

Older Filipino Women's Experiences of Aging Womanhood and Sexuality

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ABSTRACT

There is a dearth of research on aging and older women's sexuality and womanhood in the Philippines. While feminist research, gerontology, and development studies have begun looking at women and aging, much of the earlier discussions surrounding older women focused heavily on biomedical and economic concerns. Using data from interviews with 10 older Filipino women aged 61 to 90 years old, this paper describes older women's experiences and definitions of aging sexuality and womanhood and how they negotiate cultural and societal expectations of being an aging woman. Research findings show that gendered sexual norms critically influence older women's perceptions and decisions regarding the sex act, sexuality concerns, and relationships in old age. Moreover, the devaluation of women's sexual needs across the life course has led to its perceived irrelevance and unimportance in old age.

Keywords: *aging sexuality, aging womanhood, ageism/sexism nexus, critical feminist gerontology*

Introduction²

The dearth of research on older women's sexuality and womanhood in the Philippines has resulted in insufficient data on age-specific and later life sexuality-related concerns.

Older women continue to face the "double jeopardy" of the intersection of ageism and sexism, which manifests in their invisibility in development and health agendas and renders them more vulnerable and neglected (Heidari, 2016). Moreover, negative attitudes and misconceptions regarding aging sexuality continue to persist, which have "misunderstood, condemned, ridiculed, repressed, and ignored" the sexuality concerns and sexual needs of older persons (Della, 2006, p. 17).

The lack of a theoretical framework in mainstream social gerontology to examine the connections between gender, culture, and aging called on feminists to address gender issues and other intersectional identities in the field of gerontology or aging studies (Wray, 2003). This study inquires into the factors that have shaped women's perceptions of sexuality and womanhood throughout their lives; how age, gender, and societal norms and expectations across their life course impact women's enjoyment of their sexuality and femininity in later life; and what pressures women face to conform to youth-oriented standards and norms of sexuality, femininity, and womanhood.

¹The reported findings in this article are lifted from the author's master's thesis entitled, "Exploring Older Women's Perceptions of Womanhood and Sexuality." This article mostly focuses on older women's later life, whereas the master's thesis offers a more comprehensive discussion on the research participants' earlier life stages, including childhood and middle adulthood.

This qualitative research explores how older women (or women aged 60 years old and older) define and perceive sexuality and womanhood in later life and how they construct and negotiate meanings from their experiences. In particular, it aims to:

1. Describe how older women define and perceive womanhood and sexuality in later life;
2. Examine how older Filipino women have constructed their definitions and perceptions of womanhood and sexuality across the life course;
3. Examine how older women negotiate cultural and societal expectations and pressures regarding their womanhood and sexuality against their current, lived experiences; and
4. Situate aging sexuality and older women's roles in gender and development discourse.

On Older Women and Sexuality

To avoid reinforcing norms or prescribing a specific model of sexuality, the study referred to different definitions of sexuality. The medicalization of sexuality, which Gannon (1999) saw as ideologically congruent with patriarchy, tended to prescribe only "one healthy way to be sexual" (p. 113). This has had consequences on how older women's sexualities are regarded in society and, by extension, how they are treated and handled in the medical field. Gannon (1999) noted one instance of androcentric bias in the medical field, which resulted in the mislabeling of menopause as a sickness, essentially labeling all women over 50 years old or menopausal as "sick."

This research takes note of the World Health Organization's (WHO) (2006) definition of sexuality as a central aspect of being human throughout life that encompasses "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction" (p. 5). Sexuality is influenced by the "interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors," and is manifested in "thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships" (WHO, 2006, p. 5).

Also considered here are Jackson and Scott's (2001) definition of sexuality as being created, organized, mediated, and reconstructed through social structures, relationships, interactions, and societal expectations (as cited in Trice-Black, 2010, p. 154); Gray et al.'s (1989) definition of sexual identity as being formed through "psychosocial interactions between society and self [that affects] many areas of life, including self-esteem, self-acceptance, intimacy, and relationships with others" (as cited in Trice-Black, 2010, p. 154); and Estrada-Claudio's (2002) elaboration on how sexuality is used as an instrument of repression and control.

