



Social Psychology

# Gender and sexuality in intimate relationships: Interpretation and experiences by elderly women

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### Abstract

This research aimed to understand the older women's meanings and experiences attributed to gender relations and sexuality in their intimate relationships. Twelve women attending an Elderly Care Unit in a city in the state of Minas Gerais/Brazil were interviewed. Three categories were established from a thematic content analysis: Sexuality education influences, Sexuality standardization, and Aging sexuality resignifications. The main results highlighted that the participants received a morally rigid education that reinforced traditional gender roles (double sexual morality), generating misinformation, fears, shame, uncertainties, and doubts about femininity and sexuality that could, however, be reformulated during aging due to new experiences and knowledge and, thus, their meanings and experiences moved from gender and sexuality traditional conceptions to their questionings.

**Keywords:** aging; elder; marriage; sexuality; gender.

## GÊNERO E SEXUALIDADE NOS RELACIONAMENTOS ÍNTIMOS: SIGNIFICADOS E EXPERIÊNCIAS DE IDOSAS

### Resumo

Esta pesquisa objetivou compreender os significados e as experiências atribuídos por idosas às relações de gênero e à sexualidade vivenciadas em seus relacionamentos íntimos. Entrevistaram-se 12 frequentadoras de uma Unidade de Atenção ao Idoso (UAI) localizada em uma cidade do interior de Minas Gerais. A partir de uma análise de conteúdo temática, foram estabelecidas três categorias: "Influência da educação para a sexualidade", "Normatização da sexualidade" e "Ressignificações sobre a sexualidade durante o envelhecimento". Os principais resultados destacaram que as participantes receberam uma educação (formal e informal) moralmente rígida que reforçou papéis tradicionais de gênero (dupla moral sexual), gerando desinformações, medos, vergonhas, incertezas e dúvidas sobre a feminilidade e a sexualidade que, todavia, puderam ser em parte reformulados durante o envelhecimento em razão das novas experiências e dos novos conhecimentos (com a participação na UAI), e, assim, os significados e as experiências delas transitaram entre concepções tradicionais e questionamentos das relações de gênero e sexualidade.

**Palavras-chave:** envelhecimento; idosos; casamento; sexualidade; gênero.

# GÉNERO Y SEXUALIDAD EN LAS RELACIONES ÍNTIMAS: SIGNIFICADOS Y EXPERIENCIAS DE ANCIANAS

## Resumen

El objetivo de esta investigación fue comprender los significados y las experiencias que las mujeres mayores atribuyen a las relaciones de género y a la sexualidad en sus relaciones íntimas. Se entrevistó a doce mujeres que asistían a una Unidad de Atención al Anciano en una ciudad de Minas Gerais/Brasil. A partir de un análisis de contenido temático se establecieron tres categorías: “Influencia de la educación sexual”, “Normalización de la sexualidad” y “Resignificaciones de la sexualidad durante el envejecimiento”. Los principales resultados destacaron que los participantes recibieron una educación moralmente rígida que reforzaba los roles tradicionales de género generando desinformación, temores, vergüenza, incertidumbres y dudas sobre la feminidad y la sexualidad que fueron reformulados en el envejecimiento debido a las nuevas experiencias y conocimientos. Así, sus significados y experiencias pasaron de concepciones tradicionales de género y sexualidad a cuestionamientos.

**Palabras clave:** envejecimiento; matrimonio; anciano; sexualidad; género.

## 1. Introduction

In the last decades, the Brazilian population has faced an increase in life expectancy and, consequently, in the number of elderly people – most of them women, living five to eight years more than men, a phenomenon referred to as feminization of old age (Cabral, Lima, Rivemales, Souza, & Silva, 2019). Nevertheless, these women are getting older in worse health conditions (due to family, social and professional inequalities), besides suffering oppressions and repressions that control their bodies and sexuality due to gender (women) and generation (elderly) properties (Sousa & Sirelli, 2018).

The aging process relates to other social features that contribute to constructing historical individuals who are unique yet submitted to power hierarchies that interfere in their sexual experiences and intimate relationships (Santos & Lago, 2016). The elderly of nowadays were probably raised and exposed to a traditionalist, moralist, heterosexual, monogamous, and indissoluble family model (Alves-Silva, Scorsolini-Comin, & Santos, 2016), i.e., they experienced rigid gender-based asymmetries based on the sexual double standard that imposes restrictions on women’s sexuality and public life (schooling, labor and so on) (Queiroga, Magalhães, & Nogueira, 2018; Zanello, Fiuza, & Costa, 2015).

