

## **SEXUALITY OF ELDERLY PEOPLE**

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### **ABSTRACT**

The subject of the work is the rarely discussed issue of the sexuality of the elderly. The article describes the sexuality of people in the "autumn of life". The aim of this work is to draw attention to the need to promote sexual health, as well as to prevent sexual disorders. A review of 34 literature items on various aspects of sexuality in the elderly was made: physiology, psyche, and social significance. There are restrictions on the intimate sphere resulting from the need for older people to stay in care and treatment facilities, social welfare homes. Love is presented as a biochemical process to show that it does not depend only on the changing corporeality of a person and that its epicenter is in the brain. The change of the hierarchy of sexual needs occurring with age, the evolution of the art of love from procreation to pleasure and sensuality are presented.

Conclusion: the sexuality of seniors is an important sphere of their everyday life and has a large impact on functioning in society, as well as on the perception of their own attractiveness and self-acceptance.

**Keywords:** sexuality, old age, geriatrics.

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## INTRODUCTION

The increase in the average life expectancy and changes in attitudes towards sexuality and erotic customs are associated with an increase in the sexually active population. A moral revolution and a change in the quality of life are gradually taking place, transforming the asexual age of autumn into a sexually active time. This is related to the prolongation of professional activity of the society, as well as to the promotion of a healthy lifestyle (healthy eating, greater sports activity). Sexuality is usually equated with procreation, which is why old age associated with the cessation of reproductive capacity was treated potentially asexually. The "autumn of life" is the age starting from menopause in women and andropause (reduced reproductive capacity) in men. It covers about 20-25 years of life [1,2].

## OBJECTIVE

The aim of this work is to draw attention to the need to promote sexual health, as well as to prevent sexual disorders.

## MATERIALS

A review of 34 literature items on various aspects of sexuality in the elderly was made: physiology, psyche, and social significance.

## DISCUSSION RESULTS

People who are in stable relationships experience the phenomenon of habituation [3]. It is a sociological term for habit, both in a sexual context and in everyday life. A long-term relationship weakens the sex drive of both women and men, with more emphasis on women [4]. Women lose their desire for sex much faster than men. In the initial stage of a relationship, 60% of women regularly felt the need for sexual intercourse. After 4 years it is already 50%, after 20 years this percentage has decreased to 20%. In men, these proportions remain at a constant level of 60-80% [4,5].

Arousal in a man can be unhealthy at times. During orgasm, the heart rate increases from a resting value of 70 beats/min to over 180 beats/min, only to drop sharply soon after. For men suffering from coronary artery disease, this can be a deadly fluctuation. Approx. 20% of patients with ischemic heart disease react with heart attacks during sex [6]. It was noticed that men who have sex with their own wife do not have such a large pulse jump, and it is comparable to going up to the second floor.

Recently, there has been an increase in cases of *mort douce* (sweet death) [6]. This is probably related to the introduction of sildenafil to the pharmaceutical market. When a partner suffers from angina during sexual elation, he reaches for nitroglycerin, after taking Viagra in combination with alcohol, it causes a drop in blood pressure and, consequently, a heart attack.

Sexuality is also related to love. Love does not have to go hand in hand with intercourse. Erotic fascination can turn into a different phase of love, where there is no desire [4], but issues related to common relationships, having children, common interests are

important. Increasing with age. Health problems can also contribute to mutual support of partners.

Under the influence of external stimuli (smell, taste, etc.), phenylethylamine is released from the brain of a person in love - a chemical substance belonging to the group of amphetamines, i.e. stimulants. It is released in the limbic system. Then dopamine is released, which travels to the hippocampus - the place mainly responsible for emotions. The brain registers this signal as a feeling of pleasure. This is a situation where the body strives to make it happen again. There is an analogy here between drug addiction and love addiction. This causes attachment to the presence of a particular person. Love is chemistry [6]: Phenylethylamine and endorphins - cause the stimulation of opioid receptors, dopamine acts on the hippocampus and causes a feeling of pleasure. Over time, however, more and more external stimuli are needed to trigger the same response [4]. Excessive desire, regularly satisfied or not, can turn into a disease known as erotomania. Neurobiologists define it as a strong addiction to narcotic, endogenous opiates (endorphins), produced while striving for orgasms and achieving them. Erotomania can also be caused by cases of Alzheimer's disease, brain tumors, encephalopathies and epilepsy.

