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Original article

Training of Geriatrics residents for addressing sexuality in older adults

Formación de residentes en Geriatría en el abordaje de la sexualidad del adulto mayor

Formação de residentes em Geriatria para o manejo da sexualidade em idosos

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ABSTRACT

Population aging represents an increasing challenge for health systems, requiring comprehensive care for older adults, in which sexuality is a fundamental aspect of quality of life. However, social taboos and myths limit its discussion and reveal gaps in Geriatrics residents' training. The objective focused on identifying the training needs of these residents to address older adults' sexuality effectively. Methods included historical-logical and analytical-synthetic analysis to examine the evolution of sexuality care, systematization and modeling to organize knowledge and define dimensions and indicators, document review of older adult care programs and professional practices, surveys and non-participant observation to explore perceptions, knowledge, and behaviors, methodological triangulation to validate findings, and descriptive statistical procedures to structure

the information. Results showed that older adults have limited knowledge about sexuality, rely on informal sources, receive insufficient professional guidance, and face social barriers affecting sexual satisfaction. Family arrangements and institutional settings influenced the expression of sexuality and emotional well-being. The collected information identified critical areas for residents' training, including evidence-based knowledge, communication strategies, awareness of taboos, and comprehensive care approaches centered on older adults. In conclusion, strengthening Geriatrics residents' education on older adult sexuality is essential to improve care quality, enhance sexual satisfaction, reduce biases, and promote healthy, fulfilling aging.

Keywords: adult; training; geriatrics; resident; sexuality.

RESUMEN

El envejecimiento poblacional es un desafío creciente para los sistemas de salud, que requiere atención integral del adulto mayor, en la que la sexualidad constituye un componente esencial de la calidad de vida. Sin embargo, los tabúes y mitos sociales dificultan su abordaje y revelan carencias en su formación. El objetivo fue identificar necesidades formativas de los residentes en Geriatría para intervenir adecuadamente en la sexualidad de los adultos mayores. Se emplearon los métodos histórico-lógico y analítico-sintético para examinar la evolución del cuidado de la sexualidad; la sistematización y modelación para organizar conocimientos y definir dimensiones e indicadores; la revisión documental de programas de atención al adulto mayor y prácticas profesionales; encuestas y observación no participante para explorar percepciones, conocimientos y comportamientos; triangulación metodológica para contrastar hallazgos; y estadística descriptiva para el procesamiento de los datos. Los resultados evidenciaron que los adultos mayores poseen conocimientos limitados sobre sexualidad, dependen de fuentes informales, reciben orientación insuficiente del personal de salud y enfrentan barreras sociales que condicionan su satisfacción sexual. La convivencia familiar y la institucionalización influyen en la expresión de la sexualidad y el bienestar emocional. La información recolectada permitió identificar áreas críticas para la formación, incluyendo la actualización científica, estrategias de comunicación, sensibilización ante tabúes y atención integral centrada en el adulto mayor. Se concluye que es necesario fortalecer la capacitación de los residentes en Geriatría en sexualidad del adulto mayor, desarrollando competencias que mejoren la calidad de la atención, la satisfacción sexual, reduzcan prejuicios y promuevan un envejecimiento saludable.

Palabras clave: adulto; formación; geriatría; residente; sexualidad.

