

Aging and women's sexuality



**ASSIGN
BUSTER**

- Liqi Liu

The World Health Organization regards sexual health as a state of physical, mental, emotional and social well-being related to sexuality (Woloski-Wruble et al., 2010). It is not limited to the absence of disease, infirmity dysfunction or the mere presence of sexual intercourse activity. These factors are a reflection of a successful aging model that incorporates physical well being reflected by a low susceptibility to disease. It also includes social and emotional well-being associated with active engagement with life and mental well being exhibited by a high capacity for physical and cognitive function.

Sexuality is an essential component of health at all developmental ages and an important aspect of life satisfaction (Kalra, Subramanyam, & Pinto, 2011). The factors that influence the sexuality of women in their middle and old age are socio-cultural, feminine, medical, political, economic factors (Birkhauser, 2009) and international factors. Other influencing factors include social representations of sexuality, physiological conditions, and relationship factors (Ringa, Diter, Laborde, & Bajos, 2013).

Cultural practices play a critical role in determining sexuality (Shea, 2011). In China, some clinical educators view sexual activities in middle and old age a taboo. Other health professionals view women's feudal attitudes as the main obstacle to sexual liberation. The change in women's social status due to higher education, participation in the labor force and increased use of contraception has intensified sexual activity. These activities within the social environment largely affect the women's responses to their aging process. Other contributing factors include improvement of living standards and life expectancy (Ringa, Diter, Laborde, & Bajos, 2013).

<https://assignbuster.com/aging-and-womens-sexuality/>

Health is another key factor affecting sexuality in middle and aged women (Birkhauser, 2009). Cardiovascular disease in postmenopausal women affects their physical, social and general well being. This leads to deterioration of quality of life and adds on the negative effects of menopause (Birkhauser, 2009). Access to health is determined by the financial ability of the women and enabling political framework.

Contrary to popular belief, the menopausal status is not a risk factor in sexual dysfunction. In some instances, it led to low sexual desire. Several studies have shown that women past the age of 50 are still sexually active (Ringa, Diter, Laborde, & Bajos, 2013). This essay aims to evaluate the various factors that affect sexuality in older women.

Background

The world's aging population is increasing, as the current life expectancy is increasing. The life expectancy of women in Israel estimated at 82 years (Woloski-Wruble et al., 2010). About a third of women's life is lived after cessation of menstruation. China constitutes the world's largest middle-aged and elderly population. Approximately one-fifth of the world's elderly population and a quarter of the middle-aged population live in China. In 2010, 381.6 million people were between the ages of 40 and 59 while an estimate of 170.9 million people was above 60 years of age (Shea, 2011).

Demographic studies project a rapid increase in these proportions over the next several decades. By 2050, it is expected that 35.4% of the population in China will be above 60 years of age (Shea, 2011). As such, understanding the needs, desires and capabilities of this group is of paramount importance.

<https://assignbuster.com/aging-and-womens-sexuality/>

As of now, very few studies have focused on sexuality in the elderly and the existing literature contains contradictory information. For instance, some studies indicate that hormonal determinants have no effect on the sexual drive while others show a correlation between hormonal changes and sexual activity. Hence, further studies would greatly help in ascertaining assertions that sexual life is an important determinant of satisfaction in life (Shea, 2011).

Cultural Factors

Certain cultural norms are the cause of negative attitudes towards sexuality in older people. In some Western cultures, men are considered ready for sexual activity at a younger age than women (Woloski-Wruble et al., 2010). They also claim that women become asexual with age. However, women have in the recent time challenged this view and regarded sex as extremely important (Woloski-Wruble et al., 2010). Research has focused on the sexual dysfunction that is likely to occur after menopausal transition rather than the normal spectrum of normal activities due to the changes arising from hormonal changes. However, it is worth to note that menopause does not necessarily result in sexopause.

The belief that sexual activity decreased with age was held since sexuality was limited to intercourse. In recent years, sexuality has been broadened to mean any sexual arousing activity (Woloski-Wruble et al., 2010). Using this broader definition, studies have shown that women remain sexually active even in old age. An intimate relationship is one factor influencing sexuality in

older women. Being able to address their expectations would enhance life satisfaction.

The Chinese culture is marked by three traditions; Confucianism, Buddhism and Daoism (Shea, 2011). The Confucian tradition advocated for sex for a married couple and only for the purpose of reproduction. Otherwise, it regarded other sexual activities as unrespectful and undignified. Buddhist taught that in order to enjoy perfect peace, one had to give up worldly pleasures and desires. As such, sexual activity beyond the purpose of reproduction was viewed as distracting one from their improvement. Daoist on the other hand regard sex as harmful and self-defeating as it makes men lose their semen (Shea, 2011).

A study conducted in China showed that a third of the studied population was of the opinion that sex later in life was unhealthy or abnormal. It also showed a correlation between the women's attitude and the sexual activity. The women who viewed sex as normal were more likely to engage in sexual activities. Further, the women with positive attitudes led healthy relationships with their spouses. The study also suggested that the household composition such as the number of family members and number of generations contributed to the sexual activity later in life (Shea, 2011).

Social Factors

Women from different regions view menopause differently (Birkhauser, 2009). In the Muslim culture, menstruation is regarded as impurity. Hence, menopausal women gain a higher social status. It is therefore regarded as a happy event that calls for a celebration. In some cases, this is not the case,

and hormonal therapy is considered in order to improve patient outcomes. Hormonal therapy provides symptomatic relief and restores sexual activity (Birkhauser, 2009).

