

Aging and human sexuality



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Aging and Human Sexuality A Review of the Literature Jennifer Arrington
RSWR 3345. AN02 Research Writing Methods Professor Henderson May 8,
2010 Assessment of aging and human sexuality has been the focus of
substantial scientific effort. Less research has focused on the development of
instruments for the measurement of sexual functioning in aging and human
sexuality. As we age, changes in our bodies may affect our sex lives. This
can lead to problems such as less enjoyment during sex or difficulty
becoming sexually aroused. In women, hormonal changes after menopause
or a hysterectomy can cause the vagina to become shorter, narrower, and
less lubricated. These vaginal changes can make sex somewhat
uncomfortable and less pleasurable. In addition, the psychological effects of
aging may make sex less enjoyable for some women. In men, aging is
associated with an increased risk of becoming impotent, or being unable to
have or keep an erection. Some men find that when they get older, erections
can be less firm or smaller than they used to be, and that they produce less
ejaculate during an orgasm or lose an erection faster after orgasm. We don't
discuss sexuality enough when considering the lives of older adults. It's easy
to assume that aging brings dramatic changes and that sexuality is not a
topic that concerns older adults to any great degree. Sometimes, however,
events bring about a dramatic shift in awareness and understanding. The
highly-publicized events following the release of the medication Viagra
(sildenafil) provided a vivid example of such an event. Suddenly the country
was swept with evidence that older adults are vitally concerned with
sexuality. The evidence included the involvement of a former candidate for
United States President, Bob Dole, publicly extolling the medication and what
it had done for him, and also included dramatic statistics on the immediate
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response in terms of numbers of prescriptions written for Viagra. More recently, in 2006, the film *Away From Her*, brought issues of sexuality in couples dealing with dementia into sympathetic attention, with Julie Christie starring as an older woman with Alzheimer's disease whose sexuality remains vibrant. While we still see many casual advertisements and media stories equating sexuality only with the young, there has been a paradigm shift in my lifetime toward a greater understanding that sexuality is an important part of life, throughout one's lifetime. " You just never think the same about your grandparents after you have an 80 year old woman telling you how much she enjoys oral sex." However, it is not easy for health professionals in training to find information to learn more about aging and sexuality, once they have realized how important this topic is. It is my hope that it will serve to further openness and sensitivity in health care professionals, as they try to attend to a vitally important topic that does not lose its power with age. Keywords: Adult, Aging, Health, Sexuality, Literature Review

This paper reviews recent literature around sexuality, health care and older adults. The construction of sexuality, importance of sexuality to older adults, sexual diversity in old age, and sexuality and health are discussed. Also discussed are the myths and stereotypes associated with this topic, and the medical, social, healthcare, and institutional barriers to sexuality and sexual health in later life. Addis, I. B, Van Den Eeden, S. K., Wassel-Fyr, C. L., et al. (2006). *Obstetrics & Gynecology*, 107, 755-764.

Sexual activity and function in middle-aged and older women This analysis estimates the prevalence and predictors of sexual activity and function in a diverse group of women aged 40–69 years. Women completed self-report questionnaires on sexual activity, comorbidities, and general quality of life.

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Of the sexually active women, 60% had sexual activity at least monthly, approximately two thirds were at least somewhat satisfied, and 33% reported a problem in one or more domains. Satisfaction with sexual activity was associated with African-American race, lower BMI, and higher mental health score. More reported sexual dysfunction was associated with having a college degree or greater education, poor health, being in a significant relationship, and a low mental health score. Middle-aged and older women engage in satisfying sexual activity, and one third reported problems with sexual function. Demographic factors as well as some issues associated with aging can adversely affect sexual frequency, satisfaction, and function.