Ageism and Sexism Nexus

Feminist gerontologists examine the differences in how men and women experience the aging process, including the power dynamics between men and women, to understand how age and gender are socially constructed (Thomeer, 2013). Feminist gerontologists do not only see aging as a biological process; they posit that the aging process is shaped by socioeconomic and cultural forces and influenced by one's gender, culture, geographic location, ethnicity, marital status, social class, and biological aging, among other factors (Feinson, 1985; Fox, 2005).

Old age may also be seen as an accumulation of either advantages or disadvantages. Cumulative (dis)advantages are defined by Carpenter (2010) as sequences or patterns of favorable

or negative life transitions. Positive life transitions result in the accumulation of advantages, whereas negative transitions may lead to or exacerbate further disadvantages.

Cultures construct the aging process differently, illustrating how age “is [as] much a social construction as a biological fact” (Kendig, 1986, p. 170 as cited in Justinia-Perez, 2003, p. 9). “Old” as a social identity and marker differs because gender, biological processes, and relationship and marital statuses (see Lahad, 2017) were found to accelerate the aging process of women. In particular, the literature on aging women surveyed by Fileborn (2017) marked the beginning of women’s old age differently—some marked it at 50, others at 65, and some at the onset of menopause.

Viewing age as a cultural construct and not a “given biological category” (Lahad, 2017, p. 53) is to see how “societal norms determined by culturally framed expectations” (p. 53) subject women to accelerated aging and how the aging process varies across genders.

Older Women in the Philippines

The Philippine population has a median age of 24.3 (Philippine Statistics Authority [PSA], 2017) and this youthful demographic significantly influences priorities in research, programs, and policies. The Philippines is expected to follow the global trend of population aging (Cruz et al., 2019; HelpAge International, 2017; Pareño, 2018), which actually places the country in a unique and strategic position to plan and identify the needs and concerns of older persons requiring attention (Domingo, 1994, p. 1048) in anticipation of an aging society.

The aging process in the Philippines is not gender neutral. Older women struggle with financial security because of the lack of employment-related benefits in old age (i.e., pension) and existing youth-centric labor market policies.

Employment-related benefits such as future pensions necessitate participation in the formal labor market, which is difficult for women because of the unpaid reproductive care work they need to fulfill (Arza, 2015) or their participation in the informal economy/sector (see Cecilia, 2018; Batangan & Batangan, 2007). Calasanti et al. (2006) also observes how ageism in the workplace is “subtly incorporated into staffing and recruitment policies, career structures, and retirement jobs” (p. 18). The lack of available employment has forced older women to be relegated to low-paying “dirty, degrading, and dangerous jobs.”

But in cases where older persons receive a pension, questions on the adequacy of the current stipend to cover the total household costs for living and health expenses have been raised over the current pension scheme of the Philippines (see Knox-Vydmanov et al., 2017; Africa, 2016). When one’s pension cannot “keep pace with inflation” and is constantly delayed, the role of the pension as a social protection blanket is undermined (Albert & Velarde, 2018).

Specific to the Philippines, Justinia-Perez (2003) identified “unreciprocated” reproductive care work among different age cohorts and the increasing poverty felt by most people, which subsequently affect younger family members’ ability to support older family members financially. Poverty affects not only the financial status of older women, it severely impacts their right to social security, aggravates health problems because of aging (Justinia-Perez, 2003), and exacerbates inequalities and accumulated disadvantages.

Elder abuse in homes and institutional long-term care facilities is another pressing issue, more so because it remains unrecognized and unreported in the Philippines. Gender-based violence against older women also remains unreported. Violence against older women is “widespread yet mostly hidden” and “occurs in multiple, often-intersecting forms by varying perpetrators” (such as intimate partners or spouses, family members, caregivers, or members of the community) (United Nations et al., 2016).