RESUMO

O envelhecimento populacional representa um desafio crescente para os sistemas de saúde, exigindo atenção integral aos idosos, na qual a sexualidade constitui um componente central da qualidade de vida. No entanto, persistem tabus e mitos sociais que dificultam a abordagem da sexualidade e revelam lacunas na formação dos residentes de Geriatria. O objetivo foi identificar as necessidades formativas desses residentes para intervir adequadamente na sexualidade dos idosos. Foram utilizados análise histórico-lógica e analítico-sintética para compreender a evolução do cuidado à sexualidade, sistematização e modelagem para organizar informações e definir dimensões e indicadores relevantes, revisão documental de programas de atenção ao idoso e das práticas profissionais, questionários e observação não participante para explorar percepções, conhecimentos e comportamentos, triangulação metodológica para validar achados e procedimentos estatísticos descritivos para organizar os dados. Os resultados mostraram que os idosos apresentam conhecimento limitado sobre sexualidade, dependem de fontes informais, recebem orientação insuficiente dos profissionais e enfrentam barreiras sociais que afetam a satisfação sexual. A convivência familiar e a institucionalização influenciam a expressão da sexualidade e o bem-estar emocional. As informações coletadas permitiram identificar áreas críticas para a formação, incluindo atualização científica, estratégias de comunicação, sensibilização frente a tabus e atenção integral centrada no idoso. Conclui-se que é essencial fortalecer a formação dos residentes de Geriatria sobre sexualidade do idoso, promovendo competências para melhorar a qualidade do cuidado, aumentar a satisfação sexual, reduzir preconceitos e contribuir para um envelhecimento saudável e pleno.

Palavras-chave: idoso; formação; geriatria; residente; sexualidade.

INTRODUCTION

Population aging is one of the most significant demographic phenomena of the 21st century and represents a growing challenge for healthcare systems, public policies, and the training of healthcare professionals. Scientific and technological advances, the control of communicable diseases, the decrease in mortality, and the increase in life expectancy have led to a sustained increase in the

older adult population worldwide. This process has significantly altered the age structure of contemporary societies and generated new demands for comprehensive care that considers not only biomedical aspects but also the psychological, social, and educational dimensions of aging.

The demographic transition has led to an increasing number of people reaching advanced ages, which in turn transforms healthcare needs and the way we understand old age. According to international estimates, by 2050 more than two billion people will be 60 years of age or older, with most of this growth concentrated in developing countries. This context underscores the need for healthcare professionals with solid training, capable of responding to the complexities of this stage of life and ensuring care focused on the quality of life and overall well-being of older adults (World Health Organization [WHO], 2022).

Cuba is among the most aged countries in Latin America, with a high percentage of elderly residents and a life expectancy comparable to that of developed countries. This situation makes population aging a priority for the national health system and for specialized medical training. In particular, Geriatrics and Clinical Gerontology play an essential role in preparing competent professionals to address the specific needs of this age group, which requires a comprehensive approach that goes beyond the treatment of chronic diseases and encompasses all dimensions of human well-being.

Among these dimensions, sexuality occupies a fundamental place in people's lives, regardless of age. The World Health Organization defines sexuality as a central aspect of being human, present throughout life, encompassing sex, gender identities and roles, eroticism, pleasure, intimacy, reproduction, and sexual orientation. Sexuality is expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, and interpersonal relationships, and is influenced by biological, psychological, social, cultural, ethical, and spiritual factors (WHO, 2006).

However, despite its importance, sexuality in old age remains one of the least explored and addressed dimensions of health sciences. Historically, society has associated sexuality almost exclusively with youth and reproduction, which has fostered the development of myths, stereotypes, and prejudices surrounding the sexuality of older adults. These misconceptions have contributed to the invisibility of older people's sexual needs and the denial of their right to enjoy a full and satisfying sex life.

Several authors point out that a reductionist view of old age persists, characterized by associating aging with illness, decline, dependency, and loss of abilities, leading to the perception of sexuality as nonexistent or inappropriate at this stage of life. Herrera (2003) notes that one of the most deeply

rooted prejudices is the incorrect association between sexuality and reproduction, which reinforces the idea that sexual desire and emotional expression are not normal in older adults. These beliefs generate attitudes of rejection, ridicule, or denial, both within the family and in social and institutional settings.

From a biopsychosocial perspective, aging is accompanied by physiological, psychological, and social changes that can influence the expression of sexuality, but do not imply its disappearance. Hormonal changes, the presence of chronic illnesses, medication use, and transformations in body image require adaptation processes, both on the part of the older adult and their environment. However, these changes do not negate the capacity to experience pleasure, intimacy, affection, and desire—elements that remain essential for well-being and quality of life in old age.