Zanello et al. (2015) argued that women subjectivation and their sexuality are challenged by heteronormative gender norms, such as marriage/love, maternity, and silencing; thus, there are expectations for a resigned love relationship, sexual renunciation, modesty, dedication to the family and adaptation to aesthetic standards, among others. Thus, from the elderly women, attitudes such as asexuality, purity, de-eroticization, obedience, conformism, and the medicalization of their sexuality are expected (Fernandes, Barroso, Assis, & Pocahy, 2015; Santos & Lago, 2016).

Despite the mistaken relationship between aging and asexuality, Vieira, Coutinho, and Saraiva (2016) and Rodrigues, Portilho, Tieppo, and Chambo (2018) argue that sexuality does not end over the years, even with biological and hormonal changes. These authors point out that the libido, the search for pleasure and satisfaction, and the sexual interest are influenced by many factors beyond the biological ones (such as previous experiences; sexual opportunities; life history; support by partners, family members, health professionals, and sociability group; quality of intimate relationships; health and economic conditions; education).

An integrative review about the menopause repercussions on older women (Crema, De Tilio, & Campos, 2017) demonstrated the expressiveness of international research with quantitative assessment on the biological and sexual condition of older women, whereas fewer qualitative investigations with (exclusively) older women in the post-menopause stage are found. This scenario encourages research on women aging in Brazil and their demands, including the sexual ones and the gender-based relations that cannot be restricted to biological or physiological approaches (Souza et al., 2019).

Thus, qualitative research that emphasizes older women's perspectives, interpretations, and experiences with sexuality and gender-based relations in their intimate relationships is highly relevant. Therefore, this research aims to understand the meanings and experiences attributed by older women to gender relations and sexuality based on their intimate relationships.

## 2. Method

### 2.1 Type of Study

Descriptive and qualitative research with transversal design. This kind of research seeks to understand a phenomenon through the individuals' own

interpretation of their social relationships. The transversal design is characterized by obtaining information at a specific moment in time (Turato, 2013).

## 2.2 Scenario

Since 1986, the city hall of a medium-size city (approx. 300 thousand inhabitants) in the State of Minas Gerais (Brazil) offers a health care service named Elderly Care Unit (ECU) that serves the public from Mondays to Fridays, from 8 AM to 6 PM. This service had (in September 2020) approximately 3100 registered elderly people (2325 women and 775 men). The offered services were aiming to increase the participants' quality of life and well-being through literacy activities, manual crafts, nutritional assessment, social and psychological care, health promotion and disease prevention, pedagogical workshops, socio-educational and cultural activities, trips, and physical activities (Nardelli et al., 2016). A Multi-professional team (social workers, physical education professionals, nurses, physical therapists, pedagogues, nutritionists, psychologists, occupational therapists, computer and art-crafts instructors) is responsible for coordinating the activities.

## 2.3 Participants

Fictitious names replaced the names of the participants. The sample consists of 12 women (Bertha, 61 years old; Dandara, 63 years old; Maria, 64 years old; Elza, 66 years old; Nísia, 67 years old; Joana, 68 years old; Judith, 69 years old; Valentina, 70 years-old; Leila, 72 years-old; Angela, 73 years-old; Patrícia, 74 years-old; and Simone, 78 years-old) who all suit the inclusion criteria (women; older than 60; with active registration at the ECU; who experience or have experienced long-term relationships) and exclusion criteria (no longer attending the ECU or with the registration canceled).

The participants' age ranged between 61 and 78 years old (68.75 years old on average). Currently, eight participants are married, two live together (not married) with their partners, one is a widow, and one has a boyfriend. The average duration of intimate relationships is 36.36 years (between 47 years of marriage and eight years of dating). Even in cases of widowhood, the intimate relationships have/had a long-term duration (Simone and Patrícia have been married for 52 and 40 years, respectively). Two participants reported separations and divorces (Bertha was married for 15 years, and now she and her partner have been living together for 25

years; Nísia was married for four years, and now she and her partner have been living together for 31 years). Eleven participants have children (one to five children, with an average of 2.16 children by each participant), one does not have any. Five participants have incomplete elementary/middle school, one has incomplete high school, one has complete high school, two have a license for teaching (equivalent to high school), and three participants have complete higher education. Eight participants are self-declared Catholics, three are self-declared Spiritists, and one declares to have no religion. Nine participants are retired, and three have jobs; two participants reported that the personal income comes exclusively from their partner. Ten participants reported doing domestic activities; four participants reported dedicating to family members and/or animals; four participants perform artistic and manual art-crafts. Five participants regularly perform physical exercises.

