

Sexuality in aging adults



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People are living longer and longer as education, the quality of life and medical science can cure illness. The role of sexuality in older age is thus becoming more important. There has been a widespread tendency to assume that with age people are becoming too old for sex.

As this research will show, there is an undoubted decline in the sexuality of both men and women with advancing years. But this decline varies considerably in extent from person to person, and with the changes in the health and social characteristics of this age group, sexuality could well play a crucial part in the maintenance of their relationships and their quality of life (Myers 67). This work discusses the effects of aging on sexuality. This topic encompasses characteristics and functions of sexual organs, sexual behavior, and sexual desire. Aging does cause physiological changes for both men and women that affect sexual behavior and sexual desire.

Many of the books analysed in this research summarize what is known about the effects of aging on sexuality and were written by nurses, physicians, and researchers for other medical professionals. The research articles have examined general effects of aging that relate to sexuality. Much attention is given to changes in hormone levels. Changes in sexual performance and changes in sexual needs associated with aging are discussed or investigated.

Researchers investigating sexual behaviors among the aging adults offer evidence that sexual behaviors vary among this population in the same way they vary among younger groups. There is sufficient evidence to conclude that while sexual expression may change as people age, the need for such expression, and the acting out of those needs continues among older people

as long as the health of the partners permits. The frequency of sexual activity appears to decline with aging for a variety of reasons but primarily because of (for women) a lack of a partner and (for men) poor health. Some writers point out environment restraints on sexual expression, especially lack of privacy (Campbell & Huff 45). Some investigations suggest changing expectations of older people regarding their right to express their sexuality including those older people in long-term care facilities (National Institute on Aging 1994). Research also suggests that definitions of “ appropriate” sexual expression of families of the elderly and staff of long-term care facilities may not match those of the elderly themselves.

In general staff of long-term care facilities find expression of sexuality among their residents to be unacceptable. Evidence also suggests an increase in sexual and romantic relationships among elderly residents of long-term care facilities. Researchers from Kinsey to the present time have expressed surprise by the extent to which older people continue to engage in sexual activity. Sexual interest has been investigated by many researchers.

While it also appears to decline with aging, elderly people in general maintain an interest in sex throughout their lives. Most of the studies rely on self-report data. Most have concentrated their investigation on sexual intercourse but some have investigated other types of sexual expression. Variables included in these studies are sexual orientation, types of sexual activities, sexual interest, environmental restraints, and sexual satisfaction. Demographic variables in study designs include age, household income, race, education, gender and others. People have studied the relationships between medical, emotional and social factors and sexual function.

They have investigated changes in arousal rates and frequency of sexual activity (Campbell & Huff 89). Sexual dysfunction among the aging adults has a variety of causes, both physiological and psychological. Included as dysfunction are problems with sexual performance, lack of desire, and diminished arousal capacity. Researchers and writers usually include inability to engage in heterosexual activities for any reason in their studies and discussions. Failure to adjust to normal aging changes and illness are two common causes of sexual dysfunction.

Physical causes of sexual dysfunction are often compounded by psychological factors including acceptance by the elderly of negative societal attitudes. Other factors leading to sexual problems are the lack of availability of a sexual partner, mental health problems, chronic pain, substance abuse, side effects of medications, dementia, and a lack of privacy. The aging adults have increased risk for many health problems that have an impact on sexuality. One of the most common of these is the increased use of medications for hypertension, arthritis, and other chronic health problems. Each health problem, also impacts on the ability to engage in sexual activities and sexual desire.

Among the many other health problems that impact on sexuality are diabetes, Parkinson's disease, Alzheimer's disease, dementia, strokes, heart attack, stress, depression, colostomy and ileostomy, lung disease, obesity, and cancer. Injuries such as head injuries and other fractures also affect sexuality. Among males, changes in libido and erectile function have been studied extensively. Impotence is the major sexual dysfunction among elderly males although other problems are premature ejaculation, impaired

sexual interest, retarded ejaculation, and pain on intercourse. Among females, the emphasis is on changes occurring after menopause.