Analytical Framework

This research uses Carpenter’s (2010) *Gendered Sexuality over the Life Course* (GSLC) Framework in the design of research questions and analysis of data. The GSLC Framework recognized aging as a gendered process. It identified elements and questions to better understand how age stages, aging processes, and physiological and sociocultural processes influence, change, or enforce perceptions of sexuality and womanhood.

The GSLC model also postulated that gender and sexuality are “jointly constructed within specific social-structural contexts” and considered how sexual identity “develops over and influences experiences across the life course” (Carpenter, 2010, p. 157).

The research was also guided by critical feminist gerontology, which examines the intertwining systems of age and gender (Krekula, 2007). Critical feminist gerontology, informed by feminism’s praxis, works towards emancipatory social change (Freixas et al., 2012; Garner, 1999). As an undertaking, critical feminist gerontology challenges traditional gerontology through new points of inquiry (Hooyman et al., 2002).

Methodology

Given the intimate nature of the research topic, the qualitative research was guided by the following feminist research principles: the recognition of women’s life stories and lived experiences as valuable knowledge (Brooks & Hesse-Biber, 2007, p. 5) and valuing subjectivity and emotion in research (Code, 1991, as cited in Tuana, 2001; Jaggar, 1989). Subjectivity reveals the historical and cultural location, the milieu’s inherited worldview, and the knower’s social location (such as age, class, race, gender, and religion) in the construction of knowledge. Given this, Code (1991, as cited in Tuana, 2001) reminds the “practice [of] a particularly imaginative, discursively responsible knowing that is wary of replicating the very silencings and other oppressions it aims to counteract” (Tuana, 2001, p. 8).

The qualitative research employed a snowball or chain referral sampling. The researcher sought the endorsements of senior citizen offices in municipalities in Quezon City and caretakers of assisted living facilities of older persons. Some research participants were also recruited through the referrals of research participants, friends, and co-workers.

The method used was in-depth interviews. A total of 10 older Filipino cisgender women were interviewed from 2019 to 2020. Nine participants who lived in Metro Manila were interviewed in person, while one participant, who lived in Dubai, United Arab Emirates, was interviewed via Zoom. Interviews were done in conversational Filipino or a combination of Filipino and English.

All research participants were married once. At the time of the interview, six out of the 10 participants were widows, while four were still married and living with their husbands. The participants' ages ranged from 61 to 90 years. The names of the participants and their partners were changed to maintain confidentiality, and all personal, identifying information was either obscured or removed.

Table 1 shows the demographic profile of research participants, showing their age, current occupation, and monthly income.

Table 1 *Demographic profile of research participants*

Name	Age	Current occupation	Monthly income
Olivia	61 years old	Retired/ Unemployed	No more additional income but receives a combined <u>PHP 8,000.00 per month</u> from her and her husband's pension for a household of two (2)
Beth	65 years old	Midwife	Did not disclose the specific amount but <u>above PHP 50,000.00 per month</u> for a household of four (4)
Anna	69 years old	Ambulant vendor	PHP 200.00 to PHP 400.00 on weekdays or for a total of more or less <u>PHP 6,000.00 per month</u> for a household of eight (8)
Christine	70 years old	Wet market vendor	PHP 2,200 from husband's pension and income of approximately PHP 6,000 per month or <u>PHP 8,200.00 per month</u> for a household of four (4)
Gloria	70 years old	Businesswoman/ Self-employed	PHP 3,000.00 per month from her pension and PHP3,500.00/month from her husband's pension; a total of <u>PHP 6,500.00 per month</u> for a household of two (2); has additional income from her small business, but the income is irregular so she could not give an estimate
Mary	71 years old	Volunteer	PHP 2,000.00 per month from husband's pension and PHP 8,000.00 per month from her volunteer work for a total of <u>PHP10,000.00 per month</u> for a household of one (1)
Joanna	72 years old	Restaurant owner	Did not disclose the specific amount but <u>above PHP 30,000.00 per month</u> for a core household of two (2) and extended family (children and grandchildren)
Aurora	75 years old	Businesswoman/ Self-employed	Approximately PHP 20,000.00 from her GSIS pension and PHP 4,000.00 per month from her husband's pension or <u>PHP 24,000.00 per month</u> for a household of three (3); additional income from their business that was not disclosed
Victoria	89 years old	Unemployed	No income but pension from GSIS pay for her stay at an assisted living facility
Joyce	90 years old	Unemployed	No income but receives around PHP 2,000.00 from husband's pension; relative pays for her stay at an assisted living facility

