

Summary of key findings

Sexual health and life of Poles aged 50–74 in 2017: A perspective of ageing society

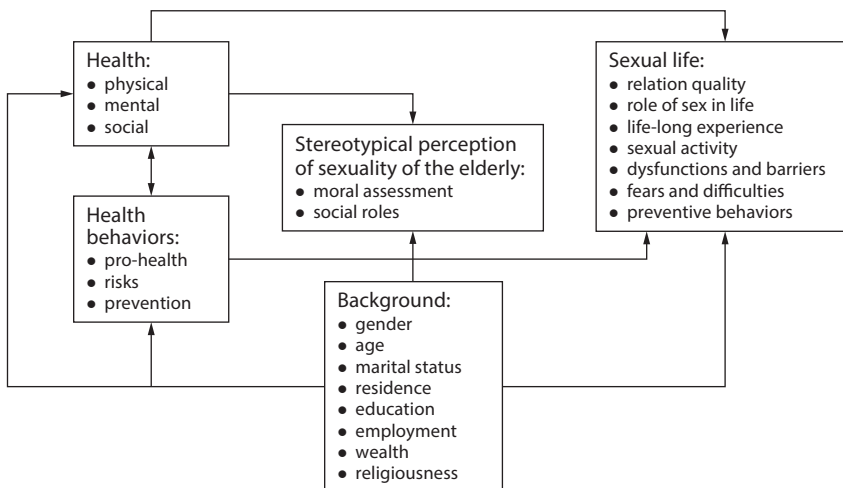
Introduction

The aim of the study was a comprehensive analysis of sexual health and life of people in their late adulthood and early senescence. This study was meant as a contribution to the discussion about the subject of ageing and improvement of elderly people's life quality. The suggestion to add health to the age appears in numerous strategic documents. It is worth mentioning that healthy and active ageing is still an important operational goal of the Polish National Health Program, also in the proposed next version for the years 2021–2025. The significance of sexual life and maintaining good relations with partners seems to be emphasized too rarely in the context of improvement of elderly people's life. It may be a result of considering older people's sexuality as a cultural taboo. Focusing on the negative health indicators and the necessity to provide care for the oldest people who are at a hazard of disabilities or who already experience them is the unquestioned priority. However, people in their late adulthood or early and late senescence are a very heterogeneous age category who represent various intensity of health problems, being also diversified with reference to their professional status, material or family situation. According to the positive indicators published by Global Burden of Diseases, the population life expectancy in Poland is now approximately 60.5 years for men and 64.3 years for women. Thus, it is worth turning attention to the age group about this age limit (conventionally, plus or minus ten years) while defining the factors which increase the chance to lengthen the period of living in good health. Among the findings presented in this study, there are several health and sexual life indicators, as well as the analysis of their social and demographic conditioning. Much attention was paid to the relation between sexual life and physical and psychosocial health of the elderly generation. Not only is the behavior of the persons of the surveyed age group analyzed, but also problems, hardships and fears are signaled. Again, much attention was paid to the opinions concerning sexual life or relations between partners as well as views of elderly people on the issues

related to human sexuality (attitude towards homosexual people, perceived hazard of HIV/AIDS).

The persons surveyed and methods

This is another publication based on the research implemented cyclically since 1997 related to the health and sexuality of Poles, and, at the same time, it is a continuation of the monograph published in 2020 which was based on the same source of data and concerned people aged 18–49. There were 743 persons aged 50–74 qualified for the analyses (from among 2,500 of those surveyed in the year 2017), and the number included 340 men and 403 women. The average age in the currently analyzed sample was 58.9 ± 6.07 years. As for the place of residence, 37.8% were people living in rural areas, and 62.2% were residents of towns, 12.2% of which lived in large cities of the population of more than 500,000. More than half of the respondents had lower than secondary education (51.4%), whereas 19.5% of the respondents declared university education. Among those of the surveyed age group, 61.4% of the respondents were married, but the widowed persons were a significant category (17.7%).



