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## **Knowledge and Attitude towards Sexuality in Old Age. A Study in the Classroom of Experience and the Degree in Social Education at the University of Huelva**

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### **Abstract**

False beliefs and negative myths about sexuality in old age lead to stereotypes and prejudices towards this group. These negative opinions germinate from a lack of knowledge about a subject. In an ageing society, education plays an important role, attending to the needs of these people throughout their lives and offering information that encourages optimistic attitudes towards this group and about a subject that seems to be frowned upon or forbidden in old age.

To this end, this research aims to analyse the knowledge and attitudes that young people studying for the degree in Social Education and older people attending the training course of the experience classroom at the University of Huelva have towards sexuality in old age. The method used is descriptive-correlational and comparative-causal. A questionnaire was administered to a sample of 304 subjects between 18 and 78 years of age. For data analysis, descriptive statistics, group comparisons and multiple linear regression model were used to identify factors that condition sexuality in old age. The results showed that the older population has more knowledge and a more conservative attitude towards sexuality in old age than the younger participants. Age, knowledge and educational qualifications are noted as conditioning factors of sexuality in old age. The research provides elements to be considered when drawing up educational-sexual initiatives to help improve certain attitudes and contribute to a more positive conception regarding the elderly.

**Keywords:** sexuality, attitude, older people, social education.

### **1. Introduction**

Sexuality in old age is a topic that has been the subject of study in recent years (Medina et al., 2019; Piñero-Aguín, 2021; Saldarriaga, 2021). The rise in the population of older people in our society (increased life expectancy, improvements in health status) opens up a new focus of interest

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for research to help shed light on this reality and meet their requirements, including sexual needs (Paschkes, Palumbo, 2021).

The majority of works reviewed on this subject are focused on sexual health, both physical and mental (Iacub et al., 2020; OMS, 2016) and on the attitudes of certain groups towards sexuality in old age (Hernández-Hernández et al., 2021; Medina et al., 2019). In this sense, the thoughts and/or beliefs that a person has can give rise to prejudices, causing rejection towards the sexuality of older people (García-Villanueva, 2020). In the research by García-Villanueva et al. (2020), it was found that sexuality in old age is still a taboo subject, without much presence, and when it is present, it seems to be perceived as something indecent and in bad taste. Torres and Rodriguez (2019) agree with this finding, pointing to social stereotypes and prejudices as barriers to sexual expression of the elderly. Despite these negative perceptions, research highlights sexuality in old age as a substantial aspect of the lives of older people, providing wellbeing in their quality of life (Bejarano et al., 2021; Guadarrama et al., 2010; Piñero-Aguín, 2021). At this point, we ask ourselves which factors can help foster a liberal attitude towards sexuality in old age, as identifying them helps us to work with them and provide greater wellbeing in the lives of the elderly. In this regard, is there any knowledge about sexuality in old age? Who maintains a more conservative attitude? Young people? Or the older population? Concerned with these issues, in this paper, we intend to analyse the knowledge and attitudes that young people, in this case students taking the degree in Social Education, and older people attending the Experience Classroom at the University of Huelva, harbour towards sexuality in old age. The Experience Classroom consists of a training programme, included in the study plan of the University of Huelva, aimed at people over 55 years of age. The main purpose of this initiative is to improve the quality of life of these people and encourage their active participation in their social context.

Stereotypes and prejudices are often unfounded due to a lack of knowledge of a subject. In other words, beliefs or ideas appear steeped in the conceptions held about something. These conceptions may be the result of personal or close experiences, the context, the culture, the time, the representations held about old age and how old men and women are expected to be (García-Villanueva et al., 2020; Morell-Mengual, 2018).

There are many factors that can influence the attitude towards sexuality in old age, which can be grouped in large blocks: physiological factors, hormonal factors and social factors (Wong et al., 2010).

