

UNSPOKEN NEEDS: SEXUAL HEALTH AND POLICY CHALLENGES OF AGEING WOMEN IN ASIA

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Abstract

The reproductive and sexual well-being of aging women has remained neglected both in research studies and in policies, particularly in the Asian context. The discussion on sexuality has remained dominated by reproduction and motherhood. As aging women progress along the life course, their needs change. However, when they speak out regarding their sexual well-being, they remain silenced and face stigma. The present study examines the concept of “unspoken needs” associated with the reproductive and sexual health of aging women in the Asian context. It specifically addresses the challenges faced by aging women and the resultant gaps in policies that impact their well-being. The study adopts a qualitative research paradigm and utilizes secondary data. Articles from peer-reviewed journals regarding studies from various Asian countries between 2010 and 2025 are reviewed to identify how aging women experience problems related to their health associated with menopause, chronic diseases and psychological health that are interrelated to their reproductive and sexual health. The study concludes that policies related to the reproductive and sexual health of aging women remain neglected in Asian countries. The medical and psychological needs of aging women remain unattended. The study suggests that reproductive and sexual health should remain an important dimension of overall health that continues along the life course. It suggests that breaking the silence related to the reproductive and sexual health of aging women is important. Plans and strategies should be made to address the medical and psychological needs of aging women in Asian countries.

Keywords

Women, sexual health, fertility, social stigma, Asia.

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1. Introduction

Sexual health remains a core aspect of living for every human being, at any age. This involves a lot more than mere procreation but also touches on feelings of closeness, affection, warmth and general well-being. In most Asian cultures, the discussions on sexual health are quite limited to matters of fertility and motherhood (WHO, 2024). Women are considered to be mothers-wives/nurturers and their health usually becomes a priority in the same manner related to their reproductive years. However, when women grow older and enter the stage where they are no longer able to have children, it seems their sexual health becomes irrelevant or of little concern (Hanh & Ogunyomi, 2024).

As women grow older, their body undergoes natural changes that affect their physical, psychological and reproductive systems. One of the changes that women undergo is menopause, which takes place between the ages of 45 and 55 years. In this condition, women cease to menstruate and their bodies lower the production of hormones.

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This results in women experiencing hot flashes, mood changes, vaginal drying and insomnia (Silva, 2023; Islam *et al.*, 2015). Such changes do not only affect the physical system, but in turn, influence the psychological and sexual systems as well. Many older women also experience illnesses such as diabetes, high blood pressure, osteoporosis and depression, which can further affect their sexual health (Kabir & Chan, 2023). For instance, studies in Japan have found women tend to feel lonely, anxious and less intimate with their spouse after menopause but tend not to communicate these feelings to anyone (Shea, 2020).

The greatest issue for older women in Asia would be the presence of silence. Discussions of sexual matters are infrequent and often socially constrained in many societies. Younger women could express their ideas about childbearing or family planning, but the older woman would have to keep any sexual longings or feelings to herself. This would make them labeled shameless or too old for the likes of this (Sharma & Sivakami, 2019). In India, Bangladesh and Nepal, older women would not even know the option exists concerning medical aid or consulting for conditions of vaginal dryness, pain during sexual intercourse and the loss of sexual desire (Hamiduzzaman *et al.*, 2018; Ravindran & Govender, 2020). Such women would want to seek medical aid but would be too embarrassed to have these kinds of thoughts or desires put forward to doctors, who are no doubt bashful themselves or cannot handle the responsibility of the sexual needs and development of patients this aged (Hanh & Ogunyomi, 2024).

Most of the policies and programs concerning health in Asia are still concentrated on maternal and children's health. India, for instance, has reproductive health policies for family planning, a safe pregnancy and contraception, but there is literally no mention of menopause and the sexual needs of aging women (Sanneving *et al.*, 2013). In Bangladesh, most of the health programs are targeted at young females who are in their reproductive years, with older females ignored altogether (Hamiduzzaman *et al.*, 2018; Ravindran & Govender, 2020). The issue of sexual health is seen as one for young females only and not an issue for a lifetime, since there is a failure to address the needs mentioned, which leads to grave health and social problems. In situations where elderly women fail to receive adequate counseling or treatment, it is likely that they will silently endure their suffering. Their medical condition can deteriorate and their psychological health can deteriorate too. It may end up in depression, lack of self-esteem and feelings of isolation (Lee *et al.*, 2018; Raymo *et al.*, 2023). A woman's general well-being is linked to her capacity to sustain her life in a sense of dignity and respect. It is important to reveal these unspoken needs of aging women in Asia, which have remained unattended by health facilities and governments in terms of their sexual health.