Apart from the introductory chapters which depict the background of the further analyses, the monograph includes eight chapters that present the findings of the survey of 2017. The author applied a unique model of the research, presented in the graph below, which depicts the relations among the consecutive stages of the analyses. The center of the model consists of social opinions about sexuality of elderly people. A hypothesis was proposed that representing a less favorable opinions about this subject is related to worse assessment of one's own sexual health and capability of the respondents below 74 years of age. From the theoretical point

of view, the model of the analyses corresponds with the described in the literature mechanisms of gradual renouncement of sexual life under the influence of stereotypical perception of elderly people in a given society (*geriatric sexuality breakdown syndrome*).

The following summary of the findings includes three parts referring to the health, sexual life and opinions on elderly people's sexuality respectively. Taking into consideration the needs of English-speaking recipients, not only general conclusions are presented but also values of several indicators are given. In numerous cases, persons younger than 50 and older were compared with reference to the aforementioned monograph published earlier. Occasionally, findings of the research of 2007 on people older than 50 were referred to here, which may point at the ongoing cultural changes in Poland.

Health of people in the 50–74 age group

Health condition

The following two chapters present the health and health behaviors of people in the 50–74 age group. The part related to health includes information pertaining to the subjective assessment of physical and psychosocial health, but also objectified information about chronic diseases, mental health condition, hazard of overweight and obesity. Among the specific issues related to the sexual health, a wider discussion was devoted to the relation between the assessment of health and going through menopause as well as infections with sexually transmitted diseases. The part which concerns health behaviors deals with preventive measures (cancer prevention in particular), physical activity, healthy nutrition and sleep and rest hygiene as an example of health-seeking behavior, and taking to psychoactive substances as an example of behaviors harmful to health.

One or more chronic diseases were diagnosed in 43.2% of the respondents (34.4% of men and 50.4% of women). Most frequently, the respondents signaled problems with hypertension (28.4%) and spondylosis (12.9%). Apart from cardiac problems and diseases of movement organs, diabetes (9.3%) and mental health problems (7.7% for both neuroses and depression) occurred quite frequently. Among the surveyed 743 respondents aged 50–74, 27 (3.6%) had ever suffered from at least one of the indicated sexually transmitted diseases, including 4.1% of men and 3.2% of women.

Incorrect body mass is a significant health problem among elderly people. Within the surveyed group of people aged 50–74, the average BMI was 27.19 (SD=4.39), which shows that even the average value exceeds the cut-off point for overweight. Overweight was diagnosed in 46.9% of the respondents, and obesity in 22.1%. In the 50–74 age group, overweight or obesity is found in 71.9% of men and 66.7% of women. As compared to people aged 18–49, it is a slight increase for men (about 2.0%) and much more significant increase for women (by 21.8%).

The mental health condition was analyzed on the basis of three symptoms which were very often reported by from 15.0% of the respondents (loneliness, absence of close, friendly people in the surrounding) to 20.5% of the respondents (long-lasting fatigue, weakness, somnolence, difficulties with concentration). In the course of the multivariate analysis carried out with logistic regression, it was shown that the risk of a worse frame of mind is increased respectively by: living beyond a marital relationship, a worse assessment of one's material situation, staying jobless and female gender, whereas secondary education is a protective factor.

The published 2007 data provide for the assessment of the change in the intensity of the first two symptoms in the population older than 50. The proportion of the ones who felt the symptoms frequently, very frequently or all the time increased in both cases.

Preventive behaviors

Women older than 50 more seldom than younger ones benefit from gynecological care, which is particularly vivid among the less wealthy women. Elderly women too have follow-up examinations made within the secondary prophylaxis of breast cancer and cervical cancer; the examinations are more popular among women who work and are better off. However, nearly one fourth of the women aged 50–74 never had a mammographic examination made (23.7%), and almost every tenth (11.5%) of them never had a Pap test made. Men's preventive behaviors also give rise to concern. The proportion of men aged 50–74 (58.2%) who had never examined their testicles themselves appeared very high. More than $\frac{3}{4}$ of men aged 50–74 (76.9%) had never had the prostate specific antigen (PSA) test, or they had not been aware of the test.

