Module: Sexuality and the third age

Introduction and description

There is growing acknowledgement within health and social care practice that many older people are sexually active and consider sex to be an important part of their quality of life.

Indeed, many local, national and international bodies are beginning to promote sexual health and well-being in later life in their reports and guidelines. In 2010, the World Health Organisation (WHO) asserted that sexual health was applicable throughout an individual's lifespan "not only to those in the reproductive years, but also to both the young and the elderly" (2010: page 3).

The WHO stress that sexual health can only be achieved and maintained in the context of a human rights framework. They provide the following rights as related to sexual health; most of which are applicable to older people:

The right to:

1. equality and non-discrimination
2. be free from torture or to cruel, inhumane or degrading treatment or punishment
3. privacy
4. the highest attainable standard of health (including sexual health) and social security
5. marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
6. decide the number and spacing of one's children
7. information, as well as education
8. freedom of opinion and expression, and
9. an effective remedy for violations of fundamental rights

We would add to this the right to *not* be sexually active, and for practitioners not to assume that all older people want to be sexually active.

Some older people will want to be sexually active but not have a sexual partner. Indeed, there is diversity with regard to sexual activity in older age. Getting older can mean that sexual activity changes in type and frequency. Health problems and their medications can interfere with sexual function and there is also an increased likelihood of experiencing sexual problems (such as erectile dysfunction, vaginal dryness) with increasing age.

We explore these issues throughout units 1 to 5 of this sexuality and ageing module.

Key definitions

Sex

"Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females."

Sexual health

"…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Sexuality

Sexuality provides the framework from which sexual health is defined, understood and operationalised. Sexuality is:

"…a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."

(From the world Health Organisation: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)

Further reading and resources

Gott, M., 2005. Sexuality, sexual health and ageing. England: Open University Press.

Age UK has useful advice on dating and sex in its Relationships and Family section

http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/guide-to-dating/

Ageing and Sexual health. Entre Nous: The European Magazine for Sexual and Reproductive Health

http://www.euro.who.int/__data/assets/pdf_file/0010/183448/Entre-Nous-77-Eng.pdf

Unit 1 (of 5): Sexuality in the third & fourth age

Introduction

We know that many older people are sexually active, although reports highlight that the frequency is often reduced in comparison to younger cohorts. We also know that the meaning of sexual activity can become broader with age; that older adults do not straightforwardly equate sex with penis-vagina intercourse, and thus sex encompasses activities that younger people may not view as sexual.

Sexual activity in later life, when consensual and pleasurable, can have benefits for individuals and couples. In keeping with moderate exercise, sexual activity can benefit physical health. It can improve psychological well-being through intimate connection with another person. As well as providing pleasure, sexual activity can strengthen the relationship between intimate partners.

However, older people can experience barriers to sexual expression due to ageist stereotypes which they may have internalised. For example, they may feel that they should not be interested in sex at their age. Others too may have internalised these views, including doctors, nurses and other professionals, and think that older people are not interested in sex. The implications of this stereotype are that older people might not express their sexuality for fear of reproach, and may not seek or receive help for sexual concerns.

Historically, sexual activity and late adulthood have been incompatible in public discourses and this deeply entrenched view has been repeated and reinforced in a number of ways. For older women in particular, ageism can combine with sexism as women meet negative messages about their value as women as they get older.

While having a partner can influence whether or not an older person is sexually active, not all sexual activity relates to partnered sex. Indeed, older people engage in self-masturbation which may serve to ease sexual tension and provide sexual pleasure in the absence of a sexual partner.

Key messages

- Sexual activity can be an important part of quality of life
- Sexual activity and intimacy can have benefits for health and well-being in later life
- Not every older person will want to be sexually active, and it is important to respect that
- Barriers to sexual expression, and seeking and receiving help for sexual concerns, may occur as a result of perceived and actual ageism

Learning objectives

At the end of this unit students are expected to:

1. Understand the meaning of sexual identity and sexual activity within the lives of older people
2. Be able to explain the ways in which sexual activity can benefit people in later life
3. Demonstrate awareness of the ways that negative stereotypes such as ageism can affect an older person's sexuality

Content

Case study

Six months ago Barbra (aged 70) had major surgery, a total hysterectomy, because of a cancerous tumour. The operation was a success and Barbara feels lucky that the cancer wasn't anywhere else in her body as, she says, the womb 'can so easily be removed'. She is also relieved that the cancer was caught at an early stage as she knows that her situation could be very different. Barbra has seen a number of doctors and nurses during her treatment journey, both at the hospital and the primary care surgery. But, amongst all the personal discussions she has had with these health professionals, one area has not been raised - either by her or the health professionals - and that is when it is okay for her to resume sexual intercourse.