Thematic analysis was used to identify themes from data collected from the key informant interviews. Interview questions centered on the following: the tensions between cultural and personal constructions of womanhood and sexuality, perceptions of and feelings about aging, sexual history, and major events related to sexual activity; and current sexual activities, if any. After that, data and themes were organized by the age at which it was experienced: early life (girlhood to young adulthood), and later life (middle to late adulthood).

Ethical Considerations

The researcher's position as a chronologically younger woman necessitated the conscious and continuous practice of reflexivity in approaching the topic of aging sexuality and womanhood.

Given the age difference between the researcher and the research participants², there were initial concerns on being able to build rapport with the research participants. Stuart-Hamilton (2000, as cited in Della, 2006) identified the "cohort effect" in aging sexuality studies as one of the challenges concerning older populations in this field of study. Because older people were raised in "less permissive times than the present," (p. 18) they are not comfortable and do not have the "vocabulary to talk about sexual issues. They, therefore, tend to provide less information, not because they have sex less often, but because they are less willing to talk about it" (Della, 2006, p. 19). The researcher ensured that prior to the interview, a more exhaustive definition of sexuality was discussed with the research participants, bearing in mind Della's (2006) reminder to clarify operational definitions of what constituted sexual activities.

An informed consent form was also thoroughly discussed prior to the interview; consent forms were available in Filipino or English and included an overview of the research and the following reminders: the prerogative to withdraw from the research at any given time, or refuse to answer questions; that their identity and other identifying personal details would be kept confidential; and that the interview would be recorded and transcribed. My contact details were also provided.

There may be merit in looking at how the dynamics between the interviewer and the participants during the research would have been different and how the research participants would have answered if the interviewer had been older (i.e., chronologically older than the researcher, someone who was the same age as the research participants), married, or with children.³

Findings and Discussion

Courtship and the Beginning of Romantic Relationships

The majority of participants began their stories with how they were courted and gave different reasons why they valued courtship. Aurora describes courtship as the process that allows both parties to get to know each other. For Gloria, courtship signifies good intentions and respect

²The age gap between the researcher and research participants is 37 years at the least and 66 years at most (at the time of the interviews).

³ During the interviews, especially during questions on major sexual events (i.e., virginity loss, their "honeymoon" or marital sexual intercourse), research participants often asked if I was already married, had a boyfriend, or had children of my own. Some research participants also asked me about my sexual history, or if I had experiences similar to theirs. In response to their questions, I also shared some of my personal experiences but was careful with how I phrased my answers since they might influence the participants' perspectives.

toward women and their families. She added that, when men do not court women, it is a sign of disrespect; moreover, the absence of courtship leads to women being fooled into engaging in premarital sexual activities because the men's intentions remain unclear or ill-intended.

Beth said that her parents reminded her that courtship should happen inside the house, not on the streets or at school. She was also told that, while she could accept suitors, holding hands and "kissing-kissing" were absolutely not allowed until she finished her studies. Mary shared that, even if they had eloped, her husband did, in fact, court her and her parents.

Christine's anecdote shows how parents are involved during the courtship and the concept of a chaperon. She recalled how her father had acted when her suitor ("*manliligaw*") would visit:

[Whenever Jun was in our home] when he was courting me, my father would go out [of his room and go into the living room] saying, "O, Christine, I'll sleep here. I have my sleeping mat with me." "Tay [Father], your room is there." "No. It's hot inside my room. I'll stay here outside in the living room." When Jun, my would-be husband, would hear that, he would leave and say, "Okay, I'll go ahead and go home."