While comparing the changes in the attitude towards preventive examinations in women surveyed in 2007 and 2017, it is difficult to conclude unambiguously on positive changes. For example, the proportion of women who had never had a Pap test made decreased slightly, but the proportion of those who had it made systematically – at least once a year – also decreased.

Only every tenth person aged 50–74 had had a test for sexually transmitted diseases ever made. Persons older than 50 had the test for HIV made twice more seldom than younger persons (5.7% as compared to 10.4%), and they considered having such test made twice more seldom (8.5% as compared to 15.9%).

Behaviors favorable and unfavorable for health

More than fifty percent of the respondents aged 50–74 represented favorable nutrition behaviors which were further improved with age. This means that from 51.4% to 66.3% of the respondents follow the recommendations concerning regular meals, drinking sufficient amounts of water, eating fruit and vegetables every day, and avoiding sweets and fast-food. People aged 50–74 follow the recommendations pertaining to the sleep time. Nevertheless, the data concerning physical activity of elderly people are alarming, in particular in the context of the aforementioned

proportions of overweight and obesity. More than half of the number of the respondents (53.9%) declared total absence of physical activity, whereas merely 16.8% of the persons in the age group might be classified as those maintaining high moderate physical activity. This positive indicator concerned 20.3% of men and 13.8% of women aged 50–74.

An aggregate index of caring for health (combining nutrition behavior, physical activity and sleep time) was defined, and the average value of the index for the population aged 50–74 was 13.64 ± 4.05 (in the scale of 0–24 points). A significant positive relation was proved between the level of the index and the self-assessment of the material situation, and the level of education.

An aggregate index of the quality of social relationships was also defined. Here, the average value for the population aged 50–74 was 8.64 ± 1.93 (in the scale of 0–12 points). Social relationships were assessed as much worse by single persons, those of lower education level and the poorer ones.

Regular smoking of traditional cigarettes was declared by 28.3% of the respondents aged 50–74, whereas smoking e-cigarettes was reported by 3.9% of the respondents only. The proportion of alcohol abstainers was 17.8% of the respondents aged more than 50 as compared to 7.8% in the younger group. The occurrence of a chronic disease was related to drinking alcohol more seldom.

A statistically significant relation was shown between cigarette smoking and caring for health. Men and women who obtained a positive score in the scale of health behavior summary smoked traditional cigarettes more seldom than people of the same sex who did not take to pro-health behaviors.

Sexual life of people aged 50–74 and their relations with partners

Opinions about the relations

The chapter *Functioning in relationships* is a bridge between the parts of the monograph which concern health and sexuality with relation to the social and mental dimensions of health. The proportion of the persons who stayed in relationships appeared similar within the populations of those aged 18–49 and those in the 50–74 age group (65.2% and 69.0% respectively). However, the two age groups differ significantly as for the formal marital status, and the tendency to establishing informal relationships. After the age of 50, the reason for remaining single is more and more often the death of the partner. People at this age are more often in a marital relationship, and more seldom than younger people decide to enter an informal relationship. In the age group of 50–74, single life more often coexisted with a worse material situation, and the protective factor was dwelling in smaller towns. Taking other factors into consideration, the probability of living single decreased significantly in the group of very religious people, and the probability of entering an informal relationship increased systematically as the level of religiousness decreased. Among those aged 50–74, the average duration of the current

relationship was 28.9 years ($SD=11.6$). The formal relationships lasted much longer (31.3 ± 9.2 years) than the informal ones (11.8 ± 12.0 years).