Araujo, A. B., Mohr, B. A., & McKinlay, J. B. (2004). *Journal of American Geriatric Society*, 52, 1502-1509. Changes in sexual function in middle-aged and older men: The objective of this study is to describe within-individual change in sexual function over a 9-year period and to determine whether the amount of change differs by age group (men aged 40 to 70). Within-person change included the following sexual function variables: sexual intercourse, erection frequency, sexual desire, ejaculation with masturbation, satisfaction with sex, and difficulty with orgasm. Unadjusted analyses showed significant longitudinal changes over the 9-year period in all domains of sexual function except frequency of ejaculation with masturbation, which showed no change between baseline and follow-up. Adjusted for baseline sexual function, within-person change in all outcomes was strongly related to age, with decline in sexual function becoming more pronounced with increasing age. Number of erections per month declined by 3, 9, and 13 in men in their 40s, 50s, and 60s, respectively. Araujo, A. B., Durante, R., Feldman, H. A., Goldstein, I., & McKinlay, J. B. (1998). *Psychosomatic Medicine*, 60(4), 458-
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465. B., & Goldstein, M. Z. (2001). *Psychiatric Services*, 52(3), 291-93, 306.

Men's sexual health after midlife: Describes the normal physiologic changes that occur as men age as well as the physiologic causes of male sexual dysfunction. The psychological, cultural, and relationship factors that may contribute to the premature loss of sexual functions in older couples are also described. Medical treatments and sex therapy techniques that have been found to be useful are reviewed. An overview is provided of important issues for the clinician in addressing sexuality with older patients. DeLamater, J. D.,

& Sill, M. (2005). *Journal of Sex Research*, 42(2), 138-149. Sexual desire in later life. There has been relatively little research on sexuality in later life, particularly among persons over 60 years of age. This literature suggests

that age, hormone levels, specific illnesses, and various medications

negatively affect sexual functioning in older persons. This study reports

results from a survey of a large sample (N = 1, 384) of persons age 45 and

older that included measures of a variety of biological, psychological and

social factors that potentially influence sexual functioning. Bivariate and

multivariate analyses are conducted separately for women and men. The

principal influences on strength of sexual desire among women are age, the

importance of sex to the person, and the presence of a sexual partner.

Among men, they are age, the importance of sex to the person, and

education. In this sample of the population of older persons, attitudes are

more significant influences on sexual desire than biomedical factors. Finger,

W. W., Lund, M., & Slagle, M. A. (1997). *Journal of Family Practice*, 44, 33-43.

Medications that may contribute to sexual disorders: A guide to assessment

and treatment in family practice. Approximately 15% to 25% of family

practice patients have concerns about sexual function and are most

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comfortable discussing these issues with their family physician. While many physicians have avoided this topic in the past, citing lack of knowledge and skill, the family practice setting is ideal for a preliminary evaluation of sexual dysfunction and treatment for certain etiologies. This especially is true for changes in sexual function secondary to medication effects. This article provides basic guidelines designed to assist physicians in evaluating the effects of medications and other substances on sexual function. Also included are lists of medications known or suspected to have adverse effects on sexual function. Physicians are encouraged to address the sexual concerns of their patients and to incorporate these guidelines and the medication lists into their evaluation. Gott, M., Hinchliff, S., & Galena, E. (2004). *Social Science & Medicine*, 58, 2093-2103. General practitioner attitudes to discussing sexual health issues with older people. How health professionals perceive and manage later life sexual problems remains relatively unexplored and, in particular, little is known about the attitudes of GPs, who represent the first point of contact for most older people in the UK who experience sexual health concerns. This paper draws on qualitative data generated from in-depth interviews with 22 GPs working in demographically diverse primary care practices in Sheffield, UK. Analysis identified that GPs do not address sexual health proactively with older people and that, within primary care, sexual health is equated with younger people and not seen as a 'legitimate' topic for discussion with this age group. However, it was apparent that many beliefs held about the sexual attitudes and behaviors of older people were based on stereotyped views of ageing and sexuality, rather than personal experience of individual patients. The discussion considers the implications of these findings for primary care, particularly in

relation to education and training. Henry, J., & McNab, W. (2003).