Courtship has been described as an exhibit of distinctly gendered conventions for men and women "based on the model of an active, breadwinning male and a passive, dependent female" (Bailey, 1988; Cate and Lloyd, 1992, as cited in Lamont, 2013, p. 189). The "active, breadwinning male" model assumes that men initiate the start of the relationship and are financially responsible for the "passive" woman. This model likewise reduced women to recipients of affection and assumed that they are non-wage earners who just wait for men to propose marriage to them to stay afloat economically (Lamont, 2013). Traditionally, women were expected to be *pakipot* or play hard to get because they could not openly express their affection (Love, Courtship in Filipino Culture, n.d.).

However, participants showed agency in choosing their partners and participated in the courtship. Joyce and Olivia, for example, entered into relationships with different men. Olivia even shared that she was quick to reject a suitor if she was not interested. Joyce was very excited when she talked about her younger days. She shared that she was confident in her body when she was younger and had many suitors and boyfriends. She and Anna both enjoyed the flirting stage during courtship because they got to know their suitors better.

Marriage of the "Virgin" Bride and Partnered Sexuality

The median age of marriage of the nine research participants is 24.44 years old, with 17 years old as the youngest and 32 years old as the oldest. Research data suggest that there were two expectations from women before they got married: knowing how to do housework and "saving their virginity" for the would-be husband and marriage.

Most participants agreed that women should be virgins when they get married; only two somewhat disagreed, with the sentiment that, while it was unnecessary, they preferred women to be. The two who somewhat disagreed shared that they engaged in premarital sex with their would-be husbands. Participants used the word "virgin" to refer to someone who has not had sexual intercourse.

Aurora personally feels that women prefer to get married without prior sexual experience, sharing that:

I think it's like... women nowadays, they still stick to what they want before getting married, [and what they want is to still] be virgins [before marriage]. But there are some people [who are no longer virgins], and that's okay. But personally... for me... for example, if you ask me to choose, I would still want to get married without having had any [sexual] experience.

Aurora had contradictory opinions regarding premarital sexual activities, which stems from her belief that preserving one's virginity is synonymous with engaging only in "partnered sexuality" or monogamous sexual activities across the life course. DeLamater (2012) defines partnered sexuality as "[requiring] access to a partner, and for older persons, this often occurs within a long-term committed relationship" (as cited in DeLamater et al., 2019, p. 2).

This conflation was also apparent when Mary said it was "maybe" okay for women to be "sexually experienced" before marriage, but for her, she had no other sexual partner in mind except for her husband. She elaborated that when she had eloped, they engaged in non-penetrative sexual activities. The only reason they could not have sexual intercourse was because of her menstrual period and the "bad timing" frustrated the both of them.

Joanna shared that she also engaged in sexual activities before marriage. She said having moments alone with her boyfriend made them "naturally" curious. Joanna justified engaging in premarital sexual activities because she would eventually get married to the same person, which echoes Aurora and Mary's sentiments on partnered sexuality and only having one sexual partner across the life course.

One research participant, a midwife by profession, prompted a question on whether she would be open to her children engaging in premarital sex as long as it was safe. Beth answered in the negative, saying that virginity is something women should take care of, and added that she hopes that younger women nowadays would not devalue their virginity. Her sentiment comes from handling cases of teenage pregnancy and having adolescent patients with sexually transmitted diseases. Beth, however, clarified that women could engage in premarital sex if they want to, and she would give her professional opinion to her clients who decide to be sexually active. However, she would still discourage her children from having premarital sex, even if they were to use contraceptives.

The research participants also rationalized the importance of women preserving their virginity and having only one sexual partner by citing morality based on religious tenets or tradition based on social norms they were taught when they were children. It also became apparent that the value given to virginity varies from woman to woman (e.g., other women may lose their virginity before marriage, but my daughter cannot), making the value given to virginity even more arbitrary.

