elderly's sexual desires require an understanding the deep cultural and ethnic sensitivity.<sup>[48-50]</sup> Based on the results of the present studies, to promote older women's sexual rights, societies and cultures need to review cultural norms with a focus on lifelong married life for the elderly and reassess stereotypes by removing prejudices and false and socially unbalanced traditions.<sup>[22,39,42]</sup>

Another finding of the present study was the need for sexual health literacy for older adults.<sup>[34,29]</sup> It is important to express sexual needs and relevant activities. Some studies used in this research have correctly emphasized the importance of sexual expression, whether or not it leads to sexual intercourse. Paying attention to the positive psychological, biological, and relational needs is key for these women to facilitate desire, pleasure, making love, and sexual satisfaction.<sup>[36,51]</sup> The main advantage of the sexual desires of the elderly is that the parties' constant need for each other is determined, and the sexual desires are more human and natural.<sup>[52,53]</sup> Therefore, in order to maintain the sexual health of older women, it is recommended that emotional needs such as the need for attention, support, empathy, and conformity, non-sexual methods such as kissing, touching, and hugging should be given more attention and encouraged by sex therapists to be expressed to sexual partners. A good relationship and emotional expression allow the partner to deal with other problems related to sexual intimacy resulting from illness. Furthermore, a supportive partner allows for sexual well-being by increasing sexual intimacy in old age.<sup>[34]</sup>

In addition, inadequate sexual health information and literacy cause false sexuality-related stereotypes to increase and spread among this age group. Sexual stereotypes, such as the wrong belief of the lack of sexual desire in old age, prevent the emergence of sexual desires in women. On the other hand, due to the increase of sexually transmitted diseases in the elderly, older women are at risk of contracting these diseases, and they need to receive information and knowledge on prevention methods and protective sexual services.<sup>[54,55]</sup>

According to the results of the present study, one of the other sexual health needs of older women is the need to provide sexual health services. In order to provide reproductive and sexual health services to older women, paying attention to common sociocultural and religious norms is of particular importance. Prevalent sociocultural and religious norms are other essential factors in the formation of sexual desires and behaviors of older women, which should be specially taken into account.<sup>[25,56]</sup> In general, when dealing with older women's sexual problems, health service providers should be able to take into account factors affecting women's sexual health, including lifestyle and individual needs and preferences, with a comprehensive view.<sup>[34]</sup> In some studies,<sup>[21,31]</sup> the lack of necessary instructions to deal with the problems related to the mentioned factors, the reluctance of service providers due to inadequate knowledge in this field, and the lack of required sensitivity are mentioned as service delivery problems. In these studies, the need to receive precise sexual services based on consistent and efficient programs that help older women's sexual health, which is the optimal policy by policymakers, was raised. Moreover, Nateri *et al.*'s study emphasizes that menopausal women use problem-oriented strategies such as social support to deal with their sexual problems, which requires providing training to

health service providers. Therefore, health service providers should receive the necessary training on strategies to solve women's sexual problems to provide efficient services<sup>[57]</sup>

The present study was an attempt to present the significant actual needs of older women by comprehensively examining the perceived sexual health needs of these women in different dimensions. The results of this study can be a basis for conducting more comprehensive studies on older women's general needs. Another limitation was the lack of studies in less developed or underdeveloped countries was the main limitation of the present study. Lack of access to several databases and the full text of several articles.

## Conclusion

Older women experience numerous changes in their sexual interactions due to the profound changes resulting from aging and related events, including menopause, which can affect their sexual health in different dimensions. The most significant problems of these women are a violation of sexual rights, age discrimination, lack of sexual health literacy, and weak policies in this field. Valuing the expression of older women's needs and encouraging them to fulfill that, improving the knowledge of these women by improving their interactions with healthcare providers, familiarizing them with accredited media, developing an anti-ageism culture, and recommending policymakers and activists to compile effective plans and efficient methods in this field can respond to these women's perceived needs.

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## Conflicts of interest

Nothing to declare.

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