Decreased estrogen is the most commonly cited cause of problems. The most common sexual dysfunction for females according to some writers is decreased sexual interest. Other problems which interfere with sexual behavior and sexual satisfaction are increases in urinary tract infections, vaginal atrophy, vaginal dryness, reduced libido, vaginismus, dyspareunia, orgasmic dysfunction, and secondary problems caused by illnesses. Most writers offer suggestions for nurses or physicians in dealing with sexual dysfunction. The most common solutions are education, sex therapy, marital therapy, counseling, and in some cases psychiatric referral.

Increasing opportunities for privacy is also suggested. Writers often suggest considering hormone replacement therapy for females but note its risks as well as its benefits. Male hormone therapy has not been shown to be beneficial (Hobson 34). Butler and Myrna (1976) in *Sex after sixty: A guide for men and women for their later years* addresses later-life sexuality.

The writers report that older people can continue having orgasms well into their 80s. Postmenopausal changes can be treated by regular sexual activity, hormone replacement therapy, home remedies (lubricants such as K-Y jelly), cleanliness, hygiene, or douching. The authors state that older men take longer to obtain an erection, it may not be quite as large, straight or hard, and their orgasms are less explosive. They discuss all of the common medical problems that affect sexual expression. They discuss surgery that affects sexual activity such as hysterectomy, mastectomy, prostatectomy,

orchidectomy (removal of the testes), colostomy and ileostomy (removal of sections of the intestine).

They discuss side effects of drugs on sex. The authors comment that most people do not realize that alcohol is a drug and that it is a depressant, not a stimulant which in large amounts usually interferes with sexual performance by reducing potency in males and orgasmic ability in females and creating drowsiness. The excessive use of alcohol is a frequent and too little recognized factor in sexual problems of the old. The authors recommend that people remember that tolerance for alcohol increases with age because of changing kidney excretory power.

They identify common emotional problems with sex such as: fear of sexual impotence, emotional and physical fatigue, effect of unresponsive sexual partner, and for women, lack of a partner. Of the 11 million women over 65, 6 million are widows, 1.2 million are divorced or single, and 7% have never married. The authors also discuss widowhood and grief, sexual guilt, and shame of older people who are still interested in sex.

To maintain a sexual experience, the authors recommend keeping fit through exercise, brisk walking, and aerobic and flexibility exercise. They recommend exercise for trouble spots, such as sagging chin, potbelly, back muscles, flabby thighs, sagging breasts, weakened pelvic muscles. They also recommend good nutrition, following a healthy diet, going easy on salt, increasing fiber or bulk in the diet, avoiding laxatives, not eating fried foods, taking Vitamin E, and getting enough rest. In older men, erections not only take longer to develop, but may require more direct tactile stimulation.

Tactile sensitivity, however, also declines. The period during which an erection can be sustained gets shorter and may only be a few minutes. A man in this age group may have some difficulty regaining an erection if he loses it after a period of sexual arousal, even if he has not yet ejaculated. Pre-ejaculatory mucus secretion diminishes.

Ejaculation becomes less powerful with fewer contractions and seminal fluid volume is reduced. As with women, the resolution process becomes more rapid after orgasm (Kinsey et al 1948; Masters ; Johnson 1966). In Brecher's (1984) sample of 2402 older men, 65% reported that their refractory period was longer; 50% took longer to get an erection; 44% said their erection was less rigid when fully erect and 32% were more likely to lose their erection during sexual activity. This publication from the National Institute on Aging (1994) states that most older people want and are able to enjoy an active, satisfying sex life. Over time, however, a slowing of sexual response is normal.

Illnesses or disabilities which may affect the ability to have a satisfying sex life are discussed including heart disease, diabetes, stroke, and arthritis. Better medical care, improved diet, and increased interest in physical fitness have allowed more people to have good sexual health. There is also point of view that changing times affect sexual activity and that the level of sexual activity among older people may rise.