The comparison of the information obtained from people younger than 50 and the older ones shows changes within the scope of establishing relationships and their collapsing. Older people more seldom met their partner at a party; they usually entered a relationship with someone who lived nearby. In the 50–74 age group who had experience with more than one relationship the main reason for termination of the previous relationship were the personality clash and fizzling out of the feelings (similarly, 28% each). The majority of the respondents showed a positive attitude to their current relationship and declared that they would choose the same partner again (87.8%), and those who stayed in a marital relationship had never thought about divorce (74.7%).

The questionnaire of the survey of sexuality of Poles was a chance to test the author's tool for the assessment of the opinions about functioning in the relationship. From among eighteen suggested statements, ten create a coherent aggregate scale of good psychometric properties. People aged 50–74 assessed their current relationship as a worse one than younger adults did. The level of wealth appeared an important factor which lowered such an aggregate assessment. The pertinence of the scale is also proved by a high correlation with a single independent question concerning the general assessment of the marriage or the current relationship. In the initial part of the questionnaire, the relationships were assessed as very good ones by the persons who felt very happy with their current partner and those who thought that their relations with another person was based on willingness for compromise and sharing all the experience.

Perception of the role of sex in life

The following chapter includes description of the findings relating to the perception of sex by the respondents. The findings concern both one's own sexual life and more general opinions on a relation of two persons, and on the behaviors that may be more or less acceptable. A typical respondent aged 50–74 stated that sex in their life is a moderately important matter (25.0%), their sexual needs are neither big nor small (40.0%) and that they feel neither satisfied nor dissatisfied with their own sexual life (39.9%). A more definite and positive opinion pertained to the level of satisfaction of sexual needs (50.6% of the affirmative answers). The proportion of the people who expressed positive opinions on various aspects of their sexual life changed depending on the status in the relationship, gender and age of the respondents. Women at this age definitely more often declared their lack of interest in sex reporting that it is the sphere of life of little significance, and that their sexual needs are small or none. For example, while comparing two persons of different gender, it was found that 38.8% of men and 58.8% of women considered sex insignificant in their life. However, in the oldest analyzed group (65–74 years of age) there is a significant proportion of people who are clearly satisfied with their sexual life which concerns 37.9% of men and 21.3% of women. These

findings confirm the legitimacy of considering sexuality a sphere which may be present in the lives of relatively elderly persons, but they also show the need to determine the reasons for the decreasing interest in sex, particularly in the group of elderly women.

The aggregate analysis of four questions concerning one's own sexual life provided identification of five key determinants, i.e. gender, age, employment status, perception of the family's wealth and the status of the current relationship. A more favorable assessment of sexual life was found in the group of men, among younger persons, those still employed and with better material situation.

The surveyed persons aged 50–74 represented diversified general opinions on sexual life in the general statements, i.e. those which did not concern themselves. The statement most frequently (87.5%) agreed upon was that *successful sex is possible if both partners want it*. The statement most seldom (23.2%) accepted was that *only having many partners in life allows finding out the variety of sexual experience*. The opinions of women and men differed significantly with reference to six questions, whereas there were no significant differences concerning seven questions. Women more often paid attention to the need of closeness and emotional involvement, whereas men more often approved plurality of experiences. To this end, the findings seem contradictory to the previously declared lack of interest in sexual life.

While comparing the findings of the surveys of sexuality among people aged 50 or more in the years 2007 and 2017, several changes may indicate liberalization of opinions. However, still on a high level, there was a drop in the proportion of those who declared that:

- Love is a prerequisite for successful sexual life (from 86.6% to 75.9%);
- One should not have sex without strong emotional involvement (from 72.0% to 64.0%);
- Successful sex is possible only when both partners want it (from 93.4% to 87.5%).

On the other hand, there was a growth of the proportion of those who agreed with the following statements:

- Only having many partners in life allows finding out the variety of sexual experiences (from 18.1% to 23.2%);
- Maintaining virginity until wedding is an outdated requirement (from 45.8% to 58.8%);
- Pre-marital sex is an important test for the fiancés (from 53.2% to 61.4%).