2. Materials and methods

This research employs a qualitative research design with a focus on systematic analysis of existing data to analyze sexual health needs and policy issues among ageing women in Asia. Research design was informed by consideration to explore meanings related to existing literature in this research topic rather than to test variables in this study. Sources of data were sought in recognized publications in academic journals related to health policies, strategies and health policies and publications in internationally recognized platforms including World Health Organization (WHO) and United Nations Population Fund (UNFPA). Sources of data were gathered for study consideration in diverse sources including Scopus, Web of Science, PubMed, Google Scholar and official platforms of recognized governments and health institutions. Sources were limited to

publications in this study period ranging from 2010 to 2025. Sources to be included had to be related to ageing women in Asia in terms of menopause, sexual health, health systems, sexual health needs, health needs among women, menopause in Asian women and health systems in Asia. On exclusion, sources that did not relate to sexual health among women in Asia had to be excluded. Sources of data obtained in this study were analyzed using themes related to analysis. Themes included analysis related to health needs among women in Asia. Through related analysis, themes related to health needs among women in Asia were identified. The analysis of sources was related to data analysis in this study on health needs. Validity in data was related to triangulation of sources related to health needs. Reliability was ensured in data analysis given consistency in data analysis. Sources sought in this research were credible in terms of recognized publications in health research.

3. Results

3.1. Health challenges of ageing women

Women generally have a longer lifespan than men and consequently tend to have greater engagement with the healthcare system in later life compared to men. Ageism and stereotypes concerning senior individuals can significantly influence their physical and mental health, as well as their overall well-being (Chrisler *et al.*, 2016). Khan *et al.* (2024) identified several key challenges, including the increasing prevalence of chronic diseases, risks associated with preventable multi-morbidities and co-morbidities, disability and dependency, mental health concerns, deficiencies in caregiving support, inadequacies within long-term care systems, health disparities, barriers to healthcare access, end-of-life care requirements, financial instability, ageism and elder abuse, adverse built environments, threats posed by climate change and disasters and social isolation.

Ageing women face many health challenges that also affect their sexual health and overall well-being. When women reach middle age, they go through menopause, which usually happens between the ages of 45 and 55.

Menopause occurs naturally in women, but it is accompanied by several physical and emotional changes. Women stop having their menstrual cycles, but at the same time, experience hot flashes, night sweats, problems with sleep, changes in moods and drying up of the vagina (Katz, 2021; Rokach, 2024). Such conditions result in sexual activities becoming uncomfortable, as well as distance in terms of emotional connection with their partners. Apart from menopause, older women in Asia also experience chronic illnesses such as diabetes, heart disease, arthritis, osteoporosis and high blood pressure. Such medical conditions result in a loss in energy levels, which reduces sexual urges. Diabetes results in nerve issues and infections of the vagina, which make sex painful (Huang, 2010). Arthritis or any kind of pain in the joints makes it impossible to indulge in sexual activities. Depression and anxiety, which commonly occur in older women, also result in a lack of interest in sex, as well as feelings of loneliness (Sharma & Sivakami, 2019).

Older women have difficulties involving mental issues. The lives of women from most Asian cultures surround family. As daughters mature, leaving home, women might feel lonely, unwanted or undervalued. Lack of emotional fulfillment might influence women's self-esteem, decreasing their need for intimate relationships (Shea, 2020). Research among women in Japan and South Korea has found that women going through menopause feel sad, lonely, particularly because of unsupportive husbands (Shorey & Ng, 2019). Physicians ignore the linkage between sickness and sex concerns. In other

examples, women visiting clinics due to joint pain or diabetes are hardly asked about sex issues in India or Bangladesh. Doctors are concerned with nothing but the symptoms of a physical nature and the woman suffers in silence regarding things like dryness or the absence of libido (Ravindran & Govender, 2020; Hamiduzzaman *et al.*, 2018). This relative lack of attention indicates that the healthcare systems are not considering sexual wellness as a factor of healthy wellness. Older Asian women's wellness issues are not merely menopause issues but rather chronic illnesses, emotional issues and absent wellness attention. In fact, the issues are real but painful and hidden away because the woman does not choose to speak of them.