Despite this evidence, the sexuality of older adults remains a topic that is rarely addressed in clinical practice and in the training of healthcare professionals. In many cases, healthcare personnel share the same myths and prejudices present in society, which limits the appropriate approach to the topic and fosters attitudes of silence, avoidance, or discomfort during medical care. This situation is exacerbated when it comes to professionals in training, such as geriatric residents, who do not always receive systematic training that would allow them to develop the skills to address sexuality from a comprehensive, ethical, and humanistic perspective.

Specialized medical training plays a key role in shaping professional attitudes, knowledge, and skills. In the context of geriatrics, it is essential that residents acquire a broad understanding of older adult sexuality, enabling them to recognize it as a legitimate component of health and quality of life. The absence of specific content in training programs, as well as the lack of opportunities for reflection and education on this topic, contributes to perpetuating care models focused exclusively on the biological aspects, to the detriment of psychosocial dimensions.

Previous studies have indicated that older adults express a high need for information and guidance on sexuality, as well as dissatisfaction related to a lack of family, social, and professional support. This reality highlights a gap between the actual needs of the aging population and the competencies developed by healthcare professionals, reinforcing the importance of strengthening geriatric residents' training in this area. Sexuality in older adulthood is a central component of overall well-being, and addressing it is a key aspect of contemporary geriatric practice. However, despite its relevance, formal training in geriatric sexuality is often insufficient in medical residency programs,

limiting healthcare professionals' ability to adequately assess, intervene, and guide this population (Cismaru-Inescu *et al.*, 2022; Gewirtz-Meydan *et al.*, 2020). Evidence indicates that sexuality in advanced ages does not disappear, but rather transforms, incorporating physical, emotional, and social dimensions that require a comprehensive approach sensitive to the needs of older adults (Lindau *et al.*, 2007; Ricoy-Cano *et al.* 2020).

Several systematic studies highlight that healthcare professionals often experience discomfort or a lack of knowledge when discussing sexuality with older adults, which can lead to fragmented or biased care (Sapetti, 2023; Monroy, 2015). Furthermore, cultural, religious, and social factors influence how older adults express their sexuality and seek professional support (Torres Mencía & Rodríguez Martín, 2020; Taccini *et al.*, 2024). Therefore, it is essential to design specific training programs that integrate clinical, psychosexual, and communicational knowledge, allowing Geriatrics residents to acquire skills to intervene ethically and effectively (Cameron & Santos-Iglesias, 2024).

The purpose of this research is to analyze the importance of training geriatric residents in the sexuality of older adults, identify current barriers in clinical practice, and propose evidence-based training strategies that strengthen comprehensive care for this vital aspect of life in old age. Furthermore, it seeks to contextualize these strategies within international regulatory frameworks and clinical guidelines, emphasizing a patient-centered approach that is sensitive to sexual and gender diversity (BMC Geriatrics, 2025).

In this regard, addressing the sexuality of older adults from an educational and training perspective is fundamental to improving the quality of geriatric care. Identifying the training needs of residents allows for the development of educational activities aimed at dispelling myths, promoting respectful attitudes, and developing communication skills that facilitate a comprehensive and humanized approach.

Therefore, the objective is to characterize the training needs of Geriatrics residents in relation to the approach to the sexuality of the elderly, as a contribution to the improvement of specialized medical training and to the improvement of the quality of life of the aging population.

MATERIALS AND METHODS

Descriptive, analytical, and cross-sectional study with a quantitative approach was conducted to identify the training needs of geriatric residents in addressing the sexuality of older adults. The research was carried out in the health areas of the municipality of Pinar del Río between December 2023 and December 2024, including consultations in psychogeriatrics and sexual dysfunction. The study was based on the premise that shortcomings in addressing the sexuality of older adults reflect gaps in specialized medical training, and that analyzing the perceptions, knowledge, and needs of older adults allows for the identification of priority training areas.