Research participants placed careful emphasis on having lost their virginity to their eventual husband. Figure 1 presents the participants' virginity loss trajectories, showing that their first sexual partners were either a boyfriend who would be their husband (premarital) or their husband (after marriage). Within the scope of the research, the research participants' rejection of women

engaging in premarital sex was not necessarily because of the sex act, but whether or not women were sexually monogamous to their would-be-husband, and if it would eventually lead to marriage.

When patriarchy's ideal feminine scripts intersect with sexual scripts, it expects women to follow sexual trajectories that adhere to such ideals. Women who are more open with their sexuality are villainized and women's value is unfairly equated to their bodies, virginity, and sexual behavior and activity. This line of thinking likewise implies that, even if a woman has other attributes associated with the feminine ideal of being nurturing, caring, maternal, respectful, these are invalidated if she is seen as "lewd," "provocative," or "flirty."

When Beth was asked what the expectations were for women when she was younger, she answered with different words all related to social and sexual behaviors: "Not vulgar or lewd, not provocative, and not flirty." Beth's response shows how the construction of ideal femininity and sexuality is "jointly constructed within specific social-structural contexts" (Carpenter, 2010, p. 157), and that these contexts greatly influence how gender and sexual scripts are perceived and performed across the life course.

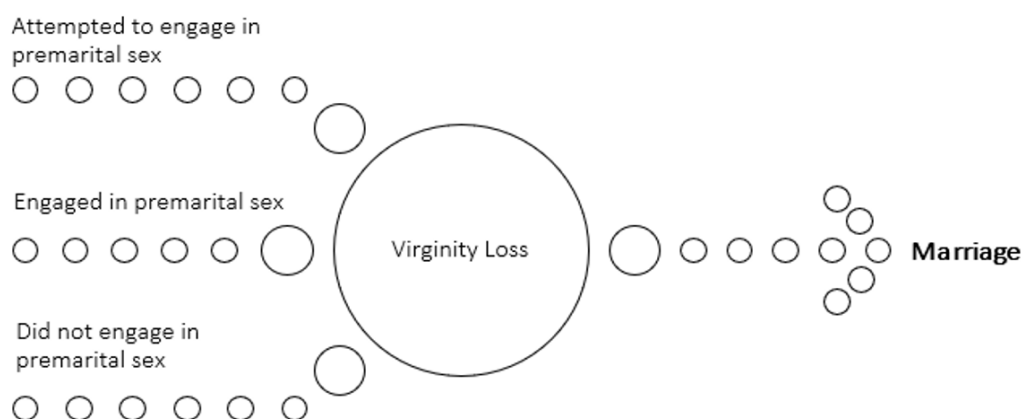


Figure 1 Participant's Virginity and Loss Trajectories

Coping with Changes in Relationships and Sexual Activities in Later Life

Isn't This Wrong for My Age? Older women who have been socialized to perform sexual norms across the life course may find themselves questioning if there is something "wrong" with them for being "off" script.

Joyce shared her difficulties in trying to reconcile her attraction to younger men at her age. She talked about the men who visit their care facility and how she still gets crushes on them, at one point saying, "Only men can make me feel happy." She said that one thing that did not change about her even if she is old is liking the feeling of having a crush (*"kilig"*) and being attracted to men. She would often feel weak, but she feels reinvigorated when she sees her crushes.

Joyce's attraction to younger men "makes her feel younger" and "delays her aging process" because her crushes are her sources of inspiration. She prefers younger men because they are "not sick" and "handsome," which for her are the characteristics older men do not have. However, Joyce

also struggles with this attraction, stating that, “My heart is very much invigorated by the call of love. Is this wrong for my age? Even if it is what my heart beats for?”

The very act of Joyce questioning whether it is “wrong for her age” is symptomatic of how myths surrounding sexuality affect women’s lives and self-perceptions. Anderson (2016) contemplated on the fundamentally gendered cultural attitudes towards aging and prompts questions on whether or not the aging female body “can continue to be a site of femininity and desirability, or [if] there is a notion of femininity which can accommodate the aging body” (p. 233).