3.2. Stigma and silence surrounding sexual health

The second major consequence is that social stigma and silence are two of the strongest. Across studies, older adults have indicated that others often make assumptions regarding their asexuality (de Oliveira Silva *et al.*, 2015) and sexual invisibility (Levaro, 2012). The female participants spoke about societal restrictions in respect to raising discussions of their own sex and intimacy. These societal issues made it hard to make way for conversations about sex and intimacy with their friends, relatives or social service providers (Drummond *et al.*, 2013). The discrimination of elders in respect to their sex reflects societal perception and importance attributed to youth and attractiveness in Western culture (Rowntree, 2014). Using this approach led to a condition whereby one felt less restricted in their sex display, albeit becoming more so in respect to societal norms and social acceptability (Rowntree, 2014). Societal disapproval in respect to sex display in mature age led one in hiding their sex orientation. These viewpoints were reinforced through societal dictates in respect to more conservative sex clothing and derogatory names like cougar, in respect to mature women that displayed more proactive sex behavior towards younger males (Gewirtz-Meydan *et al.*, 2019).

The sexual aspect is only related to youth and procreation. After women reach the age of menopause, society considers them to have no sexual needs or demands. It is very embarrassing to speak about sex in old age. Sex talk in old age is seen to be shameful, dirty or not required. Because of this cultural perception, elderly women are often laughed at when they attempt to speak out concerning sexual health. In studies undertaken in India, some women were laughed at, ridiculed or told to shut up when they asked doctors about conditions such as vaginal dryness or loss of lust for sex. Women in Bangladesh and Nepal reported being dissuaded by members within their families to speak out on health aspects concerning sex. Even members within their families discouraged them from discussing any health aspects concerning sex. Some were told to think more about religion than health aspects concerning sex, seeing that as an age beyond procreation. It can't be stated how uncomfortable it makes some doctors, especially senior ones, to speak out on health aspects concerning sex to senior women. The senior women are embarrassed to speak out on health aspects concerning sex, fearing that doctors will look down upon them. Very few post-menopausal women visit doctors when health aspects concerning sex are in question. Most women are embarrassed to share their health aspects concerning sex to doctors.

Cultural taboos also differ among places. However, the end result is that women maintain silence. In South Asia, cultural and religious beliefs greatly contribute to women maintaining silence. While for women in East Asia, because modernization is more developed there, older women feel obligated to be silent about sex because they must be modest and composed (Lee *et al.*, 2018). In these instances, women becoming silent

because of their old age make them invisible and negatively influence their mental health. Women feeling inhibited about speaking out about their needs may often fall into depression because they know they do not value much as partners. Women think they are old enough that they do not require any attention; therefore, they suppress themselves because they know others will look down upon them. In these instances, society will hardly ever perceive older women as people with continuously evolving mental and sexual needs. Rather, they will be identified as mothers, grandmas or caregivers. In these instances, stigma and silence not only make women maintain silence about receiving health care. Rather, these elements also deny women their right to be treated as complete human beings with health and mental requirements throughout their entire lives.

3.3. Policy gaps in addressing sexual health

The third and most importantly, there is the massive policy disparity among Asian nations. In Asia, health policies remain essentially focused on maternal and child health. Governments in Asia allocate significant funds for projects related to fertility, pregnancy, childbirth and family planning. However, female sexuality in post-reproductive life is left out of health care considerations almost entirely. In Indian health policies, the themes of safe motherhood, family planning and population control are significant; menopause and the sexuality of post-reproductive-aged women remain overlooked altogether (Janaki & Prabakar, 2025). In the case of Bangladesh, health projects of the Ministry of Health remain dominantly focused on maternal and child health, with scant concern for post-reproductive-aged women in general and post-reproductive-aged sexual health, in particular (Bhuiyan & Ferdous, 2023; Hamiduzzaman *et al.*, 2018). Similar patterns can be seen in the case of Nepal and Pakistan, where the focus of available sexual health care primarily remains with young married couples and newly delivered mothers, with no attention to post-reproductive-aged women specifically or to their sexuality in particular (UNFPA, 2019). In East Asia, although the conditions are somewhat better, they are still not improving. Japan and South Korea have some menopause clinics; however, they are mostly related to the physical aspect of menopause in terms of symptoms like flashes of heat or issues related to the bones, but not about sexual health services (Yu *et al.*, 2022; Lee *et al.*, 2020). China still regards aged women as a group with lower priorities in reproductive health programs in terms of allocating finances to sexual healthcare (Lee *et al.*, 2018).