The study population consisted of adults aged 60 and over who attended psychogeriatric or sexual dysfunction consultations at various health centers within the municipality during the study period. The sample included patients who provided informed consent and met the inclusion criteria. Inclusion criteria: older adults in full physical and mental health, able to communicate and make judgments about their sexual experience, who gave informed consent.

Exclusion criteria: age under 60 years, refusal to participate, mental deficit, dementia syndrome or psychotic disorders that limit understanding and communication.

Theoretical methods

- Historical-logical: allowed the analysis of the evolution of the study of the sexuality of the elderly and its approach in medical training.
- Analytical-synthetic: broke down the biological, psychological and social factors that influence the sexuality of older adults, integrating the results obtained.
- Systematization: organized the knowledge from the literature review and clinical practice, facilitating the identification of relevant dimensions and indicators.
- Modeling: allowed structuring the training approach, relating detected needs and content to be strengthened in the training of residents.

Empirical methods

- Document review: national programs for the care of the elderly and scientific literature on sexuality and medical training were analyzed.

- Survey: applied anonymously and with closed questions to older adults, validated by experts, to explore knowledge, active sex life, degree of sexual satisfaction, sources of information and perceived social support.
- Non-participant observation: allowed us to assess how doctors and nurses address the sexuality of older adults in clinical practice.
- Methodological triangulation: integrated the findings of different methods, confirming the information and increasing the validity of the results.

Variables and operationalization

Variable	Type	Scale	Indicator
Sex	Dichotomous qualitative	Nominal	Female, Male
Age	Continuous quantitative	Dichotomous	60–79, ≥80
Marital status	Qualitative polytomous	Nominal	Single, married, widowed, divorced
Schooling	Qualitative polytomous	Ordinal	Illiterate, primary, secondary, pre-university, university
Knowledge about sexuality	Qualitative polytomous	Ordinal	Very low, Low, Average, Good, Excellent
Active sex life	Dichotomous qualitative	Nominal	Yes, No
Sexual satisfaction	Dichotomous qualitative	Ordinal	Low, Medium, High
Perceived social support	Qualitative polytomous	Nominal	Family members, friends, formal caregivers

Data processing and analysis

The data were analyzed using descriptive statistics absolute frequencies and percentages. To explore associations between variables, cross tables and Chi square tests ($p<0.05$) were applied, using SPSS version 12 software.

Ethical aspects: Informed consent, anonymity, and confidentiality of participants were guaranteed. During data collection, a private and respectful environment was maintained, avoiding stigmatization or discrimination related to the sexuality of older adults.

RESULTS

Sociodemographic characteristics of the sample

The sample consisted of 200 older adults, predominantly female (65%) over male (35%). The age distribution showed that 55% were between 60 and 79 years old, while 45% were over 80 years old. Regarding educational level, 43% had completed pre-university education, 22% secondary education, 20% primary education, and 15% university education; no illiterate individuals were reported. As for marital status, the majority were married (51.5%), followed by widowed individuals (40.5%), and a small percentage were single (8%). Living arrangements were distributed as follows: 55% with another family, 19.5% with a spouse, 14% living alone, and 11.5% in institutional care (Table 1).

Table 1. Sociodemographic representation of the sample (n = 200)

Variable	Category	n	%
Sex	Female	130	65
	Male	70	35
Age	60–79	110	55
	≥80	90	45
Schooling	Illiterate	0	0
	Primary	40	20
	Secondary	44	22

	Pre-university	86	43
	University	30	15
Marital status	Single	16	8
	Married	103	51.5
	Widower	81	40.5
Coexistence	Only	28	14
	With spouse	39	19.5
	With another family	110	55
	Institutionalized	23	11.5

These results reflect the predominance of women in the older adult population, the greater attendance of those under 80 years of age at health services, and the historical effects on schooling due to educational changes. Furthermore, cohabitation and marital status have significant implications for the expression and satisfaction of sexuality in older adults.

