

**Table 1** Main coding categories and illustrative quotations

	Theme	Main Categories	Quotations
<b>1</b>	<b>Lack of knowledge: sexual problems</b>		
<b>1.1</b>	Not recognizing symptoms as sexual problems	Not knowing own body/ Not recognizing problems	<p><i>“How was I supposed to know what’s normal and what’s a problem? We weren’t told back then. I’ve never discussed sex with anyone. It [sex] was something you do privately, with your husband, that’s all.” (F)</i></p> <p><i>“Sexual problems as in when having sex is problematic? So, when you’re ill, or after a surgery or a stroke, of course you avoid sex then.” (F)</i></p>
		There is only ED (erectile dysfunction)	<i>“[Sexual problems] in what sense? That I was not fully functional as a man? No. Never.” (M)</i>
		Double standards	<p><i>“We had it coded deeply within us, that only men ‘are allowed’ to have problems like that-erection and all that. A woman must always be ready [for sex], no matter how she feels.” (F)</i></p> <p><i>“Sexual problems? Yes, I had one—my wife didn’t want to satisfy my needs. That was the main problem.” (M)</i></p>
<b>1.2</b>	Symptoms as natural part of ageing	Normal in later life/ Acceptance	<i>“That’s how the nature planned it. That’s just life.” (F)</i>
		Irreversible	<i>“Nothing can be done. When you’re younger, everything works fine and you have sex; when you get old, you just don’t. Finito. Just like you cannot go full speed on a highway driving an old car.” (M)</i>
<b>2</b>	<b>Fear of doctor’s disapproval</b>		
<b>2.1</b>	General dismissive attitude towards older patients/  Doctors dismiss sexual concerns	‘Don’t ask, don’t tell’/ Silent agreement	<i>“Is this a joke? Has a doctor ever asked me about my sexual health? Seriously? Anyway, I would never ask him. After all, he’s my doctor.” (M)</i>
<b>2.2</b>		Strengthening the passive acceptance	<i>“Once—with my vaginal dryness—I tried to consult my gynaecologist. He looked at me and said, and I quote, ‘well, it is normal at your age, Mrs X, don’t expect miracles’. And he did nothing. Can you imagine how I felt?” (F)</i>
		Disregarding	<i>“When you raise a concern, which is not important according to them [doctors], they ignore it or ‘politely’ belittle it. Try to bring up a sexual issue and you will see—they would probably laugh out loud or, if more respectful, would probably smile and think ‘Oh, bless her!’ while changing the subject.” (F)</i>
		Lack of empathy and understanding	<i>“There is no respect from healthcare professionals for older people. They don’t have time, treat us mechanically [...] and certainly do not discuss sex-related problems with patients over 50, and definitely over 60. Because in their opinion sex at this age is merely a caprice.” (M)</i>
		Imposed priorities/ Be alive vs quality of life	<p><i>“When a doctor sees a patient—and a 68-year old like me—the doctor wonders if he should still be alive or not, let alone have sex.” (M)</i></p> <p><i>“They constantly tell you ‘you’re lucky to be alive and going, what else do you want?’. So eventually you stop asking for more, you</i></p>

			<i>don't fight for the quality of life. Why should you? You feel like a burden to the healthcare system." (F)</i>
		Paternalistic model	<i>"The doctor is the one who leads the consultation. They ask the questions and you answer, not the other way around. No room to argue." (M)</i> <i>"I know better what's good for you because I'm a doctor' – that's how it looks like." (F)</i>
<b>3</b>	<b>Lack of knowledge: medical services</b>		
<b>3.1</b>	Not knowing where to find adequate support	Never searching/ Never considering	<i>"Where to go with a sexual health concern? Well, if I can be honest, I have never thought about it. Because in general you don't talk about it. So now when you ask, my head is empty, no ideas." (M)</i>
		Confusion/ Frustration	<i>"I've searched everywhere and couldn't find the right person. I have doctors in five different health centres in the city, and there was not a single specialist [sexologist] in any of them! This is ridiculous and frustrating. What else was I supposed to do?" (M)</i> <i>"I would say probably a psychologist, psychotherapist or physiotherapist, whatever they are called." (F)</i>
		Feeling lost/left alone	<i>"Maybe somewhere on the internet? Because in the normal, real places I haven't seen anything, any signs, adverts. I don't know, I don't use the internet." (F)</i> <i>"You have to help yourself – either deal with it on your own or get used to it, there is no alternative. This is Poland, you know the reality." (M)</i>
<b>3.2</b>	Only a sexologist can help	Intimate/difficult topic	<i>"It is such a delicate matter, an intimate area of life, too subtle to discuss it with a regular doctor. It requires a lot of tactfulness and sensitivity, and expertise of course. GPs are not trained to deal with it." (F)</i>
		Area of expertise	<i>"I would say only a specialist, a sexologist can address these issues. That's why doctors specialise. It's logical: heart problems–cardiologist, eyes–ophthalmologist, sexual problems–sexologist." (M)</i>
		Partial associations	<i>"I would probably try to reach that one sexologist I know about, from TV, Lew-Starowicz, he's old and famous. Lucky for me that I don't have to, he's probably very busy." (M)</i>
		Availability/ Access	<i>"There are a lot of doctors, but their specialties are related to illnesses, not sex. They might be somewhere, but I haven't noticed. Sometimes you see these notices: psychologist here, gynecologist there. It's more for women, and I haven't seen one for men." (M)</i> <i>"They must have private practices as you never see their offices in health centres. Well, I haven't." (F)</i>

F – female participant, M – male participant  
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