Seven participants reported having an inactive sexual life – four of them justifying the sexual restraint due to their partners' erectile dysfunction; Of these, two reported masturbation practices, even though they do not recognize such practice as sexual life. Five participants reported active sex life, with frequency described as “sometimes” (two to three times a week; or unspecified). Two participants who reported active sexual life included masturbation, but one mentioned to have stopped it after medical contraindications (possible health problems due to this practice).

## **2.4 Instruments**

The data was obtained through semi-structured interviews based on a script created by the researchers. The questions approached sociodemographic data and specific topics such as past and present sexual life, intimate relationships, gender roles in intimate relationships, sexual information, and experiences.

## **2.5 Data collection and analysis:**

Prior to data collection, an appointment was made with the coordination of the ECU to clarify the research objectives and procedures. Then, the ECU registration database (ASocial – software that compiles the registered subjects' characteristics) was accessed, and the first elder woman on the admission list, according to the inclusion criteria, was contacted by the researchers (in case of refusing participation, the next one on the list was contacted; In the first case of inclusion and acceptance,

the interview was scheduled and carried out). For the recruitment of the other participants, the reference chaining strategy was applied (i.e., each new participant was indicated by the previous one and included, as long as she fits the inclusion criteria) (Turato, 2013). However, some participants did not indicate others; In this case, ASocial was reached, and the next elder woman on the list was contacted. The recruitment was finished when twelve interviews were completed considering (after evaluation by the researcher and an independent judge) the data saturation criteria (Minayo, 2017).

Each interview was audio-recorded and took place in a reserved room of the ECU, lasting approximately one hour. The interviews were transcribed, printed and their content was organized into categories according to the procedures for thematic content analysis based on semantic criteria, as proposed by Braun and Clarke (2006) and Turato (2013). Such procedures include: thorough reading and comparing each interview; and identification/selection of similar excerpts in the set of interviews for the elaboration of the categories. It is important to mention that the selection/approximation of the excerpts observed semantic criteria related to the similarity of meanings. However, due to the limits of this paper, only the most illustrative excerpts of each sub-theme/theme have been presented. The categories were analyzed based on qualitative interpretations of the data from the theoretical framework, with the consistency of the categories being evaluated and approved by an independent judge.

The theoretical framework includes recent research on aging, female sexuality, and gender-based intimate relationships, as well as authors and theories that refuse to address sexuality(ies), gender(s), and aging(s) exclusively in biological terms, such as Judith Butler (2016), Michel Foucault (2014), and Guacira Louro (2014). These authors' approach to these issues and their relationships is based on historical and social power relations analysis.

The Ethics Committee approved the research at the researchers' university (CAAE 55045116.6.0000.5154 – Plataforma Brasil).

### 3. Results and discussion

Based on the collected data, three thematic categories were set *a posteriori*: Influences of sex education; Standardization of sexuality and Resignifications about sexuality during the aging process). The sub-themes are presented in Figure 3.1:

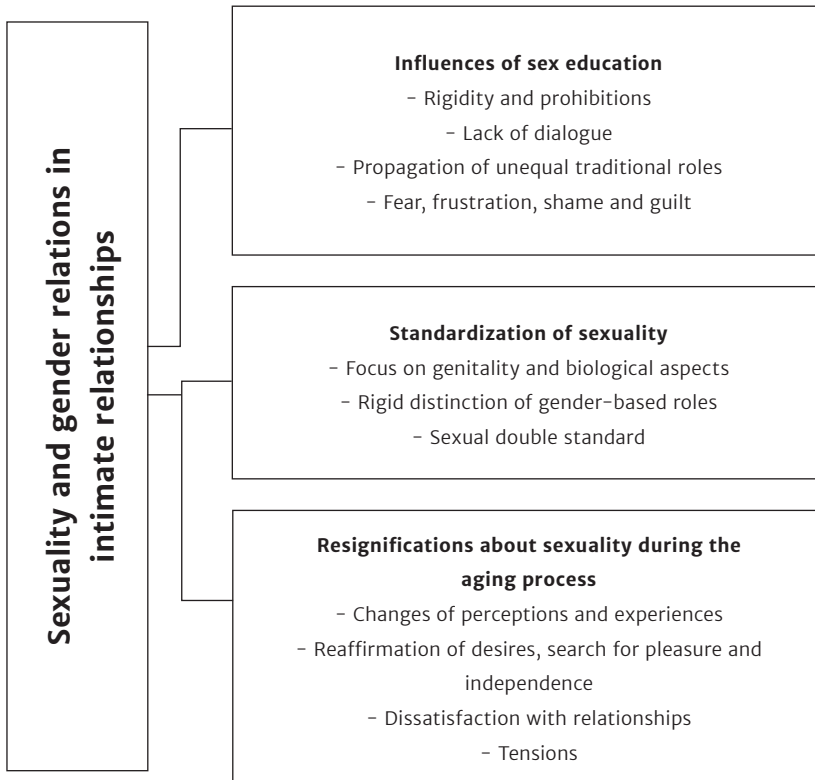


Figure 3.1. Subthemes and thematic categories.

### 3.1 Category 1: Influences of sex education

All participants reported having received from their parents and caregivers an education full of taboos, moral and religious values crossed by moral traditionalisms of sexuality and gender, that is, differentiated attitudes and expectations for men and women. The lack of dialogue about sexuality, intimate relationships, and their own body was highlighted, indicating insufficient knowledge by the participants about these matters. These data match with Queiroga et al.'s (2018) (in a survey with Portuguese women over 65 years old), who identified in the elderly women reports a paucity of discussions about sexuality between them and their families, as well as the perpetuation of myths, taboos, prejudices and biological dichotomies regarding gender roles (i.e., women submission and passivity).



The participants reported that significant issues about sexuality (menarche, sexual relations, contraceptive strategies) were not addressed in their youth and adult life either by their families or in socialization places (schools):

In our time, we got married like a fool. Because the parents of the old days were already very closed off, they didn't explain to us how life was. I even became a girl [menarche] pretty late – when I was already 16. I didn't know what it was, cause my mother didn't use to talk. So, it scared me (Judith, 69 years old).

No, we were taught that we could not have sex, there was no talk about menstruation too... so, we did not know anything because my poor mother... she had no structure to talk to us about it (Bertha, 61 years old).

The elders (mostly women) of Uchôa et al.'s (2016) study also reported how unprepared they felt at the beginning of their sexual life because they were not used to talk about it with their relatives and obtained sexual information from friends. The lack of dialogue about sexuality was pointed out by most of the participants as difficulty in affective and intimate relationships with their partners. In the rare situations in which sexuality was a topic among family members, the participants reported that the dialogues were quick and emphasized restrictions and prohibitions on female sexuality, without any plausible explanations: "Because our parents did not talk ... it was just: watch out! Beware! The belly grows. The belly grows... So, it's silly, right? I was too ashamed. Too much shame!" (Judith, 69 years-old). The education was based on the dichotomy and rigidity of gender-based roles and relationships. The participants emphasized that the relatives and family used to highlight the importance of marriage, virginity before marriage, maternity, taking care of the husband/children and domestic activities, as well as the value of rectitude, fidelity, detachment from eroticism and from sexual partners before marriage, and resignation to the sexual partner at any stage of life: "So... it's complicated because I was raised with that 'military regime', right? You can never cheat on your husband. Then, how do you do? You can't cheat, right?" (Angela, 73 years old).

Such aspects are related to the history of female sexuality in Brazil and are guided by a Christian religious morality that propagates the importance of female virginity and the renunciation of pleasure before marriage (Fernandes-Eloi, Dantas, Souza, Cerqueira-Campos, & Maia, 2017). Deviations to such morality could impose blames, stigmas, recriminations, and punishment for women. The study by Rodrigues et al. (2018) revealed that the elderly women (assisted in a gynecology clinic) who reported sexual desire also experienced guilt and shame when searching for sexual pleasure. The participants in this research highlighted values that associate the exercise of female sexuality and gender with biological reproduction, maternity, care for family members, domestic activities, and the ideal of monogamous and indissoluble marriage (Butler, 2016; Zanello et al., 2015).

The participants' speeches highlighted that the information received were limited to their obligations in intimate relationships, such as the sexual satisfaction of the partner:

You cannot reject it. Because if you reject it, he will look [for another woman] on the streets. Do you understand? There is another thing that my mother taught me: when you are not in the mood, if it's hurting, you pretend that you are feeling pleasure, and, in an instant, he comes and gets off (Nísia, 67 years old).