An interesting observation is the increase of the proportion of those who agree with the statement that *hugging, touching and physical closeness are more important than the intercourse* (from 56.7% to 64.8%), which indicates that elderly people may

want to maintain the intimacy of the relationship despite the problems that appear with years, including the previously depicted health problems.

Sexual activity

Among other issues, the following are described in the next chapter: types of sexual activity and their background, number of sexual partners, non-heterosexual contacts and opinions on same, and the use of the Internet for striking up acquaintances.

It was found that more than half of the people aged 50–74 had ever had experience with masturbation, and this form of activity is still practiced by 20.5% of men and 10.6% of women within this age group. As compared to the group of people younger than 50, the opinions on masturbation are less favorable among elderly people. Within the last 12 months, 51.4% of the people aged 50–74 experienced vaginal intercourse, 26.4% of them had oral sex and 6.2% had anal sex.

In general, 38.7% of the respondents aged 50–74 surveyed in 2017 declared experiencing orgasm always or nearly always, including 60.4% of men and 19.6% of women.

The changes in the sexual activity of elderly people in the years 2007–2017 might be evaluated on the basis of only a few questions. For example, after the findings had been calculated for the sample of the persons who replied to the questions, it may be stated that the proportion of the respondents older than 50 who still masturbate increased by some 8.7%. The proportion of those who declared that they had never done it decreased by about 11.2%. In 2007, about 30% of the respondents refused to reply to the question pertaining the frequency of experiencing orgasm as compared to 1% of the lack of the data concerning the 2017 respondents who had sexual experience. However, when translating the proportions to the persons who answered the questions, we may notice by 6% more frequent experience of orgasm always or nearly always declared currently by elderly men while there were no changes in the group of the comparable groups of elderly women.

An important indicator, thoroughly discussed in this chapter, was the sexual activity in the last 4 weeks understood inclusively as vaginal, oral and anal intercourse or masturbation. This kind of sexual activity was declared by 48.5% of the respondents aged 50–74, including 55.3% of men and 42.7% of women. The age appeared an important differentiating factor. Within the five consecutive age groups, the proportion of the men sexually active in the last month dropped from 72.7% for the age 50–54 to 14.8% for those aged 70–74, and proportion of sexually active women from 65.4% to 15.0% respectively. Among the important factors which affected the current sexual activity of people aged over 50, there were: staying in a marital relationship, occupational activity and a higher level of the family's wealth. The relation to the level of religiousness was revealed in the group of women only. Women aged 50–74 who believed in God and practiced religious rituals were definitely more seldom sexually active than their less religious coeval women. Good

physical and mental health condition was another factor which favored the current sexual activity.

People younger than and older than 50 declared a similar number of sexual partners within their lifetime (5.05 ± 8.18 against 5.19 ± 9.88). However, men aged 50–74 had twice as many partners as the number of sexual partners of women at the same age (7.13 ± 12.93 against 3.62 ± 5.98). So significant a difference was not found within the younger population that was described in the previous monograph.

Nearly every third respondent (31.0%) aged 50–74 was classified in the group of the single-living people. In the group of 207 singles at the age of more than 50 who had had a partner, every fourth (25.1%) stayed beyond a regular relationship for up to 3 years, and more than half of them (51.7%) stayed single for up to 6 years. The proportion of people aged 50–74 who used to establish sexual relations from the position of a single appeared much lower than that found in the group of respondents younger than 50 (12.7% and 33.6% respectively).

The question concerning sexual orientation was answered by 708 persons older than 50, including 94.3% of the respondents in this age group who considered themselves as heterosexual, 0.7% considered themselves bisexual, 0.5% – asexual, and 3.5% of the respondents were not able to provide an unambiguous answer. Social opinions concerning sexual contacts with people of the same gender were also analyzed. More than half of the respondents aged 50–74 disagreed with the statement that sexual contacts among people of the same gender are something normal, and 30.4% stated that homosexual persons should be medically treated. As compared to the findings pertaining to the people younger than 50, a less acquiescent attitude to homosexual people was found among the older Poles.