Research points to age as one of the main elements associated with the attitude adopted towards sexuality in old age; in this sense, young people seem to have a more liberal attitude than older people (Orozco, Rodriguez, 2006; Ramos, Melgizo, 2017). Other studies have shown how certain sociodemographic variables, such as having a partner, having children, educational level and religious beliefs, are sociocultural aspects associated with attitudes towards sexuality in old age (Fischer et al., 2018; Palacios et al., 2012; Sinković, Towler, 2019). Some of these variables have been related to a liberal attitude, such as reaching a high level of education or having a partner (Medina et al., 2019; Vivaldi, Barra, 2012), and other variables with a conservative attitude, such as having religious beliefs, having children or having an elderly person in the family (López, 2012). In relation to gender, there are studies that indicate that men are less conservative than women (Orozco, Rodriguez, 2006). On the other hand, we also found other studies that found no differences in terms of gender (Ramos, Melguizo, 2017).

In general, society assumes false beliefs and negative myths about sexuality in old age. The lack of information on this subject encourages the proliferation of negative stereotypes and prejudices, stigmatising this group and omitting the presence of this need (sexual) in the group (Ramos, Melguizo, 2017).

On the other hand, the training of different professional groups that work with the elderly can play a valuable role in enhancing these people. In this sense, social educators find in the group of the elderly a booming professional field (Muñoz-Galiano et al., 2020). The degree in Social Education is a four-year university degree designed to train students in the knowledge, skills and attitudes necessary for them to carry out socio-educational interventions with people in various contexts, in order to enhance personal and social development and promote social inclusion.

In an ageing society, education plays an important role in meeting the needs of these people throughout their lives and promoting their wellbeing and quality of life. Promoting awareness raising and training campaigns that help diminish stereotypes and prejudices towards the elderly is becoming increasingly necessary in professional groups that provide socio-educational care to

these people (Limón et al., 2021). Consequently, in line with the above, the study of knowledge and attitudes towards sexuality in old age in future social education professionals can help to outline and understand the social conception they have about these people, as well as the beliefs they have about them and the training they have about sexuality in old age.

In short, social educators can be professionals who can help avoid discriminatory attitudes towards this group (Belchi et al., 2017).

#### 1.1. Objectives

To analyse the knowledge of students from the Experience Classroom and the Social Education degree course about sexuality in old age.

To analyse the attitudes of students from the Experience Classroom and the Social Education degree course towards sexuality in old age.

To analyse the relation between knowledge, personal characteristics and attitudes towards sexuality in old age.

## 2. Method

This research follows a quantitative, descriptive and correlational methodology, as the aim is to study the statistical relationship between variables whose information has been gathered at the same point in time, applying the survey method in a cross-sectional design. Each of its elements is described in detail below:

#### 2.1. Sample

Intentional and convenience sampling was used, with a group consisting of 304 subjects, of which 40.6 % are men and 59.4 % are women, corresponding to students from the Experience Classroom (university programme for the elderly based on the lifelong education concept) and students from the second year of the Social Education degree course. The selection criterion was the age range, for which the students from the Experience Classroom (at the University of Huelva, access as of 55 years of age) were chosen to represent the older population and students in the second year of the degree in social education to represent the young population. This selection criterion is motivated by the aim of examining differences in the perception of sexuality in old age between the young and the mature population. The age range is from 19 to 78 years old. Some 71.8 % of the sample has a partner, 50.3 % has children and 55.9 % has an elderly person in the family. As for educational qualifications, 1.5 % have no studies, 18.2 % have basic education, 32.4 % have intermediate education and 47.6 % have university education. In terms of religious beliefs, 15.9 % are practising believers, 54.4 % are non-practising believers and 28.7 % are non-believers.

#### 2.2. Instruments and variables

Two scales were applied:

1) Knowledge scale (Table 1) (White, 1982, with adaptations by López, 2012) consisting of 31 items with three response options: 1. True, 2. False and 3. Don't Know, with only one correct option (correct answers: 1-2; 2-1; 3-2; 4-1; 5-1; 6-2; 7-1; 8-1; 9-2; 10-2; 11-1; 12-1; 13-1; 14-2; 15-1; 16-1; 17-1; 18-2; 19-1; 20-1; 21-1; 22-1; 23-2; 24-2; 25-1; 26-1; 27-2; 28-2; 29-1; 30-1; 31-1). The scale scored a Cronbach's alpha in this study of .86 for 31 items.