Another policy problem is the lack of training for health workers. Even where health programs exist, doctors and nurses are not trained to discuss sexual health sensitively. In India, a study showed that most medical students receive little or no training about menopause or post-menopausal sexual health (Sharma & Sivakami, 2019). Without proper training, health workers cannot provide safe and supportive counseling for ageing women. There is also a lack of data. Because governments do not conduct regular research on sexual health in older women, there are no reliable statistics to guide policy decisions. While there are large surveys on maternal health in South Asia, very few surveys ask older women about their sexual well-being (Ravindran & Govender, 2020).

The gap between policies ensures that ageing females are out of the reach of the radar concerning health systems. They are neither counseled nor made aware through sensitizations and treatment center exposure. Being out of reach only worsens their condition and lets them know that their sexual health is none of anyone's business. The findings evidently bring out that ageing females in Asia face overwhelming problems in

three different aspects. Firstly, ageing females face menopause, illnesses and mentally unstable conditions. Secondly, they are marginalized and voiceless, so there is no way they can state their demands or request help. Thirdly, health policies across Asia are primarily concerned with reproductive aspects and are not at all concerned with sexual health that lies outside the reproductive age group.

4. Discussions

The Asian elderly women's sexual health issue is reaffirmed as an unexplored field of research and health care and policy consideration. The first noticeable aspect of the health care system is that women are always categorized as mothers and caregivers instead of as women with continuous sexual and emotional needs. Such is the limited definition of the roles of women in society that once they are in the healthiest age group and capable of reproduction, they are looked upon as though they have no health concerns to struggle with thereafter. In the case of India and Bangladesh, the government spends a massive amount of funds on health care and reproductive issues such as family health and very small amounts of funds on issues pertaining to issues after menopause stages (Ravindran & Govender, 2020; Jha, 2022). Both Japan and South Korea in East Asia have a high standard of medical technology, yet sexual health in elderly women is not yet perceived as a major public concern (Leung & Nakayama, 2017). Despite varying cultural and economic conditions, neglecting the needs of older women is a common pattern across Asia. If health systems continue to think of sexual health only in terms of fertility, women will remain unsupported in later life, leading to poor quality of life and unnecessary suffering (WHO, 2024).

The second factor is that the stigma and silence regarding sexual matters have been deeply imprinted in the culture. In general, in most Asian cultures, people feel reluctant to speak about sex and this reluctance grows further when it comes to older women. Societal expectations usually link sexuality to youth, beauty and childbearing, while older women should be humble, quiet and well-behaved (Hanh & Ogunyomi, 2024). This social conditioning leads to huge obstacles for women to overcome when they search for support. In Indian and Nepalese studies, women attempting to bring up matters such as vaginal atrophy or lack of sexual desire with their physicians are likely to be told that those matters are normal and require no attention (Sharma & Sivakami, 2019). In this way, women experience feelings of guilt and being silenced. In Bangladesh, some women feel that even their families dissuade them from talking about such topics, indicating that at their age, they should focus on their spiritual development and that such matters would make them overly preoccupied with sexual issues (Hamiduzzaman *et al.*, 2018). This kind of social silencing generates various hidden needs, as well as psychological issues such as isolation, anxiety and depression. A study conducted in Japanese culture attests that older women feel invisible and emotionally abandoned after the onset of menopause, particularly when their spouses lack understanding (Lee *et al.*, 2018). There is no way to break the silence, but it should be breached to restore the dignity and respect that older women should feel.

The third key aspect concerning menopause in South Asia, especially in Asia in general, would be the weakness in the policies as well as programs available. In Asia, health policies are orientated with a very strong perspective on the aspect of population, reproduction, childbearing and safe motherhood. There might be justification for this limited or narrow perspective, since maternal health still remains a major problem in the developing world at large (Ferdous, 2023). This narrow perspective neglects women in

their old age almost entirely. For example, in India, National Health Mission has programs related to family planning, as well as mother child healthcare, but menopause clinics, as well as sexual health counseling, are not included at all in the programs (Sanneving *et al.*, 2013). In Bangladesh, till date, the healthcare system has confined the term “reproductive health” to young, as well as middle-aged, women only, excluding older women altogether (Hamiduzzaman *et al.*, 2018). Even in countries with better healthcare, such as South Korea, menopause healthcare has remained confined to only physical aspects so far, such as hot flashes or bone density, while sexual health counseling hasn't been included in menopause healthcare at all (Islam *et al.*, 2025; Yu *et al.*, 2022). Another large weakness in healthcare policies would be the lack of data as such. The absence of government healthcare policies and programmes focusing on sexual health in older women makes it challenging to formulate evidence-based policy interventions, as empirical data in this area remain severely limited (UNFPA, 2019). Thus, the healthcare needs in women in their old age would be made invisible in healthcare discourses in this fashion until the concerned government or relevant authorities make a beginning by incorporating women in their old age in healthcare surveys, as well as formulate ‘life-course approaches’ in healthcare, with which healthcare in sexual contexts would be significant at every stage in life, not at any single point in life at which childbearing occurs, particularly during reproduction in this regard (WHO, 2024).