The proportion of the respondents aged older than 50 who used the Internet to make new friends appeared much lower than that among younger people (7.1% and 28.8% respectively). Having Internet chats related to sex was admitted by 5.2% and 16.8% of older and younger respondents respectively. Among the older people who used the Internet for erotic purposes, 41.7% of them experienced orgasm during such activity, 77.8% were aroused, and 44.4% were masturbating at the Internet (as compared to those who took sexual activity on the Internet). A significant part of the respondents aged 50–74 (38.1%) had ever watched erotic or pornographic materials on the Internet, including 52.1% of men and 23.6% of women.

An important set of questions concerned loyalty to the regular partner. In the surveyed group of people aged 50–74, 10% had ever stayed in more than one relationship at the same time. Within this group, 14.4% of men and 7.2% of women had had sexual intercourse with someone else than their regular partner. Most often, the cheating cases occurred after one had consumed much alcohol (34.6%) and during vacation spent without the regular partner (24.4%). It was often on-the-spot decision, which is proved by the answer which prevailed in the next question concerning the reason for cheating, i.e. 'I simply wanted to' (34.6%), and – a frequent answer – 'with no specific cause' (25.6%).

Sexual performance

The last chapter of the part pertaining to sexual life concerned problems, fears, difficulties and sexual performance. In the surveyed group of the respondents aged 50–74, 62.5% of them had ever noticed their long-lasting disinterest in sex. The most frequently reported reason for that was overstrain or too much work (37.8%) and the respondent's age (37.2%), and then their poor health condition (28.0%).

A separate set of questions provided an analysis of the impedances for taking sexual activity within the last 12 months, but the frequency of such impedances was minute. Small sexual needs were most frequently reported (6.5% of men and 8.2% of women).

In the third set of questions, the respondents were asked to indicate the fears that had ever made having an intercourse difficult for them. The most frequent indicated fears were tiredness or stress (28.9%), apprehension of unwanted pregnancy (19.4%), the respondent's illness (16.0%) and risk of a failure while having sex (10.4%).

Sexual activity was also evaluated from the perspective of the last 4 weeks via the ability to achieve the state of desire, arousal or erection, pleasure with the sexual intercourse and orgasm. Separate aggregate scales were prepared to describe the quality of sexual contacts and, indirectly, sexual performance of women (4 statements) and men (9 statements). Following standardization to the range of 0–100 points, the scales were considered as comparable for both genders. In the surveyed group of respondents aged 50–74, the average quality indices of sexual contacts were 71.40 (± 22.88) for men and 63.94 (± 26.97) for women. It was proved that the assessment of sexual performance shows a significant relation with the assessment of general health condition and frame of mind as well as a significant relation with the index of social relationships, whereas the relation with the habits of caring for health was weaker.

The final part of this chapter includes the analysis of seven stereotypical opinions about sexual performance of men and women as declared by persons aged 50–74. The respondents most often disagreed with the statements that *a woman who has problems with achieving orgasm during a sexual contact is not fully valuable* (46.0%) and that *man who has problems with achieving and maintaining erection is not fully valuable* (38.7%). The first statement was more often disagreed with by men, whereas the second one was more often negated by women, which indicates a less critical attitude to problems of the opposite gender than to one's own gender. Disagreeing with the statement that women have better control over their sexual desires than men do was related to more advantageous values of the sexual performance index in women. This meant an increase in the standardized index of sexual performance from 61.6 to 78.4 at comparison of the group of women who agreed with the statement to the group of women who did not.

Stereotypical thinking about sexuality of elderly people

Social opinions on elderly people's sexuality

The respondents were requested to express their opinion on two statements: 1) *Sexual life of elderly people is immoral* and 2) *Elderly people should think about their children or grandchildren rather than about their sexual pleasure*. It was shown that about 60% of adult Poles disagreed with the subject statements thus proving a positive attitude towards sexual contacts of elderly people. As compared to the research from 2007, the 2017 survey showed that older age was less associated with focusing on children and grandchildren at the cost of one's own pleasure. At the same time, a higher proportion of Poles represented restrictive opinions that sexual life at an older age is immoral.