Gerontology & Geriatrics Education, 23(4), 57-74 Forever young: A health promotion focus on sexuality and aging. Sexuality is one of the least understood aspects of aging, and society often seems to imply that sexuality does not have a place in the lives of older people. This article provides an overview of sexuality and aging, including myths and common physical, emotional, and social concerns. It offers suggestions as to how health-care professionals can take a prevention, or health promotion, focus that emphasizes education toward maintaining quality of life for this growing population group, and as a result, help them optimize their sexual quality of life to the fullest extent during the "golden years" of their lives. A

correlational framework for understanding sexuality in women age 50 and older Johnson, B. K. (1998). Health Care for Women International, 19(6), 553-64. Bio-psychosocial perspectives of sexuality in 657 women aged 50 and older were studied. Significant predictors of sexual interest, participation, and satisfaction were identified. Findings suggest a bio-psychosocial model for clinicians in assessment and intervention with older women and sexual issues; educators to organize teaching about aging and female sexuality; and researchers to investigate older women's sexuality. The impact of aging on sexual function in women and their partners Kingsberg, S. A. (2002).

Archives of Sexual Behavior, 31(5), 431-437. Aging has a powerful impact on the quality of relationship and sexual functioning. The psychological impact of aging after midlife is a particularly timely topic, given improved medical and psychological understanding of sexuality in both women and men as well as significant improvement in the conceptualization of female sexuality and evolving treatment advances for female sexual dysfunctions. It is time to

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dispel the stereotype of the midlife woman in order to more effectively address emotional and sexual issues arising in her relationships. Regardless of the length or nature of the relationship, its quality is enhanced by emotional intimacy, autonomy without too much distance, an ability to manage stress, and to maintain a positive perception of self and the relationship. To understand and treat effects of aging on sexuality, it is important to address the three components of sexual desire: drive, beliefs/values, and motivation, as well as the social context of a woman's life. It is also essential to understand how the physiological changes in female as well as male sexual functioning impact desire. Further, other health-related changes that occur with aging must be recognized and addressed. The psychological impact of aging on sexuality and relationships

Kingsberg, S. A. (2000). *Journal of Women's Health & Gender-Based Medicine*, 9(Suppl. 1), S33-S38. Aging has a powerful impact on the quality of relationships and sexual functioning. The psychological impact of aging after midlife is a timely topic given improved understanding of sexuality in both women and men, as well as more effective treatment for age-related sexual dysfunctions. Regardless of the length or nature of the relationship, its quality is enhanced by emotional intimacy, autonomy without too much distance, an ability to manage stress and distractions by external factors, and achieving a satisfying sexual equilibrium. Perception of the quality of the primary relationship and sexuality is influenced by other factors in a person's life. Thus, the relationship must be examined and issues must be addressed taking these external factors into consideration. Among the most powerful external factors is one's occupation or avocation which tends to strongly influence one's sense of identity, self-esteem, and self-worth. To understand

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and treat effects of aging on sexuality, it is important to address the three components of sexual desire: drive, beliefs/values, and motivation, as well as the sexual equilibrium within the primary relationship. It is also essential to understand how the physiological changes in sexual functioning affect desire and equilibrium. A study of sexuality and health among older adults in the United States Lindau, S. T., Schumm, L. P., Laumann, E. O., Levinson, W., O’Muircheartaigh, C. A., & Waite, L. J. (2007). *New England Journal of Medicine*, 357(8), 762-774. The article report the prevalence of sexual activity, behaviors, and problems in a national probability sample of 3005 U. S. adults (1550 women and 1455 men) 57 to 85 years of age, and we describe the association of these variables with age and health status. The prevalence of sexual activity declined with age; women were significantly less likely than men at all ages to report sexual activity. Among respondents who were sexually active, about half of both men and women reported at least one bothersome sexual problem. The most prevalent sexual problems among women were low desire, difficulty with vaginal lubrication, and inability to climax. Among men, the most prevalent sexual problems were erectile difficulties. Fourteen percent of all men reported using medication or supplements to improve sexual function. Men and women who rated their health as being poor were less likely to be sexually active and, among respondents who were sexually active, were more likely to report sexual problems. A total of 38% of men and 22% of women reported having discussed sex with a physician since the age of 50 years. Women are less likely than men to have a spousal or other intimate relationship and to be sexually active. Sexual problems are frequent among older adults, but these problems are infrequently discussed with physicians. The new virility: Viagra, <https://assignbuster.com/aging-and-human-sexuality/>