When we look closer at Joyce’s sexual trajectories, she exhibited liberal values and freely expressed her femininity and sexuality when she was younger—only to forcibly temper such expressions when she got older. The physical manifestations of aging, which Carpenter (2010) refers to as physiological processes, experienced by Joyce affect her perceptions and eventual performance of her sexual identity, femininity, and womanhood in later life.

Fears and Uncertainties in Dating as an Older Woman. Mary thinks that dating in later life is okay but having sex is a different issue altogether. She said that she has friends who continue to date, but they keep it “wholesome.” But more than that, Mary feels like she is too busy now to even think about dating. After a long day at work, she goes home and sometimes even sleeps while still wearing her work uniform. She can’t think about dating on top of being busy at work.

Echoing Mary’s comments on being tired because of work, Christine rhetorically asked, “Can you still think of sex when you are tired from work?” Moreover, if older couples focused on just “sexuality” and having new relationships, Christine thought that it would be too worldly.

Joyce’s reason for not entering a new relationship or marriage was not because of a lack of choice of a partner or the lack of proposals, but very much tied to her financial security and safety. Joyce explained that she decided not to get married again because she would lose her husband’s pension. Joyce was a housewife and financially dependent on her husband; re-partnering in later life would be economically disadvantageous for her.

When I asked more about her relationships after being widowed, she said she did have boyfriends but those relationships were never serious. She also added that she did not want to live with them. She found the idea of “living in” scary, mainly from the fear of being physically abused by the new lover. Joyce shared that her previous lovers and her husband were quick to get jealous. At one point, her husband had even told her jokingly that he wanted her to wear blinkers—the blinders put on horses that force them to look forward—so that Joyce would not look at other men.

Anna had turned serious when she answered:

I don’t want [to date]. [...] He might punch me or beat me up. I also have to think of my children and grandchildren too [because they] might be raped. Especially since they are women. That’s why I did not get married again since I was widowed in 1993... it’s 2019 now. [It’s still] no.

Anna also added that she was “done” with relationships and sex: “Sex? Nope. I’m out. I’m done with that.”

Both Joyce and Anna's fears of having a violent male lover in later life are not unique to old age. Other participants have alluded to the same fears across the life course and how they have gone out of their way to ensure their relationships remain harmonious. Christine is also wary of entering new relationships because she knows people her age who have been tricked by their new lovers. For Christine, new and younger lovers seemed to look at older persons as potential victims to swindle money from.

Self-Imposed Rules in Dating. Beth, who was widowed at 49 years old, also dated upon the encouragement of her children. However, she had a self-imposed rule to stop dating once she had grandchildren. She said it would be embarrassing if her grandchildren heard gossip saying, "Look, grandmother has a boyfriend."

She mentioned differences in dating as a younger woman ("*dalaga*") because there were steps to move towards (like marriage, childbirth, child rearing), while dating as an older woman did not have the same prescriptions. While she sometimes feels lonely because she no longer has a partner, she does not think about it as much nowadays since she is busy spending time with her family. But Beth does admire women her age who date, saying that it takes a certain level of fulfillment and confidence ("*kumpanyansa*") in themselves to do so.

Gloria thinks that older women can date but feels that they should not sleep with younger men because it would reflect negatively on their children. The way Gloria sees it, engaging in sexual relationships in later life with someone who is not their husband is disrespectful both to the self and to one's children. It may also be a source of familial conflict and may strain relationships.

Mary also emphasized sexual activity as the main difference between relationships at a younger age and older age. She also had self-imposed restrictions on dating; she said it would be all about companionship and preferably "someone like her" who was widowed.

Sickness of a potential, older partner was also given as a consideration when dating. Mary says that when she thinks about sex and relationships in old age, she can't help but think about whether her partner would be sick, and what kind of sickness he might have. If they do decide to be a couple, she would need to take care of a new partner with possible sicknesses.