2) Scale of attitudes towards sexuality in old age (Table 2) (White, 1982; adapted and expanded from López, 2012), consisting of 37 items measured on a scale of 1 to 7 where 1 is Strongly Disagree and 7 is Strongly Agree. The items are formulated positively (higher scores are indicative of a more liberal attitude) and negatively (higher scores are indicative of a more conservative attitude). Liberal items: 10, 13, 14, 15, 16, 17, 18, 20, 22, 26, 30, 32, 35 and 37. Conservative items: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 19, 21, 23, 24, 25, 27, 28, 29, 31, 33, 34 and 36. The scale obtained a Cronbach's alpha of .93 for 37 items. Both scales showed good internal consistency for this study.

Information was gathered on sociodemographic variables as possible factors conditioning sexuality in old age (López, 2012): age (measure: scale), sex (male, female), having a partner (yes/no), having children (yes/no), having an elderly person in the family (yes/no), level of education (no education, basic, intermediate, university) and religious choice (practising believer, non-practising believer, non-believer). After data collection, we proceeded to categorise the age variable into age ranges: 19-25; 26-35; 36-45; 46-55; 56-65, and 66-78 years. This grouping facilitated analysis of the differences in scores for the age range and study variables (knowledge and attitude).

### 2.3. Data analysis

The data were analysed using SPSSv25 statistical software. An exploratory Kolmogorov-Smirnov test was performed to observe the normal distribution of the data in the sample under study, finding that all the study variables (attitude, knowledge, age, sex, having a partner, having children, having an elderly person in the family, education level and religious choice) were different from the normal distribution ( $p < .05$ ). In this sense, it is recommendable to use certain statistical procedures that will be detailed in this section according to the techniques used to meet the research objectives. To analyse the sample's knowledge of sexuality in old age, a set of variables (dichotomous variables) was created by counting the percentage of correct answers to each of the items. Moreover, the total number of correct and incorrect answers to the knowledge construct was calculated and the Kruskal-Wallis test was applied to examine the differences in the scores obtained in relation to age range. To analyse the sample's perceptions of attitudes towards sexuality in old age, means and standard deviations were obtained for each of the items and the overall score of the attitude towards sexuality in old age scale was calculated. As with the previous construct, the Kruskal-Wallis test was applied to analyse differences in the perception of these attitudes with age range. Finally, to analyse the relationship between knowledge, sociodemographic variables and attitudes towards sexuality in old age, an exploratory study of Spearman's rho bivariate correlations was carried out and a multiple linear regression model was applied using the data entry technique, in order to verify whether the differences observed in the factors that condition sexuality in old age (knowledge, age, sex, having a partner, having children, having an elderly person in the family, education level and religious option) predict the attitude towards it (liberal or conservative). This model should be understood as having certain limitations, since it does not comply with the multivariate normality condition. Estimating parametric improvements does not depend on the normality assumption, so regression can be applied. The aim is to estimate the fit of the model based on the variables that are significantly correlated.

### 2.4. Procedure

Data gathering took place during the 2020–2021 academic year during school hours and in the facilities of the University of Huelva. Participation was voluntary and the scales were filled in anonymously. The sample was accessed in person, as the researchers provide teaching services in both areas (2<sup>nd</sup> year of Social Education and Experience Classroom).

## 3. Results

The results are presented according to the research objectives:

### 3.1. Analysis of knowledge about sexuality in old age.

Table 1 shows the percentages of cases that gave correct answers to each of the items:

**Table 1.** Percentages of correct answers of the participants on knowledge of sexuality in old age

Items	N	% cases
1. Sexual activity in people over 65 years of age is often dangerous for their health.	289	85 %
2. Men over 65 years of age tend to take longer than younger men to achieve erection.	231	68 %
3. Males over 65 years of age tend to experience a reduction in orgasm intensity compared to younger males.	82	24 %
4. Erection firmness is often less in the elderly than in the young.	230	68 %
5. Women over 65 years of age lubricate (moisten) their vagina less than younger women.	254	75 %
6. Women over 65 years of age take longer to have adequate lubrication than younger women.	25	7 %
7. Women over 65 years of age may experience pain during intercourse because they have reduced elasticity of the vagina and lubricate it less.	145	43 %
8. Sexuality is, under normal conditions, a lifelong need.	298	88 %
9. Sexual behaviour in over-65s increases heart attack risk.	201	59 %