It was identified that 79% of older adults reported a need for information on sexuality, regardless of their sociodemographic characteristics, demonstrating the persistence of myths and taboos associated with this stage of life (Table 2).

Table 2. Need for knowledge about sexuality in older adults (n=200)

Need for knowledge	n	%
Yes	158	79
No	42	21

Table 2 shows that the majority of older adults (79%) expressed a high need for information about sexuality, regardless of their sex, age, or education level. This demonstrates that the topic remains under-addressed within families and society, as well as in healthcare services, where myths and taboos prevail, affecting the perception and enjoyment of sexuality in later life. The results suggest the urgent need for targeted educational strategies for both older adults and healthcare professionals.

Information about sexuality was obtained primarily through friends (26%), mass media such as radio (15%) and television (8%), health institutions (5%), and family health professionals (4%). Forty-two percent of older adults received no information at all (Table 3). This indicates insufficient professional and educational guidance, highlighting the need for training strategies specifically for geriatric residents.

Table 3. Sources of information on sexuality in older adults (n=200)

Source of information	n	%
Television	16	8
Radio	30	15
Press	0	0
Health institutions	10	5
Family doctors/nurses	8	4
Friends	52	26
He does not receive information	84	42

This table shows that a large portion of the sample does not receive adequate information about sexuality, and when they do, it comes primarily from friends. Traditional media and healthcare professionals offer limited or unscientific information. This situation highlights the need to create specific educational spaces and strengthen the training of geriatric residents to address sexuality in a comprehensive manner.

Analysis of sexual satisfaction levels showed that the majority of men and women reported partial satisfaction. While 34% of women reported being satisfied, only 1% of men reported the same level of satisfaction. Dissatisfaction and low satisfaction were equally prevalent in both men and women (Table 4). This highlights the need for comprehensive sexuality education, extending beyond intercourse, and the importance of providing geriatric residents with the tools to address these issues.

Table 4. Degree of satisfaction with sexuality according to gender (n=200)

Level of satisfaction	Male (%)	Female (%)
Dissatisfied	13.5	14.5
Not very satisfied	11.5	16.5
Satisfied	1	34

As table 4 shows, sexual satisfaction among older adults varies by gender, being higher among women. This reflects not only the influence of taboos and misinformation, but also the effect of social and family support on the perception of sexuality. The results indicate that, although sexuality continues to be limited by cultural barriers, older adults continue to express interest in and a desire to fully experience this dimension of their lives.

Regarding social support related to sexuality, the largest proportion was perceived as coming from friends (62%), followed by formal caregivers (31%), while family support was minimal (7%) (Table 5). This distribution highlights the influence of social and family factors on the expression of sexuality in older adults and the need for educational intervention for geriatric residents.

Table 5. Perceived socio-family support in relation to sexuality (n=200)

Source of support	n	%
Family members	14	7
Friends	124	62
Formal caregivers	62	31

Table 5 reflects that older adults perceive Older adults receive more support from friends than from family, while formal caregivers play an intermediate role. This finding highlights the existence of social and familial prejudices that limit the sexual freedom of older adults and underscores the importance of educational and training interventions aimed at families, caregivers, and healthcare professionals to ensure active and sexually healthy aging.

DISCUSSION

The results show that older adults have significant knowledge needs regarding sexuality and that geriatric residents require specific training to address this topic comprehensively. The lack of systematic information, the persistence of social myths, and the limited professional guidance reflect gaps similar to those reported in international studies, where sexuality in old age remains an under-addressed topic in clinical practice and in the education of healthcare professionals (Træen *et al.*, 2016; Umbrella *et al.*, 2025). The importance of recognizing sexuality as an essential component of quality of life is reinforced by studies that show how psychological, social and autonomy factors directly influence sexual expression and satisfaction in older adults (Roney & Kazer, 2015; Fellmann, 2016).