Thus, misinformation, fears, frustrations, shame, guilt, doubts, and uncertainties have marked their experiences and intimate relationships, especially at the beginning of their sexual lives – unlike male partners who, according to the participants, had information, permissions, and freedom for sexual experiences since early ages. Fernandes-Eloi et al. (2017) and Sousa and Sirelli (2018) emphasized men's privileges in sexual and intimate relationships. In our present research, however, most of the participants mentioned the lack of intimacy with their partner (from the beginning of the intimate relationships to the present time) due to sexual inexperience, fear, and shame:

Mama used to say a lot of things, and she put a lot of fear in our heads. She used to say that if you simply touch a boy, you would get pregnant, so we were scared to death. Even when I got married, you wouldn't believe the fear

I still had. I think it even hindered the sexual intercours – fear would always get in the way. It took me a while, and then I found that it was very different (Patricia, 74 years old).

Elza (66 years old) reported that, for many years, she felt sexually repressed due to the prohibitions stressed in her youth by her parents: “They said that we couldn’t make it, that sex was missionary only. There are other forms of kindness, affection, provocation, right? This was not allowed, right? But I was very restrained for a long time”. So, it is possible to perceive how the repressive and prohibitive sexual education received by these elder women reverberated in their sexual and gender-based experiences (Vieira et al., 2016; Vieira, Nóbrega, Arruda, & Veiga, 2016). As the scientific literature points out, prejudices, myths, and taboos added to insufficient knowledge and information on sexual issues contribute to the affirmation of submissions, inequalities, doubts, fears, insecurities, guilt, concerns, and women vulnerabilities (i.e., sexually transmitted infections, pregnancies, violence) (Nardelli et al., 2016; Queiroga et al., 2018).

Although restricted, informal education on sexuality (received at home from their relatives) was more often reported than formal education (received at educational institutions, e.g., schools). This differs from Nardelli et al. (2016), who points out that higher education levels and/or access to formal schooling positively influences the knowledge about sexuality and gender relations in intimate relationships – that is, women with higher levels of formal schooling would have a more holistic understanding of sexuality (beyond genitality), less sexual difficulties, more positive attitudes towards menopause and fewer chances of low genital arousal and sexual dysfunction in aging.

However, it is noteworthy that even the participants who had complete higher education reported that they did not have an adequate formal discussion in school/universities about sexuality and gender relations. For them, even the higher education institutions did not provide opportunities for dialogue and clarification on these issues. Studies point to gaps in Brazilian higher education concerning sexuality, even in health courses. These omissions reinforce gender-based inequalities and reveal health professionals’ unpreparedness (Louro, 2014; Souza et al., 2019). So, regardless of the schooling level, it is important to realize that all participants experienced a historical period of political, social, and sexual

repression that, as reported by them, influenced their knowledge and sexual experiences.

Their past experiences (opportunities for dialogue and public participation; life conditions; quality of intimate relationships; information and knowledge about sexuality; participation in the ECU) were regarded as more relevant than formal education for the experiences associated with sexuality and gender relations. Thus, many factors (and not only formal schooling) are fundamental for understanding the sexual experiences of these elderly women (Rodrigues et al., 2018; Vieira, Coutinho, et al., 2016). Most participants reported that they would have preferred to have received more information, guidance, and support regarding sexuality – especially at the beginning of their sexual lives. If so, they could have experienced sexuality and their intimate relationships in a more enlightened and pleasant way and with less fear and doubt.

The data collected agrees with Queiroga et al.'s (2018) about the role of education in the construction of meanings and sexual and gender experiences of elderly women. These authors indicated that the lack of opportunities makes it difficult for women to adapt to sexual changes and challenges during the aging process. An adequate education could minimize doubts, unpreparedness, questionings, and difficulties and improve sexuality experiences and well-being.

### **3.2 Category 2: Standardization of sexuality**

Conceptions that associate sexuality with heterosexual orientation in specific contexts (monogamous relationships and, for most respondents, after marriage) were reported in the interviews. When asked about their roles and behaviors in intimate relationships, most of the participants highlighted motherhood, care for children, partners, and family members, and domestic activities as expected to be performed by women: “I was such a housewife, such a mother, you know? All my life I've been like this, very correct with my stuff, you know? I like things that way, everything all set. All my life, I took care of the home responsibilities” (Joana, 68 years old).