The attitude to elderly people's sexuality changes with age groups. For the entire group of the 2500 surveyed Poles, conventionally a group was defined of those who presented most favorable attitude (25.4% of the respondents). This proportion grows clearly within the group older than 50 to reach 30.9%, but drops to 24.0% among those older than 60. The changes are more vivid among women than among men.

Opinions about sexual activity of elderly people show the relation with other views on sexual behaviors and sexuality of various groups of people. The correlation with a negative attitude to masturbation and to sexual contacts of physically challenged people appeared strongest and negative.

Opinions expressed by elderly people versus their health and sexual life

The last chapter of the report includes the analysis of the relation between the attitude to elderly people's sexual life and sixteen indicators of health and sexual life of the respondents in the 50–74 age group. One direction of the relation was assumed to check whether the health factors improve together with a more permissive attitude to sexual activity of elderly people.

In most cases, a significant correlation was proved, although the strength of the relation appeared a moderate one. Higher values of the correlation coefficients were obtained for the relation with sexual life than for that with health, whereas the relation with health behaviors appeared weakest and ambiguous. In two cases, a significant relation concerned only women with absence of such relation in the group of elderly men, which pertained to:

- the mental health index, and
- opinions on emotional involvement as a prerequisite of a successful relationship.

In a few further cases, a significant relation was shown for both genders, but the strength of the correlation was much higher in the group of women. This concerned:

- general assessment of health,
- assessment of the bonds in the relationship,
- satisfaction with sexual life, and
- sexual performance.

Only in the case of the assessment of relations with the environment (family, friends, satisfaction with the job), the strength of the relation was higher in the group of men than it was in the group of women.

It was also found that a favorable attitude of people aged 50–74 to sexual contacts at an older age favors taking to such activity by themselves. Within the last 4 weeks, in the group of people aged 50–74 whose attitude to sexuality of elderly people was worse, 32.7% of the respondents were currently sexually active, whereas the proportion was 59.9% among those with favorable attitude.

Summary

The foregoing has a form of an executive summary which presents the key findings obtained in the course of the analyses. Some issues, described comprehensively in this publication, are only signaled in this summary, for example the analysis of the social correlates of health and sexual life of people aged 50–74, or the relation with the level of religiousness. The study presents several issues which require more detailed analyses and separate publications enhanced by discussion with worldwide literature. For example, an alarming phenomenon is the deteriorating mental condition among the relatively older generation, and the deficits within the scope of health behaviors (failure to take to preventive behaviors, disastrous level of physical activity). An important conclusion arising from the analyses was that there was a different dynamics of changes in the attitude to sexual life of men and women, which, however, should be confirmed by a study of a larger sample of people aged more than 50. Immediately after the menopause, women have a very positive (even better than before 50 years of age) indices of the attitude to sexual life but they rapidly worsen after 60 years of age. At the same time, they express a strong need for closeness. In the population of men who experience the andropause the studied processes of „giving up sex” did not show so rapid changes. A very important area that require further studies and analyses of the thus far gathered material concerns social norms related to sexuality and their translation to the behaviors and psychosocial health. It is worth considering to what extent the decisions and expressed views and attitudes arise from the personal situation (a serious disease, loss of a partner) and how they are a result of social pressure. It may also be considered what educational activities should be introduced in the society but also in the environment of people who provide medical, rehabilitation and therapeutic services.

It seems, however, that this publication is an important voice against stigmatization of elderly people and a voice for inclusion of various aspects of sexual life in the discussion about the conditions for improvement of their life quality in the meaning of maintaining satisfactory relationships in the period of entering the phase of life still stigmatized as the old age.

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