10. Most men over 65 are unable to have sexual intercourse.	237	70 %
11. Those who were more sexually active during youth tend to be more active when they are older.	103	30 %
12. There is evidence that sexual activity of the elderly has beneficial health effects.	232	68 %
13. Sexual activity can be psychologically beneficial for the elderly.	292	86 %
14. Most women over 65 years of age do not react sexually to erotic stimuli.	202	59 %
15. Ingestion of pharmaceutical substances may alter sex drive in individuals.	263	77 %
16. Basically, changes in sexuality beyond the age of 65 involve a decrease in the speed of response, rather than a decrease in interest in sex.	223	66 %
17. People over 65 years of age tend to experience less need to ejaculate, and are able to maintain an erection for longer than younger people.	50	15 %
18. Elderly men and women cannot act as sexual partners for each other, since they need a young partner to become aroused.	252	74 %
19. The factor that most determines the frequency of sexual activity in elderly couples is the male's interest or disinterest in sexual activity with the female.	91	27 %
20. Barbiturates, tranquilisers and alcohol can lower the sexual arousal level of older people and interfere with their sexual responsiveness.	293	86 %
21. Lack of sexual interest in the elderly may be a reflection of a depressive psychological state.	217	64 %
22. As males get older, there is usually a decrease in the frequency of sexual activity.	233	69 %
23. There is a greater decrease in sexual activity in men as they age than in women.	173	51 %
24. One very important factor in maintaining male sexual responsiveness in old age is maintaining regularity of sexual activity throughout life.	65	19 %
25. Fear of not being able to respond properly sexually can lead to sexual unresponsiveness in the elderly.	255	75 %
26. The cessation of sexual activity in the elderly is usually primarily due to psychological and social factors rather than biological and physical causes.	140	41 %
27. Frequent masturbation can accelerate dementia and mental confusion in the elderly.	235	69 %
28. There is an inevitable loss of sexual satisfaction in women after the menopause.	114	34 %
29. Secondary impotence increases in men after 60 years of age.	117	34 %
30. In the absence of severe physical illness, men and women can maintain sexual interest and activity into their 80s and 90s.	231	68 %
31. Masturbation in older men and women has beneficial effects on the maintenance of sexual responsiveness.	219	64 %

Note: N= Number of cases that responded correctly.

We observe that the items with the least knowledge are 3, 6, 17, 19 and 24, all of them below 30 % of correct answers. The majority are associated with false beliefs about sexuality in old age and the changes experienced in the sexual physiology of both men and women.

The mean number of correct answers is 57.4 %, the average number of incorrect answers is 20 % and the mean "Don't Know" answer is 22.6 %. Therefore, 42.6 % of the total responses reveal a lack of knowledge about sexuality in old age. The items with more than 80 % of correct answers



were: 1, 8, 13 and 20. Items associated with needs and factors that condition sexuality in old age. We found the overall knowledge score, with a mean of 17.66 (SD = 4.5), a minimum value of 3 and a maximum value of 27. Note that each correct answer counted as one point, the maximum achievable score being 31 points. In this sense, in our study, no one reached the maximum level of knowledge or the total absence of knowledge.

In addition, we performed a Kruskal-Wallis one-factor ANOVA test (K samples) with the set of correct answers for the knowledge variable and age range (19-25, 26-35, 36-45, 46-55, 56-65, 66-78 years) to analyse the presence of significant differences in the various age ranges. The results confirmed the existence of statistically significant differences between the age range 16-25 years (mean = 133.29;  $p < .05$ ) and the age ranges 56-65 years (mean = 185.40;  $p < .05$ ) and 66-78 years (mean = 210.65;  $p < .01$ ), so that the older population seems to have more knowledge about sexuality in old age than the younger population. Differences were also found between the group belonging to the 36-45 years age range (mean = 143.41;  $p < .05$ ) and the group aged 66 to 78 years (mean = 210.65;  $p < .05$ ).

### 3.2. Analysis of attitudes towards sexuality in old age

A descriptive analysis was performed for each of the variables that make up the scale of attitudes towards sexuality in old age (Table 2).