In the course of detailed research, based on scanning the brains of erotomaniacs using functional magnetic resonance imaging, the so-called the "reward pathway" located in the aforementioned limbic system [6]. It is activated by dopamine - the neurotransmitter of happiness. The reward pathway is positively stimulated by dopamine when our body's evolutionarily primal needs are met: hunger, thirst, security, sex drive. When its level decreases, a state of acute hunger is felt, similar to the hunger of a drug addict, which can only be satisfied with a new dose of the substance. Levodopa, a drug used to treat Parkinson's disease, works in a similar way. In older patients, residents of nursing homes, there is a re-increase in, often almost extinct, sexual activity during pharmacotherapy of Parkinson's disease.

It is worth mentioning that the pro-sexual action of dopamine is opposed by another neurotransmitter - serotonin. It serves primarily to prevent the intensity of an uncontrollable reaction to a stimulus. This is essential for a person to feel satiated [6]. It has been shown that in people in love, the level of serotonin significantly decreases. Remember that it is necessary to balance the action of dopamine. Studies conducted on a representative group of "cured" alcoholics have shown that after recovering from alcoholism, there is a tendency to erotomania. This necessitates the constant need to reward pathway, with low levels of serotonin in people addicted to dopamine stimulation.

Let us remember that people who fall in love in the autumn of life are no different from those who fall in love in their youth. Feelings, passions, fascinations, the need for closeness are similar. The power of desire can be similar. Although testosterone levels decrease with age in men [2], we know that the chemistry of love mainly affects brain structures, so the physiological and psychological phenomena associated with falling in love are independent of biological age.

With the passage of life, there are crises of love in the autumn of life. Some periods are conducive to balancing successes and failures in marital and family life. In middle-aged men, the so-called "shadow streak" appears. The age at which he is usually at the peak of his professional career has reached life and professional

stability [4,7]. In women, such a time of reckoning is usually associated with the abandoned nest syndrome, when the children become independent, they live separately. Then there is time for reflection, evaluation of married life. Couples who have a wide circle of friends, socialize, have common passions, but also their own hobbies, experience this time much better. We can distinguish typical love crises occurring in the autumn of life [1]:

- The myth of Titania - means going back in time and idealizing a failed relationship. It most often occurs in women. They think that if they got involved with someone else, their life and marriage would be happy and successful. The more disillusioned they are with the present, the more they idealize a potential partner, including abstract relationships from the past;
- Idealizing the past - people disappointed with the passing of time idealize the first years of the relationship, themselves, their partner. A similar mechanism is observed in widowed people, who often feel guilty about the deceased partner;
- Projection of one's own expectations and needs [1] an attempt to impose on young couples (sons-in-law, daughters-in-law) their own scenario of marital and family life, unfulfilled dreams;
- Escape into deviation - especially lonely people, disappointed with marriage and family life, direct their feelings towards religion, their religious commitment may have an erotic undertone, sometimes clergymen may be substituted objects of adoration;
- Negation of love - emotional and sexual frustrations contribute to this, triggering such a defense mechanism.

The state of health in the "autumn of life" depends on genetic factors, quality of life and susceptibility to diseases. According to the WHO, the definition of sexual health is:

"A state of physical, emotional, mental and social well-being in relation to their sexuality is not sufficient in the absence of disease, dysfunction and infirmity. To be considered sexually healthy requires a positive, full respect for sexuality and sexual dependencies, as well as the ability to experience pleasurable and safe sexual experiences, free from coercion, discrimination and violence. In order to maintain sexual health, all sexual rights of all persons must be respected, protected and fulfilled [8,9]."