The final point is regarding the actions that can be taken to better the situation. The matter of sexual health has to be seen as part of general health for women of all ages. The government must create programs for menopause, emotional care and sexual counseling for older women. Healthcare practitioners have to be trained on how to approach women on this matter in the open. For example, medical students in schools of medicine have to be taught the matter of menopause and post-menopause health so they are able to approach older women with greater dignity (Sharma & Sivakami, 2019). It is also recommended that awareness campaigns be set at the community level so as to make it less of a taboo at the social level. If the family, the community and the press are able to speak out on the matter of older women's sexual health, it would become less of a taboo at the social level. Already, countries such as Japan are doing small-scale awareness campaigns on menopause. Such initiatives can be spread throughout the region of Asia (Huang *et al.*, 2010). Large-scale initiatives can also be supported and carried out by major agencies such as the WHO and the UNFPA. Most importantly, older women themselves have to be enabled to speak out on the matter of their health. This would create a platform for them at a community level so as to make the issue more prominent. Only when the matter of sexual health becomes part of general well-being would older women in Asia be able to live healthy and fulfilling lives.

5. Conclusion

This research reveals that older women in Asia face numerous issues concerning sexual health issues and these issues are hardly ever brought out and acknowledged. The findings reveal that the issues faced by these women arise from three main sources: health issues, social stigma and improper policies. Menopause and chronic diseases cause physical and psychosocial difficulties; however, women are left with improper medical treatment. Social and cultural restraints prevent women from speaking openly about what they require. However, even if they do speak out about what they require, they face rejection from within their families and even from doctors. Policies concerning women in Asia revolve entirely around young women and motherhood. This causes a massive

gap between what women in Asia above forty require and what they receive (Ravindran & Govender, 2020; Jha, 2022). Keeping silence about sexual health causes severe disregard. Women regard physical pain, psychosocial stress and emotional loneliness. Most women think that they must accept these issues quietly since communities do not realize that older women also require health and psychosocial needs. This causes lower self-confidence and self-esteem among women. Keeping them unattended has ramifications concerning families and society as well. Women who lack health and happiness cannot engage either within families or society. Lack of sexual health implies that overall health is not optimal (WHO, 2024).

“The importance of sexual health must not be viewed from a lifetime perspective, being important only during reproduction”, because, in order for change to occur, “governments, healthcare providers and communities must move their mindset”. Including menopause support, counseling and awareness for elderly women in policies will be beneficial for them (UNFPA, 2019). Medical practitioners must be trained in order for them to discuss such matters openly and respectfully with their patients. Information on elderly women’s sexual health must also be gathered through health surveys so that their serious concerns may be noticed and resolved accordingly (UNFPA, 2019). If all such things are done, elderly women will not remain unseen in healthcare policies any more. Along with governments and medical practitioners, it is also important for society to play its role in order for change to take place for elderly women’s sexual rights. Families must support elderly women by hearing their concerns, rather than suppressing them. Social media programs may help erase the taboo associated with the topic. Once society starts focusing on elderly women, treating them as full humans who need regular healthcare, there will be a reduction in taboos and shames associated with their sexual rights (UNFPA, 2019). However, it is important for women to start talking and engaging themselves with discussion groups on their own issues, because their voices are important for creating a change (Hanh & Ogunyomi, 2024).

The rights to sexual health must move beyond formal recognition and become a lived reality for everyone. Elderly women in Asia deserve respect, dignity and care equal to that afforded to younger women. When their rights to sexual intimacy are acknowledged and realized in their daily lives, they can live healthier, happier and more respected lives. However, this is only possible when elderly women become visible within public policies and social discourse. How countries treat their senior women reflects broader societal values and priorities. Therefore, building a better future for all women requires valuing every woman at every stage of her life. Advancing gender equality across the life course is essential for creating inclusive, just and respectful societies.

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