**Table 2.** Attitude toward sexuality in old age

	X	SD
37. If two residents have been showing themselves to be a couple for some time (even if they are not married) and ask the management that they wish to share a room, they should be allowed to.	5.68	1.54
14. I would support sex education courses for the elderly who are in a nursing home.	5.65	1.48
17. Institutions should have beds large enough for couples who wish to sleep together.	5.63	1.53
20. Nursing homes should provide opportunities for social interaction between men and women.	5.62	1.52
13. Would support sex education courses for staff working in nursing homes.	5.50	1.59
18. Nursing home staff should be trained or educated regarding the sexuality of the elderly.	5.41	1.60
15. Masturbation in older males is acceptable behaviour.	5.39	1.56
16. Masturbation in older women is acceptable behaviour.	5.37	1.59
10. I would like to know more about changes in sexual function in older people.	5.32	1.48
22. Institutions should provide privacy conditions so that residents who wish to engage in sexual activity can do so.	5.30	1.72
28. The most liberal seniors should be given the nod and sexual freedoms advocated in residential care homes.	5.03	1.64
26. Older men living in a nursing home should be able to invite a female friend from outside to share their room and have sex with them.	4.66	1.68
30. Older women living in a nursing home should be able to invite a male friend from outside to share their room and have sex with them.	4.64	1.71
35. In nursing homes, seniors should be able to have any pornographic material they want in their rooms.	4.61	1.51
34. If any resident criticises the alleged sexual behaviours of others, the criticism should be encouraged.	3.11	1.68
7. If a relative of mine who lives in a residence had sexual relations with another resident, I would react by changing residence or complaining to the management.	2.93	.56
1. People over 65 years of age have little interest in sexuality.	2.92	1.52

19. Residents in institutions should not engage in any type of sexual activity.	2.91	1.87
33. Access by the elderly to any pornographic material should be prohibited in nursing homes.	2.82	1.52
11. I think I know everything I need to know about sexuality in the elderly.	2.72	1.49
24. Sexual relations outside marriage are always bad.	2.67	1.77
23. If the family objects to a widowed relative engaging in sexual activity with another resident, it is the obligation of the management to make every effort to prevent such sexual relations.	2.40	1.49
36. If two elderly residents wish to spend the night together without being a stable couple, this should not be allowed.	2.38	1.56
5. The residences are not obliged to provide places where the privacy of those who wish to be alone or in a couple is preserved.	2.33	1.54
3. Institutions, such as nursing homes, should not encourage or support sexual activity by their residents in any way.	2.29	1.46
31. Old women who are in a nursing home should not be allowed to leave the home.	2.27	1.52
6. When you get older than 65, your sexual interest inevitably disappears.	2.19	1.34
27. Old men in a nursing home should not be allowed to leave the home to visit a female friend and have sex.	2.19	1.41
25. Sexual relations between elderly male homosexuals should be prohibited in nursing homes.	2.16	1.43
8. If I knew that a particular residence allowed and supported sexual activity for residents who wished to have sex, I would not take a family member to that residence.	2.14	1.46
29. Sexual relations between elderly lesbians should be prohibited in nursing homes.	2.09	1.40
12. I would complain to management if I knew there was sexual activity among the residents of a facility.	2.01	1.36
28. The most conservative seniors should be given the nod and sexual freedoms prohibited in residential care homes.	1.97	1.30
21. Masturbation is harmful and should be avoided in the elderly.	1.86	1.24
4. Men and women in a residence should be separated on different floors or in different wings of the building.	1.73	1.16
2. A person over 65 years of age who expresses sexual interest dishonours himself/herself.	1.71	1.14
9. It is immoral for people over 65 to engage in sexual activities.	1.64	1.15

Note: X= Mean; SD= Standard Deviation

It is observed that the highest mean scores were concentrated in those items related to the relationships and social interactions of the elderly within the residences, to training in sex education for both residents and staff, and to providing facilities and conditions of intimacy for couples.