Research conducted by Masters and Johnson [10] shows that there are noticeable changes in the sexual physiology of partners over time. The concentration of sex hormones changes. In women, estrogen levels decrease and androgen levels increase. As a result, atrophic changes of the skin appear, it becomes flaccid, wrinkled, the activity of the sebaceous and sweat glands decreases. Women often experience hot flashes, reddening of the skin, heart palpitations, dizziness, nausea, depression, dry hair, brittle nails, joint pain, painful swelling of the mammary glands, feeling of fullness, osteoporosis, cardiovascular diseases [1,10]. There is also emotional instability, irritability, sleep disorders, depression. The dominant feeling is the fear of losing one's own attractiveness, the sense of marginalization in one's professional role, the unpleasant awareness of the inevitability of aging and death, and the

unfulfillment of many life plans [1]. However, the results of socio-sexological research show that such attitudes are changing. This is due to the improvement of the quality of life, the extension of its duration, as well as the change in sexual customs. This also has an impact on the increase in sexual activity of women in the menopausal and postmenopausal period. Studies show that among women aged 51-64:

- have intercourse every day - 4%;
- several times a week - 28%;
- once a week - 33%;
- once a month - 8%;
- less often - 27%.

During the 3 years preceding the quoted study, sexual activity did not change in 39%, decreased in 38%, and increased in 23%. 65% of women achieve frequent orgasms and 3% never achieve orgasms. Among women without a sexual partner, 41% reveal masturbatory activity [1].

In middle-aged men, the "andropause" or "a change in a man's life, which may be expressed in career changes, divorce or reorganization of life, is associated with a decrease in androgen levels, which occurs in a man before the age of 50 or soon after the age of 50." There are many definitions of this term, but one common exponent accompanying this period is important, which is a decrease in androgens, i.e. testosterone and dehydroepiandrosterone, as well as a decrease in the level of growth hormone and melatonin. These changes cause typical symptoms: hot flashes, insomnia, nervousness, decreased mental performance and memory capacity, decreased vital energy, muscle mass, abdominal obesity, decreased sexual interest, arousal, erectile dysfunction, orgasm, decreased ejaculate volume [7]. Among men aged 51-64, masturbate:

- daily 9% of the male population;
- several times a week - 23%;
- 24% of men do not do it at all [1].

Every day, 12% have sexual intercourse, several times a week - 51%, once a week - 18%, once a month - 11%, less frequently - 8%. 77% of respondents always achieve orgasm in these contacts, often - 18%, sometimes - 1%, never - 4% [1].

Proper sexual functioning in the elderly is influenced by life experiences, expectations, opportunities, and cultural dependencies. In a study of 27,500 men and women (between 40 and 80) based on the Sexual Attitudes and Behavior Questionnaire, it was found that 28% of men and 39% of women are affected by sexual dysfunction [11]. This is influenced by age-related diseases, i.e. diabetes, atherosclerosis, pain, joint degeneration, hypogonadism in men.

To the emerging question, "At what age should older people stop having sex?" Alex Comfort replied, "Older people stop having sex for the same reasons they stop cycling" [8].

According to Staw and Weiner, sexuality is a quality of a person, an energy that manifests itself in every aspect of that person's existence, which is a spark that does not disappear until death [12]. This is a very important element of well-being, positive self-perception, and self-respect. In Poland, women's interest in sex decreases at the age of 56, and that of men at the age of 60 [4]. Women aged 50+ treat sex as relaxation [13,14]. Menopause has passed, well-being returns to balance, sex does not threaten pregnancy. It may be different in

women after mastectomy who lose interest in sex and do not accept themselves. The same happens after the removal of the uterus and ovaries. With age, women pay less and less attention to intercourse. In the group of women over 50, 13% say that sex is of little importance to them, and over 40% believe that it is not important at all. The situation is different in the case of men 50+. From the age of 40, a reduced range of sexual possibilities begins, but most often they do not want to accept it yet. At this age, sexual contacts with peers are difficult, whose satisfaction with intercourse increases, the sensations are deeper, the orgasm more intense, and the sexuality more mature. This is often the time when older men seek younger female partners. They can impress them with their experience, position, knowledge, money. It can be a mutually enhancing relationship [4].

However, it should be remembered that sexual intercourse is not the only activity [8]. In the elderly, there are sexual problems that prevent sexual intercourse. According to men's studies:

- 35% of respondents over 80 years of age are unable to maintain an erection;
- in 28% - inability to achieve an erection;
- in 28% of the subjects, the inability to achieve orgasm;
- 23% had pain or lack of lubrication in their partner's vagina [15].

The most common age-related complaints reported by female partners are:

- lack or loss of sexual desire;
- sexual arousal disorder, no genital response - lack of vaginal lubrication;
- abnormal orgasm, anorgasmia;
- painful intercourse, dyspareunia [16].