Generally, the participants were uninterested in or apprehensive about entering new relationships due to the recognition that new relationships in later life can cause problems and compromise their safety, health, and economic security. Interviews also yielded different attitudes towards sex and new relationships in later life, reflecting the criticism of the heteronormative framework of sex that assumes the ultimate experience of romantic and sexual relationships is sexual intercourse and ejaculation (Fileborn et al., 2015; Moore, 2015) across the life course.

Objections against dating or looking for a new partner were self-imposed, stirred by external pressures of not wanting to bring shame to their family, ruin their family's reputation, or embarrass family members. These pressures may be self-imposed because some of the research participant's children did not object to them dating again after being widowed and appeared to have even encouraged them to do so.

Findings also suggest a strong cultural pressure to continue to be “wives” even after being widowed, which meant suppressing desires to date, flirt, or get married again. This may be seen as (a) an inclination to sexual monogamy and partnered sexuality and (b) succumbing to external, societal pressures to be “publicly” acknowledged as someone who only had ever had one sexual partner. Some research participants have questioned their continuing attraction towards men despite their age and stopped dating altogether for fear of gossip spreading about them.

Summary and Conclusions: Highlighting the (Older) Woman Question

Understanding how older women came to define their sexuality and femininity was central to the research. The study demonstrates how societal norms and expectations regarding sexual monogamy affect the sexual and romantic relationships of women across the life course. The research participants’ virginity loss trajectories also show an inclination to adhere to sexual monogamy and traditional marriage scripts.

Participants in the study had a variety of coping mechanisms and responses to the changes in their sexual relationships with their husbands, such as discovering and pursuing personal interests, abstaining from sexual intercourse, or negotiating and communicating boundaries with their partner.

Older women who were part of the research also appeared to police how they act on their desires, and frequently cited their age as the reason for their inhibitions. They, however, also believe that forming romantic or sexual relationships in later life is not always necessary, advantageous, or safe for them.

Society often regards sexuality as the monopoly of the younger generation (Della, 2006) and, in most instances, rejects the open or public expression of aging sexuality. The construction of women in discourse and the socialization process has taught women conflicting notions about their bodies and sexuality. While women in discourse was constructed based on their sexual activity (or inactivity) (Estrada-Claudio, 2002), the socialization process has denied conversations about her body and sexuality altogether. The devaluation of women’s sexual needs across the life course has led older women to internalize its perceived “irrelevance” and “unimportance” in old age. Aging sexuality and femininity do not only have a marginal position in development discourse or health agendas; these are also on the fringes of older women’s concerns and priorities.

More importantly, older women’s definitions of aging sexuality assert that sexual health should not only be anchored on sexual involvement, romantic love, and partnered sexuality. The devaluation of older women’s intimate experiences posits a series of questions on how to decenter sex and romance in sexuality discourse, allowing women to value the non-romantic and non-sexual facets of sexuality.

Women’s sexual and reproductive health concerns do not end at a specific age. States’ Sexual and Reproductive Health Rights (SRHR) strategies must adopt a life course approach by looking into interventions across age stages and identifying structural barriers in accessing sexual and reproductive health services. There must be explicit recognition of sexuality as an integral part of people’s health and dignity, regardless of age, and the challenging of negative attitudes and stigma towards older women’s bodies. Critical to this is empowering older women and ensuring

their participation in their communities and decision-making on sexual and reproductive health policies.

Critical feminist gerontology researchers encourage researchers to look at older women's intersectional identities to understand the power dynamics present in the aging experience. Future research should also focus on the experiences of older lesbian, bisexual, and trans women, older women with disabilities, older indigenous women, or non-Catholic or Christian older women to better understand what shapes and constructs notions of womanhood and sexuality.

Researchers may also look at how economic insecurity across the life course affects sexual and reproductive health in old age and health-seeking behavior. Older women's productivity is also an area future research may explore, considering a number of the research participants interviewed continued to be economically productive in later life. An inquiry on the economic activities older women engage in would challenge the idea of the "disengaged elderly" and "retirement age."

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