The items that are categorised as neutral or undefined are related to sexual practices of residents with people outside the residence, both men and women, as well as having access to pornographic material in the rooms. And the lowest scores were concentrated in the most conservative items. In this sense, the overall mean score for a more liberal attitude (reversing the conservative items) was 6.06 with a standard deviation of .84 (median = 6, mode = 6, minimum = 3, maximum = 7). So, considering the overall average of the scale, the participants show that they are quite in agreement with a liberal attitude towards sexuality in old age.

Significant differences were found in the liberal and conservative attitudes with respect to age ( $p < .05$ ), between the 66-78 age range (liberal average = 95.15; conservative average = 125.68) and

the 16-25 age range (liberal average = 152.32; conservative average = 182.85). In other words, the older the person, the more conservative their attitude towards sexuality in old age becomes.

3.3. Relationship between knowledge, sociodemographic variables and attitudes towards sexuality in old age

First, a Spearman's rho bivariate correlation study is conducted to explore the possible relationships between knowledge, sociodemographic variables and attitudes (liberal and conservative) towards sexuality in old age (Table 3). The correlations showed that knowledge is positively related to liberal attitude ( $r = .371$ ;  $p < .01$ ) and negatively related to conservative attitude ( $r = -.371$ ;  $p < .01$ ). In other words, the more knowledgeable the person is, the more liberal their attitude tends to be. Age is another variable that seems to be related to attitude: negatively to liberal attitude ( $r = -.206$ ;  $p < .01$ ) and positively to conservative attitude, i.e. the older the person, the less liberal their attitude is towards sexuality. Having children is another variable that is negatively related to the liberal attitude ( $r = -.164$ ;  $p < .01$ ) and positively related to the conservative attitude, so the interpretation is that having children is related to a more conservative attitude. Having an elderly person in the family seems to be related to a liberal attitude ( $r = .121$ ;  $p < .05$ ), as is having an education ( $r = .319$ ;  $p < .01$ ). Religious choice is a variable that is positively related to conservative attitude ( $r = .238$ ;  $p < .01$ ), i.e., the more religious beliefs the person harbours, the more conservative their attitude towards sexuality in old age.

**Table 3.** Correlations between knowledge and attitudes towards sexuality in old age and personal characteristics

Variables	Attitude	
	Liberal	Conservative
Liberal	1	-1**
Conservative	-1**	1
Knowledge	.371**	-.371**
Gender	.098	-.098
Has partner	-.053	.053
Age	-.206**	.206*
Has children	-.164**	.164**
Has an elderly person in the family	.121*	-.121*
Education level	.319**	-.319**
Religious choice	-.238**	.238**

\*\* . Correlation is significant at the .01 level (bilateral).

\* . Correlation is significant at the .05 level (bilateral).

Following the exploratory analysis of correlations, a multiple regression analysis is performed to study the influence of the variables that correlate significantly with attitude (liberal or conservative). In this sense, the regression analysis (Table 4) includes as independent variables: overall correct knowledge score; age; sex; having children; having an elderly person in the family; level of education and religious choice.

**Table 4.** Prediction of liberal attitude based on sexual conditioning factors in old age

	<i>B</i>	<i>SE</i>	<i>B est.</i>	<i>t</i>	<i>p</i>	<i>VIF</i>
<b>Liberal Attitude:</b> (Constant)	4.700	.387		12.131	.000	



Knowledge	.073	.010	.406	7.007	.000	1.163
Gender	.132	.098	.078	1.348	.179	1.173
Has partner	.051	.110	.027	.465	.643	1.212
Age	-.014	.005	-.283	-2.610	.010	4.077
Has children	.231	.179	.139	1.292	.198	4.036
Has an elderly person in the family	-.019	.098	-.011	-.198	.843	1.159
Education level	.255	.063	.245	4.054	.000	1.272
Religious choice	.155	.076	.117	2.040	.042	1.142

Note: B= Unstandardised coefficient; SE= Standard error, B est.= Standardised coefficient; t= Student's t test , p= Significance; VIF= Variance inflation factor

The outcomes of the regression analysis partially corroborate the results of the correlation analysis. Thus, we observe that gender and having a partner have no influence on the liberal attitude. In addition, having children or having an elderly person in the family is also found to have no influence on the prediction of a liberal attitude towards sexuality in old age. Knowledge, educational level and religious choice, all with a positive beta, as well as age, with a negative beta, significantly explain the emergence of a liberal attitude towards sexuality in old age ( $R = .54$ ;  $R^2 = .30$ ; Durbin Watson = 1.98 recommended value between 1.5 and 2.5;  $F = 12.99$ ,  $p < .000$ ). Consequently, the conservative attitude is predicted in the opposite direction by the same variables: knowledge ( $B = -.073$ ); educational level ( $B = -.255$ ); religious choice ( $B = -.155$ ); age ( $B = .014$ ).