Hormonal therapy should also be recommended for women with cardiovascular events unless there are associated risks. Some cultures do not allow bleeding and hence alternative medicine is sought to relieve the symptoms while allowing only the desired amenorrhea. The effect of the natural products has not been sufficiently studied (Birkhauser, 2009).

Medical Factors

The state of health influences the level of sexual activity (Birkhauser, 2009). Women who are of an advanced in age and are in poor state of health are less likely to engage in sexual activities. During the management of somatic diseases, clinicians often neglect the implications for sexual life and hence go undiagnosed (Maciel & Lagana, 2014). These problems may cause the patient to be socially withdrawn and result in depression. Cardiovascular diseases are one major cause of reduced activity. Women who suffered from myocardial infarction do not lead a sexually active life (Kalra, Subramanyam, & Pinto, 2011).

Besides cardiac problems, elderly women may suffer from physical disabilities that affect the motor function (DeLamater & Moorman, 2007). This group of patients experience pain and discomfort in sexual activities and are likely to withdraw. In addition, patients may suffer low libido and unwillingness to engage in foreplay (Woloski-Wruble et al., 2010).

Feminine Factors

Hormonal changes that occur during the onset of menopause result in vagina dryness and, as a result, affect sexual satisfaction (Lindau, Schumm, & Laumann, 2008). However, several studies in this area found no correlation between menopausal state and sexual activity (Ringa, Diter, Laborde, & Bajos, 2013). Perimenopausal women have increased levels of masturbation suggesting that hormonal changes do not hinder penetrative intercourse. However, some studies have reported that menopausal changes have a negative effect on the sexual life. These inconsistencies could be due to different characteristics of samples used in the different studies (Ringa, Diter, Laborde, & Bajos, 2013).

Political Factors

Older women have few sources of funds to pay for insurance premiums and taxes (WHO, 2007). Inadequate finances may result in delays to seek medical attention following illness. The developing disease compromises the state of health and affects sexual activities. Hence women living regions in which the health policies promote accessibility to health services regardless of the ability to pay enjoy relative health and hence healthy sexual health. It is the duty of each country to develop the best mix of policies in healthcare, income and social services in order to safeguard the well-being and health of older women (WHO, 2007).

Economic Factors

Poverty is a key player in compromising the health of aging women.

Worldwide, women have lower participation in the labor force and are often underpaid as compared to men of equal qualifications. Older women receive employment in low-paying and part-time jobs. Insufficient funds limit the ability of old women to access the most basic needs such as healthcare, shelter and food. It is estimated that 70% of the women in the world live below the poverty line of less than US \$ 1 a day (WHO, 2007). A large number of these are found in the developing countries. These income inequities compromise the well-being of the elderly women and, as a result, their sexual health is affected.

Conclusion

A satisfactory sexual life is an essential component of good quality of life. However, Sexual activity changes with age and may affect the quality of life. The factors that influence these changes include state of health, socio-cultural values political and economic factors. Different regions practice different traditions that may affect how women in their menopausal age view sexual activities. Some practices limit sexual activity for reproduction purposes while in some cultures sexuality is liberal.

One of the major health factors is cardiovascular events. Myocardial infarction leads to depression and anxiety. These factors affect sexual satisfaction and hence decrease sexual activity. While managing these conditions, it is essential that the healthcare providers engage the patients on sexual health. The level of economic empowerment determines the accessibility of social services such as health. Since older women have fewer

financial resources, the right policy mix should be adopted to enhance accessibility to health services and other amenities.

Recommendations

It is of utmost importance to give sexuality issues in the older population priority same as the other vital needs. Therefore, health professionals should formulate interventions aimed at improving sexual health in menopausal women (Taylor & Gosney, 2011). A participatory approach would lead to meaningful interventions, as it would allow the professionals to understand the perception of the different women to sexual satisfaction. It would also ensure that the designed interventions help the women in arriving at successful aging (Shea, 2011).

An analysis shows that the present literature is based on speculation rather than facts. Healthcare professionals should carry out participatory research involving women of different ethnic groups, age, and languages.

Development of evidence-based knowledge would aid in understanding the different aspects that constitute sexual satisfaction among older women. It would also help in designing of group-specific interventions aimed at improving the quality of life (Woloski-Wruble et al., 2010).

Reference

Birkhauser, M. (2009). Quality of Life and Sexuality Issues in Aging Women. *Climacteric* , 52-57.

DeLamater, J., & Moorman, S. (2007). Sexual Behaviour in Later Life. *Journal of Aging and Health* , doi. 10. 1177.

<https://assignbuster.com/aging-and-womens-sexuality/>

Kalra, G., Subramanyam, A., & Pinto, C. (2011). Sexuality: Desire, Activity and Intimacy in the Elderly. *Indian Journal of Psychiatry* , 300-306.

Lindau, S., Schumm, P., & Laumann, E. (2008). A Study of Sexuality and Health among Older Adults in the United States. *New England Journal of Medicine* , 762-774.

Maciel, M., & Lagana, L. (2014). Older Women's Sexual Desire Problems: Biopsychosocial Factors Impacting them and Barriers to Their Clinical Assessment. *Journal of Biomedical Research* , doi. org/ 10. 1155.

Ringa, V., Diter, K., Laborde, C., & Bajos, N. (2013). Women's Sexuality: From Aging to Social Representations. *Journal of Sexual Medicine* , 2399-2408.

Shea, J. (2011). Older Women, Marital Relationships, and Sexuality in China. *Ageing International* , 361-377.

Taylor, A., & Gosney, M. (2011). Sexuality in Older Age: Essential Considerations for Healthcare Professionals. *Journal of Age and Ageing* , 1-6.

WHO. (2007). *Women, Ageing, and Health: A Framework for Action*. Geneva.