Some men experience unfulfilled sexual expectations related to the shortening of the erection time. In a 25-year-old man, it lasts about 54 minutes, in a 50-year-old man, the average erection time is about 29 minutes, in a 60-year-old man - 22 minutes, over 65 - 7 minutes. However, this is not a symptom of a disorder, but a natural consequence of the aging process. The time of erection shortening is not a sign of the end of sexual life [14].

In older men in the arousal phase, the erection begins somewhat later and "only after a few minutes of intense sexual stimulation" [10,17].

The probability of severe erectile dysfunction triples from 5.1% to 15% between the ages of 40 and 70 [18]. In the group of men aged 40 to 70, erectile dysfunction was reported by 52% and 70% over 70 years of age. Other sexual disorders, such as loss of hypoactive sex drive (decrease in libido), ejaculation disorders, reduced ejaculate volume, are also more common in elderly men [17,18].

A recent study of women aged 18-82 found no significant differences in sexual dysfunction between older and younger women. Disorders such as problems with orgasm, sexual arousal, and painful intercourse were found to be prevalent in both groups [19].

The conducted population studies generally indicate the decline of sexual activity with age. There is a decrease in the frequency of erections, sex drive, frequency of sexual intercourse, ejaculations achieved by masturbation in men aged 40 to 70 years [11,17]. According to a Pfizer study of 27,500 men and women aged 40 to 80, conducted in 29 countries, based on a questionnaire assessing the prevalence of sexual dysfunctions and the importance of sex for individuals

and their relationships:

- 80% of men and 65% of women had sexual intercourse in the last year;
- 14% of men complained of premature ejaculation;
- 10% for erection problems;
- 9% for lack of sexual interest;
- 7% for lack of orgasm - their frequency increased with age.

Among women:

- 21% complained of lack of sexual interest;
- 16% for no orgasm;
- 16% for problems with hydration [11].

Erectile dysfunction in men is a problem that increases with age. One in ten men worldwide has erectile dysfunction and it is the most common chronic condition affecting men over 45 [11].

In postmenopausal women, there is an increased incidence of disorders related to the lack or loss of sexual needs, the so-called hypoactive sexual desire disorder (HSDD)-F52.0 according to ICD-10. The frequency of these disorders varies from less than 10% to more than 40%. Despite numerous ailments accompanying menopause, there is sometimes a significant increase in sexual desire and an increase in the frequency of sexual intercourse. This is related to the lack of fear of pregnancy, a sense of stability in life, and a fuller awareness of how to take care of the partner's pleasure [20]. This only confirms the thesis that sexual activity is primarily determined by well-being, life history and motivation, not age.

We dispel the myth that the elderly are not at risk of sexually transmitted diseases. More than 10% [8] of AIDS cases in the United States are over the age of 50. Seniors are reluctant to reveal their sexual preferences (homosexuality, bisexuality). It should be noted that many new infections are detected in women at a later stage of life - 50+ [4]. The recommendation of the National AIDS Center shows which specialties doctors should order HIV testing. Elderly women are much more at risk of HIV infection than women in their twenties and thirties. This is related to the physiological changes taking place in the reproductive organs: loss of natural vaginal lubrication, greater dryness in the vagina and greater susceptibility to chafing. A woman at this age is no longer afraid of an unwanted pregnancy and intercourse with a casual partner often takes place without a condom, increasing the risk of infection [1,4]. As physicians, we should bear this in mind, especially when an elderly woman, a regular visitor to sanatoriums, foreign trips to warm countries, complains of weakness, weight loss, decreased immunity, memory disorders, deterioration of general condition, seeks medical advice.

Specialists in the field prove that the deliberate and conscious avoidance of sexual needs leads to undesirable effects [1,21].

Professor Lew Starowicz describes the consequences of suppressing sexual needs, typical of old age:

- disturbed psychosexual development;
- the development of neuroticism and various forms of neuroses;
- disturbance in the development of emotionality and openness;
- sexual disorder and inhibition;
- the formation of a second, hidden nature

- revealed in dreams, dreams or deviant behavior;
- Kehrer's syndrome - manifested by, among others: vaginal itching, vaginal discharge, pelvic and rectal varicose veins, resulting from lack of sexual activity and discharge of excitement.