As she recovered from the surgery Barbra and her husband Vic have grown closer. She says that 'cancer will do that to you'. They enjoyed a good sex life prior to her diagnosis and want to resume that level of intimacy. But both of them are fearful of causing damage: Vic doesn't want to hurt Barbra, and Barbra is unsure if intercourse will 'undo' any of the surgery. They are both starting to believe that they will never enjoy sexual intercourse again.

Discussion questions for the case study:

1. It is important for Barbra and Vic to be able to have sexual intercourse. Why do you think that is?
2. Should health professionals take a proactive approach to the sexual health of their older clients? If so, how can they do this?
3. Barbra suspects that she hasn't been given sexual advice because of her age. Can Barbra do anything herself to find the answers that she seeks?

Unit 2 (of 5): Ageing in Context

Introduction

Ageing is not simply a set of physical changes which occur at the level of the body. Ageing should also be understood at the level of the social and psychological. As we age the role we play in families, the economy and within social networks changes. The way society views us also changes. This unit will consider the social construction of the ageing process and raise questions for the impact this may have on the sexuality of older people.

One of the most important ideas to emerge from our understanding of the ageing process from a societal perspective has centred on the economic role of older people. Retirement brings with it many advantages in terms of increased leisure time and a relinquishment of the burdens of a working life. An alternative perspective on retirement suggests that this has contributed to the ways in which older people are ascribed social status. Many argue that retirement marks older people out as a different social group, importantly because they are no longer economically active, resulting in them being viewed as a burden on the working population. This, it is argued, lies at the very root of ageism and ageist practices affecting the way older people are regarded. Principally, this separation as a social group means that ageing is characterised by dysfunction; decay; decline and worthlessness.
This perspective on ageing has implications for the ways in which the ageing body is regarded by society. It is argued that power, attractiveness and beauty are confined only to the young and the images we see in our media conspire to reproduce this belief on a daily basis. Youth is often represented positively by vitality and desirability whilst on the other hand the ageing body is presented via deterioration and illness. This has implications for the ways in which older people might subsequently view their own body and consequently their own sexual role. It also has implications for the ways in which the sexuality of older people is viewed by others, including health care professionals.

Key messages

- Ageing should be viewed in the context of a broad set of social and psychological changes
- Changes in the relational and productive aspects of life can have an impact upon the ways in which society views older people
- The ways in which the ageing body is represented often has negative implications for the ways in which older people's sexuality is defined.
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Learning Outcomes

1. Raise awareness of the social and psychological aspects of ageing;
2. Consider the relationship between the social status of older people and the ways in which the ageing body is understood;

3. Become critically aware of the ways in which the ageing body is represented and the implications this might have for the ways in which the sexuality of older people is defined.

Content

Reflective Activity 1
Consider your own community and reflect upon the changes that have been experienced by the older people within it. Spend some time identifying these changes and begin to characterise them as: physical, social and psychological. Make a list of the changes and identify how these might relate to one-another.

Reflective Activity 2
Choose a magazine or a newspaper from home. Take a look at the images and identify any featuring older people. How are older people characterised?

Reflective Activity 3
Take a look at the birthday cards below (Figure 1). Whilst they may be amusing there is a more serious side. What do they say about older people and the ageing body? What do they say about the sexuality of older men and women? How are the images constructed to portray decline, worthlessness and asexuality?