#### 4. Conclusion

The purpose of this work was to analyse the knowledge and attitudes that young people, students of the degree in social education, and older people attending the Experience Classroom at the University of Huelva, have towards sexuality in old age. In this sense, the results of our research indicated that the older population has more knowledge about sexuality in old age than the younger population. This may be due to one's personal and close experiences with the elderly (García-Villanueva et al., 2020; Morell-Mengual, 2018).

In general, the percentage of correct knowledge exceeded more than half of the total number of responses, although there is still a fairly high percentage of lack of knowledge. The knowledge that our sample has seems to be more related to needs and factors that condition sexuality in old age, hence it is the older population who has more knowledge, which may be based on their own experiences. Meanwhile, less knowledge is observed in those aspects that have to do with false beliefs about sexuality in old age and with the changes in the sexual physiology of both men and women. These findings corroborate the findings of Ramos and Melguizo (2017), who stated that the lack of knowledge about this issue invites the emergence of prejudices that make this need in older people invisible.

With respect to attitude, a more conservative stance is observed in the older age group, while the younger ones are in favour of a liberal attitude towards sexuality in old age, coinciding with the findings of other studies (Orozco, and Rodriguez, 2006; Ramos, Melgizo, 2017). Consequently, we are struck by the fact that the older population, which in turn has more knowledge about sexuality in old age, shows a more conservative attitude towards sexual practice. The explanation may be found, perhaps, in the type of knowledge they possess, as the lack of knowledge is associated, in our study, with myths and false beliefs (Fajardo, 2017) inciting the proliferation of stereotypes and prejudices that stigmatise this group (Ramos, Melguizo, 2017) and which treat sexuality in old age as a taboo subject. We have also identified other types of sociocultural factors that are associated with attitude (Medina et al., 2019; Vivaldi, Barra, 2012). In this sense, the regression analysis indicated that age, knowledge and level of studies (Orozco, Rodriguez, 2006; Ramos, Melgizo, 2017) would have an important explanatory potential regarding attitude, where the religious option would have a lesser influence. In line with the above, younger people,

people who are more knowledgeable about sexuality in old age, those with a university education and those who hold no religious beliefs seem to be more likely to have a liberal attitude towards sexuality in old age. In this study, the variables such as sex, having children, having a partner and having an elderly person in the family do not support the prediction of the model.

These results may be useful to take into account in the development of programmes to help improve attitudes towards sexuality in old age, reconsidering certain attitudes focused on myths about sexuality in old age, both in older and younger people. In this sense, the academic training of future social education professionals should include sex education programmes for the elderly to raise awareness among these professionals and help prevent the proliferation of certain prejudices and stereotypes towards this group (Limón et al., 2021). These types of studies help contribute to a more positive conception of the elderly, normalise certain sexual behaviours and practices, and increase knowledge about sexuality in old age, providing greater wellbeing for the elderly.

Regarding the study limitations, the results obtained should be considered with a certain degree of confidentiality due to the nature of the data and the study sample. Since this is a cross-sectional research design, we cannot generalise these results as causal. In this sense, it will be interesting as a future line of research to carry out a longitudinal study that enables us to observe the explanatory potential that these factors that condition sexuality in old age have on the attitude towards sexuality in old age.

We are aware that the results obtained could have varied significantly if a random sampling had been applied to ensure the representativeness of the population, which we suggest for future studies.

Finally, an in-depth study of these findings would be interesting using other types of qualitative techniques that allow us to gain a deeper understanding of the phenomenon, such as, for example, personal stories that help us understand why certain factors favour a conservative attitude towards sexuality.

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