These results are similar to ones found by Crema et al. (2017) and Sousa and Sirelli (2018) about the very frequent rigid division of roles, expectations, and functions between genders in intimate relationships. The sexual double standard was reported in the interviews, i.e., men have/had greater freedom and sexual

experiences than women; furthermore, the participants attributed to male partners the search for sexual pleasure and satisfaction regardless of age, as well as the possibility of maintaining/having other sexual partners throughout life even if they were/are in stable relationships – the participants reported real or supposed betrayals during their marriages. These aspects correspond to the traditional family and marriage model that gives men sexual freedom to maintain extramarital relationships and represses the female sexuality – demanding fidelity and obedience to men (Medeiros, 2019).

As mentioned, the participants explained that they were raised and educated according to traditional feminine values, naturalizing marriage and motherhood as projects of life and happiness: “It came as a natural thing in life. You know, you go for that project, you are born, you grow up, find love, get a house, you try to be happy, you have sex in the middle of it because you are going to have children” (Elza, 66 years-old). When asked about the interpretations and experiences of sexuality and traditional gender relations, the participants argued about their roles in relationships or about their sexuality: “I think it’s normal. It has to be that way” and “It is necessary. Normal, normal, really” (Dandara, 63 years-old).

In these reports, regularizations of sexual experiences are identifiable according to biological standards considered normal and appropriate to the (hetero) social norms (Foucault, 2014; Butler, 2016). As a result of these regulatory mechanisms, most participants pointed out that men had greater access (magazines, books, videos, dialogues) to sexual information and experiences – a reality probably recurring when they got married – as if this discrepancy (between genders roles) was a natural aspect: “Oh, you know how men are, huh?” (Valentina, 70 years old); “Men are all the same” (Dandara, 63 years-old).

For the participants, giving up their interests, needs, and sexual desires in favor of their children, family, and (love) partners – would be one of the consequences of maintaining happiness in marriage. Maria (64 years old) and Elza (66 years old) reported that, after getting married, they stopped working outside the home and, upon their return to work, they faced resistance from their husbands. Simone (78 years old) pointed out that she had a difficult relationship with her partner. However, she would always act with tolerance to avoid conflicts. Judith (69 years old) reported that she would avoid arguments and fights in the face of problems with her partner so that separations and estrangements would not occur. Medeiros

(2019) and Queiroga et al. (2018) highlighted the social expectation of care, motherhood, discretion, and sex resignation from women, whereas to men, there are demands for virility and performance – reflections of the traditionalist gender education and socialization received by (current) elderly women.

Maria (64 years old) associated sexual life with the religious perspective (biological reproduction as the objective) and, given the impossibility of generating children, imposed by the female aging process, sexual relations are now considered unnecessary and sinful:

This thing of having sex just for the sake of it, that's even a sin, right? Because sex you make it to procreate, that's what God commanded: grow and multiply. So, sex is intended to create, you get it? To generate children. Then, since you are already old, you will not raise any more children, it is already a matter of love, of affection. And for having affection with the other and you don't need to have much sex either.

Nísia (67 years old) justified not accepting to have anal sex with her partner also according to religious arguments, emphasizing that vaginal penetration is correct for “moral women”: “As you say, I'm a little mouthy, missionary sex position solely, but I explained everything to him (...) I am pretty reserved, my mother gave me a lot of advice. God didn't give it to us for that, huh?” (referring to anal sex). Five participants referred to motherhood as the purpose of sexual life and marriage:

My positive life was that I had three children, I generated three children, at least I fulfilled part of God's will for my life. I think that's it. And I lived with him because of my children. If it weren't for my children, I would have left him (Maria, 64 years old).

For them, the naturalization and idealization of motherhood are able to fulfill other needs and interests (including the sexual ones) in intimate relationships, besides preserving the marriage – as exposed in the previous passage. Zanello et al. (2015) argued that, throughout history, the Brazilian gender-based inequalities reinforced women as caregivers and mothers, aspects that were evidenced by the

participants when they emphasized their dedication to their children: “I focused on marriage instead of sex and man [...] So I never had a head like that. I focused a lot on my children, you know, I was a super mother” (Joana, 68 years-old).

With respect to the partners, most participants reported that their main function is/was to work and to financially improve the family. The social interaction of partners (meeting friends to drink and have fun) was highlighted, in contrast to the privations and modesty expected from the women. The participants also reported virility and the continuous willingness to sexual relations as typically male characteristics:

Look, [partner name], he was raised in a totally different way. So, he wasn't the participative father, attending to everything and everyone, no. But he was kind to them, you know, and whatever they needed, he paid for. So, I was more in charge of them [daughters] (Elza, 66 years old).