Furthermore, the findings suggest that social support, from family, peers, and caregivers, plays a crucial role in the experience of sexuality in older age. Previous studies have documented that perceived support and freedom to express sexuality are associated with greater emotional well-being and life satisfaction (Erens *et al.*, 2019; Okutsu, 2023). Observations of cohabitation, isolation, and institutionalization also reveal how these contexts influence opportunities for sexual expression, aligning with research that highlights the need for policies and educational programs that empower residents and healthcare professionals to promote safe and respectful environments (Brassolotto *et al.*, 2020).

These findings underscore the urgent need to integrate sexual education for older adults into the training of geriatric residents, emphasizing not only biological aspects but also psychological, social, and ethical ones. International evidence supports the idea that adequate training for healthcare professionals can reduce myths, improve communication about sexuality, and promote healthy aging, contributing to the autonomy and well-being of older adults (Træen *et al.*, 2016; Roney & Kazer, 2015; Umbrella *et al.*, 2025). Therefore, the discussion raises the need for educational, institutional, and family strategies that allow for the visibility and normalization of sexuality in old age, considering the sociocultural context of each population. The results obtained confirm that the sexuality of older adults continues to be an aspect that is under-addressed in clinical practice, a situation directly related to shortcomings in specialized medical training. The persistence of myths and prejudices negatively influences care and limits doctor-patient communication.

It is confirmed that the training of geriatric residents in the sexuality of older adults remains limited, despite its relevance to the health and overall well-being of this population. Evidence suggests that the lack of formal training contributes to the under-attention of sexual needs and the perpetuation of taboos, which can negatively impact the quality of life of older patients (Lindau *et al.*, 2007; Ricoy-Cano *et al.*, 2020). The reviewed studies indicate that sexuality in older adulthood is multidimensional: it includes physiological, psychological, emotional, and relational factors, and requires professionals to be competent in recognizing and addressing each of these dimensions (Cismaru-Inescu *et al.*, 2022; Sapetti, 2023).

Incorporating specific sexuality training into residency programs allows geriatric professionals to develop communication, clinical assessment, and intervention planning skills tailored to the needs of older adults (Monroy, 2015; Torres Mencía & Rodríguez Martín, 2020). Furthermore, systematic reviews show that residents who receive structured training report greater confidence and competence in addressing issues of intimacy, sexual orientation, and sexual dysfunctions, improving the therapeutic relationship and patient satisfaction (Gewirtz-Meydan *et al.*, 2020; Taccini *et al.*, 2024).

Furthermore, comprehensive geriatric sexuality care must consider the diversity of sexual expressions and orientations, as well as the social and cultural determinants that shape sexual behavior in old age (Cameron & Santos-Iglesias, 2024). Evidence highlights the need for programs that combine theory, practical workshops, clinical simulations, and ethical approaches, enabling residents to intervene responsibly and without prejudice. Finally, this approach contributes not only to the quality of care but also to the empowerment of older adults by recognizing sexuality as a human right and an essential component of well-being in old age (BMC Geriatrics, 2025; Taccini *et al.*, 2024).

The training of geriatric residents should incorporate sexuality as a cross-cutting theme, enabling the development of professional skills geared towards a comprehensive and humanized approach. The inclusion of specific educational content will help dispel misconceptions and improve the quality of geriatric care.

Among the study's limitations is its cross-sectional design, which does not allow for establishing causal relationships. Nevertheless, the results offer relevant evidence for improving medical training programs.

The need to strengthen the training of geriatric residents in addressing the sexuality of older adults was evident. The systematic incorporation of educational content on this topic will promote comprehensive care, contribute to improving the quality of life of older adults, and foster healthy aging.

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Conflict of interest

Authors declare no conflict of interests.

Authors' contribution

The authors participated in the design and writing of the article, in the search and analysis of the information contained in the consulted bibliography.