male aging and sexual function Marshall, B. L. (2006). *Sexualities*, 9(7), 345-362. While it was once assumed that sexual function and virility naturally declined with age, the sexual capacities of the aging body have more recently been aligned to new performative standards, particularly for men. This article explores the history and contemporary dimensions of this new culture of virility. The first section reviews shifting scientific and cultural narratives of the sex/age problematic. The latter part of the article explores how the robust post-Viagra ‘men's health’ industry has expanded the medicalization of masculinity and male sexuality in later life, particularly via the recuperation of the ‘male menopause’ as ‘androgen deficiency in the aging male’. As the aging male body is opened up to new manifestations of dysfunction and disorder, attention is drawn to emerging understandings of risk, health and surveillance in relation to sexual function. Barriers to the expression of sexuality in the older person: The role of the health professional McAuliffe, L., Bauer, M., & Nay, R. (2007). *International Journal of Older People Nursing*, 2(1), 69-75. Older people frequently experience barriers to the expression of their sexuality. Many of these barriers are influenced by the health professionals and services that care for them. Sex in America AARP http://www.aarpmagazine.org/lifestyle/relationships/sex_in_america.html http://www.aarpsegundajuventud.org/spanish/health/2005-JJ/05JJ_sexmag.html (in Spanish) Special Report: The 1999 AARP/Modern Maturity Survey AARP http://www.aarpmagazine.org/lifestyle/relationships/great_sex.html American Association of Sex Educators, Counselors, and Therapists (AASECT) <http://www.aasect.org> American College of Obstetricians and Gynecologists (ACOG) <http://www.acog.org> American Social Health Association (ASHA) <https://assignbuster.com/aging-and-human-sexuality/>

<http://www.ashastd.org/> Association for the Treatment of Sexual Abusers (ATSA) <http://www.atsa.com> The World Professional Association for Transgender Health, Inc (WPATH) <http://www.wpath.org> International Academy of Sex Research (IASR) <http://www.iasr.org> International Association for the Treatment of Sexual Offenders (IATSO) <http://www.iatso.org/> International Society for the Study of Women's Sexual Health (ISSWSH) <http://www.isswsh.org> Kinsey Institute for Research in Sex, Gender, and Reproduction <http://www.indiana.edu/~kinsey/> 1998 NCOA Healthy Sexuality and Vital Aging Survey National Council on the Aging (NCOA) <http://www.ncoa.org/attachments/SexualitySurveyExecutiveSummary%2Epdf> Age Page: Sexuality in Later Life National Institute on Aging <http://www.nia.nih.gov/HealthInformation/Publications/sexuality.htm> <http://www.nia.nih.gov/HealthInformation/Publications/Spanish/sexuality-sp.htm> (in Spanish) National Vulvodynia Association (NVA) <http://www.nva.org> North American Menopause Society (NAMS) <http://www.menopause.org> Annotated Bibliography: Sexuality in Middle and Later Life Sexuality Information and Education Council of the United States (SIECUS) <http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=581&grandparentID=477&parentID=572> Directory of Sex Therapists Society for Sex Therapy and Research (SSTAR) <http://www.sstarnet.org/Websites.cfm> Society for the Scientific Study of Sexuality (SSSS) <http://www.sexscience.org> World Association for Sexual Health (WAS) <http://www.worldsexualhealth.com> Sexuality Information and Education Council of the United States (SIECUS) 130 W. 42nd ST, Suite 350, NY, NY 10036-7802 SIECUS is a national, nonprofit organization which affirms that sexuality is a natural and health part of living, Incorporated in 1964, SIECUS <https://assignbuster.com/aging-and-human-sexuality/>

develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices. American Association of Sex Educators, Counselors and Therapists (AASECT) P. O. Box 1960 Ashland, VA 23005-1960 Phone: 804-752-0026 Fax: 804-752-0056 AASECT is a national professional organization that certifies qualified health and mental health practitioners in dealing expertly and ethically with the sexual concerns of individuals, couples, and families. A list of ASSECT certified professionals within specified geographic areas is available by writing and including a self-addressed, stamped, business-sized envelope. The Foundation for the Scientific Study of Sexuality P. O. Box 970, Peck Slip Station New York, NY 10272-0970 FSSS is a nonprofit organization devoted exclusively to supporting scientific research related to sexuality; it is the only foundation whose sole primary mission is to promote funding for conducting scholarly, scientific research to further our understanding of all aspects of sexuality. The Kinsey Institute for Research in Sex, Gender, and Reproduction Morrison 313, Indiana University, Bloomington, IN 47405 The Kinsey Institute for Research in Sex, Gender, and Reproduction is a private, not-for-profit corporation affiliated with Indiana University. Dr. Alfred Kinsey (1894-1956) founded the Institute in 1947. Its mission is to promote interdisciplinary research and scholarship in the fields of human sexuality, gender, and reproduction. The Institute carries out this mission through: development of specialized collections of resources for scholars; programs of research and publication; interdisciplinary conferences and seminars; and provision of information services to researchers. Its Web site supports interdisciplinary research and the study of human sexuality. The Society for the Scientific Study of Sexuality P. O. Box 208 Mount Vernon, <https://assignbuster.com/aging-and-human-sexuality/>

IA 52314-0208 The Society for the Scientific Study of Sexuality (SSSS) is an international organization dedicated to the advancement of knowledge about sexuality. It is the oldest organization of professionals interested in the study of sexuality in the United States. SSSS brings together an interdisciplinary group of professionals who believe in the importance of both the production of quality research and the clinical educational, and social applications of research related to all aspects of sexuality. Methods. â€”, Electronic databases were searched for published studies investigating changes in sexual function and dysfunction with age. A critical review was carried out. Main Outcome Measures. â€”, Age-related changes in sexual function and dysfunction. Results. â€”, There are inconsistencies in the way sexual function and sexual dysfunction are measured. Validated scales are infrequently used. Low response rates, limited age ranges, and restrictive inclusion criteria limit the generalizability of many studies. Confounders are often either not measured or not analyzed. Longitudinal studies are rare, making it difficult to separate the effects of birth cohort and aging. The evidence indicates that a woman's sexual function declines with age. This decline begins in a woman's late 20s to late 30s. Specifically, desire, frequency of orgasm, and frequency of sexual intercourse decrease with age. However, it is not clear whether arousal decreases or remains relatively constant. In longitudinal studies, decline in women's sexual function has also been detected, but patterns of stability and improved sexual function have also been observed for short periods of time. The prevalence of most sexual difficulties or dysfunctions changes little with age, with the exception of sexual pain, which may decrease. Conclusions. â€”, Age-related changes in sexually related personal distress may help explain why the prevalence of

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sexual dysfunctions remains constant with age while sexual function declines. More research is needed to demonstrate this. [pic] Search Strategy

The following electronic databases were searched: Ovid Medline (1966—2004), ISI Current Contents (1994—2004), Biological Abstracts (1980—2001), PubMed (1950—2004), ISI Web of Science (1945—2004), and CSA PsychINFO (1950—2004). The search terms used were: sexual function/functioning, sexual dysfunction, sexual difficulty/difficulties, woman, women, female, age, aging, ageing. In addition, a hand search for relevant references quoted within articles was undertaken, and these references were obtained. The references obtained in this way included both journal articles and books.

Inclusion Criteria Included in this search were community-based cross-sectional and longitudinal studies that incorporate questions on sexual function or difficulties and where the effect of age has been examined. Studies based on convenience samples, with an overall response rate of less than 50%, a sample size of less than 100, or those where the sampling procedure, response rate, or sample size were not reported have been excluded. Clinic-based studies (including those drawn from general practice registers) and those restricted to women with a particular medical condition were also excluded. Tables 1 and 2 summarize the studies.