Simone (78 years old) referred to the sexual double standard and highlighted honesty, financial improvement, and work disposition as expected from men:

My husband was very womanizer, naughty, womanizer [laughs]. So he wasn't, he was a very good father, but not such a good husband. But I have no complaints about him with other things. I never ran out of things, you know? But it was his responsibility, his obligation, he was very honest. Honest!

These contents correspond to the traditional model of hegemonic masculinity, which reinforces expectations and functions, such as productivity, joviality, virility, aggressiveness, financial provision, decision-making in families, and intense search for pleasure and sexual satisfaction – often distanced from reality (Zanello et al., 2015). Two participants reported power inequalities based on unequal gender relations that intensified violence against women. However, these situations were not addressed as violence by the participants, but rather as episodes that happen in every relationship, revealing their naturalization: “But I think I married him out of fear because when I came to study in [the city], he wanted to come after and kill me, he said he would kill me if I didn't leave” (Leila, 72 years-old). One of the participants reported verbal, psychological, and moral violence

(threats, constant swearing, humiliation, and pressure to have sex), which led her to feel “psychologically finished” to the point of a suicide attempt:

He swears at me, he swears at me all the time, calling me an old dog, a slutty dog. I told him not to shoot inside the house ... because he comes home armed. Many times, for him not to shoot the walls or anywhere near my children, I would subject myself to let him stay on top of me for hours [having sex] [crying] (Maria, 64 years old).

This participant also described the violence suffered from family members in her childhood and adolescence, explaining that for a long time, she never revealed to anyone such facts that negatively affected her sexuality and her intimate relationships with men. This and other reports reiterate both the naturalization and the negative repercussions of asymmetric gender relations and violence in the intimate relationships of the participants during their aging, which impact their well-being, self-esteem, sexual life and may have caused psychic suffering and illness (Medeiros, 2019; Sousa & Sirelli, 2018; Zanello et al., 2015).

### **3.3 Category 3: Reinterpretation of sexuality during aging**

In the participants' reports, we may observe that their experiences and interpretations concerning sexuality are not linear, fixed, or rigid, as Fernandes et al. (2015) argued. A significant number of participants pointed out that the aging process was accompanied by new experiences, knowledge, and changes that, although limited, made it possible to question and reflect about gender and sexually intimate relationships. Among the aforementioned changes and resignifications, it stood out the disapproval of situations to which they had been subjected (for having them as normal) but now are avoided, e.g., partners' disrespect, lack of affection and dialogue, the prevalence of male sexual satisfaction and unequal opportunities for working outside home and having access to information:

You know? None of that. I would go to the bedroom and we would just make it. [sex]; Sometimes he wouldn't even stay in bed, he would make it, have pleasure and go to the living room, turn on the TV and watch a movie. So, that's something that... oh, I used to accept, I thought it was normal, you



know? But today, I see my daughters... we are very open to each other... me and my two daughters, you know? So, today they ask me like: 'Mom, how could you handle it?' [laughs] (Joana, 68 years old).

Many of the participants criticized the ending of the sexual intercourse after the male satisfaction. They also highlighted the changes concerning this issue over time, as mutual satisfaction started to be evaluated as important:

At first, I thought that women were obliged to get laid with men at any time. Then, I came to the conclusion that it wasn't that way, it had to be both parts, right? So, I put this in my head for a long time. Then, I said [...] I'm going to break this taboo, right? I started going after him too. It's not just about him. I have to have my pleasure; I have to have my time too (Angela, 73 years old).

The participants reported that the differences between generations highlighted the strangeness in the face of changes in younger women's sexual behavior. However, they positively evaluated the female emancipation that allowed greater economic and emotional independence for women, greater sexual satisfaction, and increased social participation. The social participation of the elderly women (and other users, mostly women) in the Elderly Care Unit might be considered a reflection of these changes, since, in these places, they were able to create new bonds, learn new information, and take care of their own health and life quality.

These reports are consistent with some of the feminist demands for women's emancipation and/or equity, including the search for sexual satisfaction (Medeiros, 2019; Zanello et al., 2015). With respect to the aging process, Vieira, Nóbrega, et al. (2016) point out that previous experiences and social transformations also contribute to changes in the personal image, intimate relationships, interests, and values. There is a permanent process of adaptation and reformulation that reflects on sexual and gender-based interpretations.