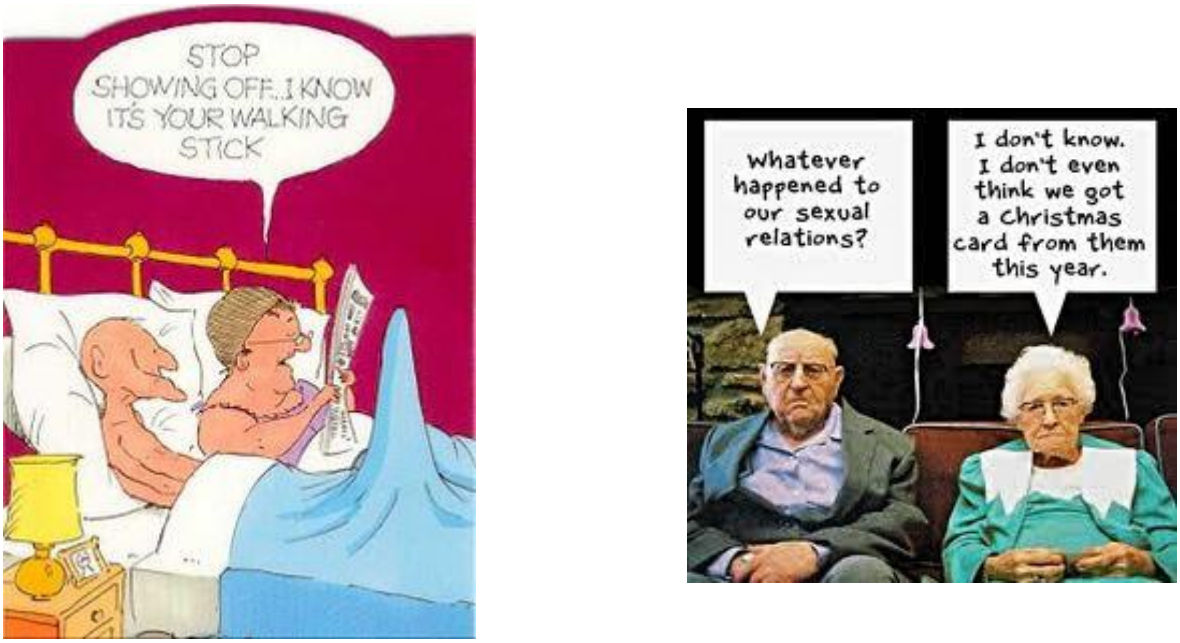

Figure 1: Birthday cards, older people and sexuality

Unit 3 (of 5): Active Ageing

Introduction

Active ageing has become a central feature of social and health policy across Europe in recent years. Building on earlier ideas which sought to promote successful ageing, active ageing is defined by WHO as:

> 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.'

Such an approach to social and health policies, and indeed health and social care practices, is designed to enhance the quality of life for older people and the well-being of ageing citizens. Furthermore, the success of an active ageing strategy is dependent upon the recognition that 'activity' should be defined by the older person themselves; the chosen pursuits of older people should be actively supported; diversity should be recognised and respected and the participation of older people in decision making should be maximised. Central too much of what active ageing might seek to achieve for older people is the notion of continuity. Continuity theory is highly suggestive of enabling older people to maintain values, beliefs and practices which are consistent with the life that has been lived.

With the acceptance of such ideas in the ascendency in recent decades, attention has shifted to the practices of those working in health and social care services and how these might reflect and provide support to an active ageing agenda. More recently Ruth Katz has developed a model aimed at promoting the well-being of all older people, but particularly those who are frail or require high support needs. The model encourages those working in health and social care to recognise the physical, social and psychological needs of older people. Such needs include the maintenance of personal relationships; humour and pleasure; a sense of self.

Sexuality is increasingly viewed as an important component of the active ageing movement. The promotion of continuity in personal and intimate relationships; practices which seek to support the maintenance of a sense of self; the active involvement of older people in making decisions about their own sexual life are all consistent with the active ageing agenda.

Key Messages

- Active ageing is an important movement across Europe
- Active ageing and continuity are viewed as essential features of a healthy old age
- Sexuality and intimacy are important parts of an active later life

Learning outcomes
At the end of this unit students are expected to:

1. Have developed a critical awareness of the notion of active ageing.
2. Understand the importance of sexuality and intimacy to us as we age and how these aspects of our life might be challenged.

Content
Reflective exercises

I. How can health and social care professionals work to promote and support an active ageing agenda for older people?
II. What are the challenges to an active ageing approach for older people?
III. Consider your own sexuality and intimate relationships, how important are they to your own well-being?
IV. How might these be challenged as you get older? (Consider the physical, social and psychological aspects of ageing)

Unit 4 (of 5): Changes in sexual practice

Introduction

As people get older, they may experience changes in their sex lives. These include having less sex, having more sex, having sex in a different way than before, or with a different partner. Those in long-term relationships tend to report a reduction in sexual activities as they get older. Those in new relationships tend to report an increase.

Reasons for changes in sexual practice in our 60s and older relate to a number of factors: the diagnosis or management of a long-term condition; medications that we take for long-term conditions; body image issues; psychological well-being including depression; the quality of our intimate relationships; and specific sexual problems such as erectile dysfunction or sexual desire loss.

Younger people may be affected by these issues too. But some sexual problems are associated with increasing age. These include, for men a longer refractory period (the recovery period after orgasm) as well as a decreased ability to delay ejaculation and an increased time to achieve an erection. The changes women can experience include shorter and less intense orgasms, an increased time taken to become sexually aroused, and difficulties connected with reduced vaginal lubrication which can make penetrative sex painful. Lower levels of sexual desire can also affect women and men as they get older.

Health conditions can affect a person's interest in sex and their ability to engage in sexual acts. For example, stroke can cause physical and cognitive changes that impact directly on sexual function by causing discomfort when lying in certain positions, or through communication difficulties which affect sexual expression.