Maintaining sexual activity affects the psycho-physical well-being of every human being. It is difficult to draw the line between sexual dysfunction, and the natural aging process of the body. We should also remember about other forms of sexual activity 65+, which may increase self-esteem, mood and contribute to a harmonious marital and family life [16]. According to the research by Ginsberg et al., the elderly maintain various types of sexual activity:

- 60.5% - touch, holding hands;
- 61.7% - hugging;
- 57% - kissing;
- 82% - negate mutual caressing, masturbation, sexual intercourse over the last year [22].

Research by R. Kijak [23] conducted on a group of 40 seniors (aged 67–75) residing in a day care center is interesting. The aim of this study was to determine the patterns of sexual activity and the function that sexuality plays in the lives of older people. The author put forward the thesis that sexual functions and activity do not disappear with age, and only the frequency and form of sexual contacts change. He divided the study group into those who live in stable relationships and those who are single (death of wife, husband, less often divorce). The former more often give up sexual intercourse, the latter are open to masturbation and sexual intercourse (especially during sanatorium trips). Men are a more open group:

- for 58% of the surveyed seniors, the most common form of activity was touching and caressing the partner without sexual intercourse;
- 22% of surveyed men and 9% of women masturbate;
- 22% of surveyed men and 11% of women engage in sexual intercourse;
- 41% of the surveyed people gave up sex life completely [23].

This is a relatively unrepresentative research group, but it gives a certain picture of the behavior functioning in a given community.

The loss of a young and attractive appearance by modern seniors is of great importance in the sense of one's own sexuality. As many as 45% negatively assess their appearance. The ubiquitous compulsion of beauty and attractiveness means that the modern senior does not want to age. Among women over 50 in the United States, the frequency of plastic surgery has increased fivefold.

The sexuality of people living in nursing homes (DPS) is a taboo topic. Seniors living in such places still crave intimacy, pleasure and love [23]. For 69% of SCC residents, sexuality is an important value in their lives. 49% of the surveyed seniors give up sexual activity, 22% (mainly men) choose masturbation. In many nursing homes, residents are forced to live celibate lives due to caregivers' misconceptions and prejudices about the sexuality of older people. Observing the current ways of

taking care of the elderly, no significant differences in the perception of their sexual needs are noticed. Research shows that in geriatric institutions physical punishment was used, which was accompanied by disgust, embarrassment, helplessness in the face of emerging sexual situations manifested by seniors. Most often in these organizations the attitude of "sexuality exclusion" is presented, and manifestations of loving relationships (hugging, stroking, cuddling) are often not accepted, they are treated indulgently by both carers and the family [23, 24].

The sexuality of people aged 65+ is a sphere that has many challenges. Particular attention should be paid to the media message, which mainly glorifies "young and beautiful" people. Little space is devoted to the sexuality of seniors, apart from the vast amount of information on pension benefits [25].

We should start to perceive the aging process in accordance with the definition: "as a natural, dynamic consequence of human development, respecting its flaws, recognizing its advantages and allowing it to live with dignity and participate in all areas of life: social, emotional, intellectual, sexual. Seniors don't feel old. On the contrary. Both sexes look for new partners on the Internet, discuss sex and love. The fact that they are looking for new sensations is evidenced by the increase in the number of divorce cases. In the case of women over 50 by 28%, and men over 60 by as much as 39%. Fifty-year-olds, freed from raising children, professional work and birth control pills, are eager to romance. Sixty-year-olds, thanks to Viagra and the Internet, feel more confident than ever. The generation of the third age wants to enjoy life [26].

## CONCLUSIONS

The topic of sexuality in old age is a developmental topic. Observing the constantly increasing average human life expectancy, we should devote more time to planning the senior policy. The next generations are entering old age. The progress of science, the development of technology, computerization will contribute to the fact that we will no longer treat the elderly as a separate social group with mainly cultural, social and religious limitations. Old age and aging should be perceived as a dynamic process of progressing human development, which has its own dreams, desires, goals and rights.

Sexuality is a complex issue, but everyone has the right to express it. Seniors are people with a lot of life experience. They are often interesting people with a lot to say to younger generations. Let them function in society with full rights, respecting all spheres of life, allowing them to show their sexuality and otherness.

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