In the interviews, it was possible to notice, on the one hand, arguments that sometimes reaffirmed the servitude to the husband and the obligatory nature of sexual relations (sexual intercourses). On the other hand, there were arguments supporting the recognition of their own needs, interests, and limits, e.g., "I've never been that kind that accepts everything, I can also be mean, everyone has to have a

limit. I was raised with limits, let's put limits to everything.” (Judith, 69 years-old). Angela (73 years old) reported that she feels desire and sexual pleasure, even though her husband cannot maintain sexual relations (he has erectile dysfunction). So, she seeks satisfaction in other ways (masturbation and erotic videos). However, when reaffirming her desires and talking about her sexuality and her search for sexual satisfaction, she also reported being recriminated and discouraged by her husband and sons, who called her “silly” or “naughty”. When asked about these experiences, she showed embarrassment in the face of the partner’s (male) non-correspondence to the expected roles of masculinity in the relationship: “Look, I think it’s ridiculous... having a man at home and telling you this, for example, if I was going to tell it to someone, right? If I was going to tell someone. At home, I have to do it, masturbate because of it” (Angela, 73 years old).

There is a plurality of interpretations and experiences that permeate sexuality and do not fully adapt to genders’ expected social norms and requirements (Butler, 2016; Louro, 2014). It is worth mentioning that these changes also involve difficulties, suffering, and conflicts due to the destabilization of gender and sexuality norms considered appropriate and natural for men and women, adults, and the elderly. It should be noted that, although most of the participants attribute new interpretations, possibilities, and experiences to gender relations and sexuality, they do not have enough strength to break traditional heteronormative schemes (Butler, 2016; Foucault, 2014; Louro, 2014).

Thus, the participants’ experiences of sexuality and the meanings present in their statements are inserted in a conflicting struggle that, on the one hand, reaffirms moral, religious, and traditional values, as well as the hegemonic heteronormative logic, and, on the other hand, questions this same logic, seeking women’s sexual satisfaction and pleasure, as well as changes in the gender relations established in their intimate relationships.

#### **4. Final considerations**

This research allowed us to understand the interpretations and experiences of elderly women assisted at an ECU concerning sexuality and gender in their intimate relationships. The severe education received by the family and the absence of dialogue and clarification about sexuality were made evident. Moreover, moral and sexual repressions were imposed on the participants in accordance with rigid and unequal

gender-based conceptions. Specifically, parents, relatives, and family members passed on to the participants' traditional values expected from women (rectitude; virginity before marriage; being heterosexual, monogamous, and in an indissoluble marriage; maternity; care). Accordingly, female sexuality was associated with traditional gender norms (biological reproduction; resignation; male/partner's sexual satisfaction; distance from pleasure). However, unlike part of the scientific literature, the participants with higher levels of education reported that more years of formal schooling did not promote more dialogue or more clarification regarding sexual and gender-based issues. Some of these conceptions and experiences were reframed during the aging process (possibility of sexual freedom and search for sexual pleasure; questioning of male privileges). However, many of the constraints remained (reiteration of norms, standards, and gender-based traditionalism transmitted mainly by the quality rather than the quantity (number of years) of education received).

Along with the interviews, the participants reported the complexities and ambivalences of the experiences and interpretations about the relationships with gender and sexuality – cultivated in their intimate relationships – highlighting the importance of their previous experiences and the family, educational, socioeconomic, and cultural contexts. Aging and sexuality have been partially re-signified according to their personal and social transformations, to the opportunities for acquiring knowledge and information and according to the quality of their intimate relationships. So, their participation in the Elderly Care Unit proved to be relevant, as it allowed greater social participation and focus on self-care and life quality. Therefore, these experiences and interpretations are neither linear nor fixed.

The limitations of this research are related to the specific characteristics of the sample, i.e., the number of participants, the fact that they all are assisted in a single institution for elders, and the influence of other social categories that intersect gender and sexuality. Finally, even if the results provide us with important information about female sexuality and gender relations in the aging of elderly women in the post-menopausal period (as well as some resistance/transformation of the participants), further investigations are needed with broader groups of elderly women in order to analyze other social markers involved in this process.

This research can increase the knowledge on sexuality of elderly women based on their own perspectives and on the intersection between sexuality, gender, and generation (and also schooling). Accordingly, this knowledge may encourage

health care actions and proposals that take into account the real specificities and needs of these women – strengthening and improving the Brazilian public policies, which are not always functional.

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