Caring for someone affected by stroke or other long-term conditions can impact the relationship overall as well as the sexual relationship. For example, the carer may be tired – which has a known effect on sexual desire – or the caring relationship may change so much so s/he no longer views their partner as a sexual being.

A number of commonly prescribed medications can impact sex too. These include:

- SSRIs and other antidepressants can lower sexual desire or prevent people from having an orgasm
- Anti-hypertensives can cause erection and ejaculation problems
- Omeprazole can cause erection problems
- Heart drugs can impair sexual desire

(http://www.netdoctor.co.uk/sexandrelationships/medicinessex.htm)

Satisfaction with sex life has been found to decrease with increasing age, and reasons include sexual problems experienced. Sexual problems can have a negative impact on relationships, for example a lack of intimacy may ensue and distance may occur. It is therefore important to address sexual difficulties in later life if an individual and her/his partner experiences distress about them.

It also is important to remember that not everyone will experience sexual problems as a result of getting older.

Key messages

- Sexual activity may change as people get older due to a number of (biological, psychological, social and cultural) factors
- Some specific sexual problems have a relationship with increasing age

Learning outcomes

At the end of this unit students are expected to:

- Be aware of the many factors that can contribute to sexual difficulties in later life
- Understand that some people will experience distress at the changes in sexual activity they experience
- Acknowledge that some people in later life chose not to be sexually active

Content

Case study

Geoff is single but he longs to be in a close relationship again. Since Geoff's long-term partner John died two years ago, Geoff has had difficulty keeping an erection. He can no longer masturbate. He first noticed the symptoms where his erection would come, but soon fade, and now he cannot get one at all.

Geoff is 62 years old and does not want to live the rest of his life on his own. He has considered signing up for an online dating website but he wonders whether or not it would be worthwhile. He is worried that if he met someone they might not understand his problem; that he can't get an erection and have sex in that way. Geoff knows that sex isn't just about erections - there are other activities they could do - but he also knows that having an erection indicates to a partner that they are desired, that he is aroused by them.

He went on a date with a guy 6 months ago. They both seemed to enjoy it, and Geoff felt a spark. But when they kissed at the end of the night Geoff knew that he would not be able to see him again. How could he explain his erection problems? And who would want to be with someone like him?

Discussion points – use the internet to find answers to the following questions:

1. What is the incidence of erection problems in men aged 60 and older in your country?
2. What causes erectile dysfunction?
3. Are there any medical treatments available for Geoff to help with his erection problems?
4. Are there any alternative treatment options that Geoff can try?
5. What does Geoff's concern about his erectile dysfunction and his belief that he would not be able to form a new relationship tell us about sex and masculinity?

Unit 5 (of 5): sexually transmitted infections in the third age

Introduction

Sexually transmitted infections (STIs) or diseases (STDs) are passed from person to person usually through sexual contact (some can be passed on in other ways too, such as by sharing intravenous injecting needles). STIs can be passed on through many types of sexual activity (oral, vaginal, anal) although some (e.g. thrush) can occur in the absence of sex.

STIs are categorised as either viral, bacterial, parasitic or fungal:

- Bacterial STIs include – chlamydia, gonorrhoea, syphilis, bacterial vaginosis (BV)
  Viral STIs include – HIV, hepatitis, genital herpes, genital warts
- Parasitic STIs include – trichomonas vaginalis (TV), scabies, pubic lice
- Fungal STIs include – thrush, balanitis

For further information on STIs, see the World Health Organisation resource page:
http://www.who.int/topics/sexually_transmitted_infections/en/

Many industrialised countries have seen high increases in diagnoses of STIs in older people recently. High figures have been reported for the UK, USA, Australia, and China. A number of reasons have been suggested to explain why STIs are increasing in older age groups. These include: a lack of awareness of safe sex methods; a lack of knowledge about STIs and who is at risk; and connecting condoms, which can help protect against STIs, with prevention of pregnancy.

Studies have demonstrated that knowledge of STIs among older people is mixed, and that there can be confusion about who can be infected with a STI and how to identify the symptoms. Indeed, older people are more likely than younger people to present late at services (e.g. genito-urinary medicine clinics in the UK), which is worrying as a late diagnosis is associated with poor outcomes for older adults.

In spite of this, health promotion campaigns aimed at educating people about STIs and reducing the transmission of STIs focus predominantly on younger people. There have been a few exceptions, but these are in the minority. STI campaigns aimed at older people include:

Family Planning Association (UK) Middle aged spread
http://www.fpa.org.uk/sexual-health-week/middle-age-spread-stis-over-50s

Family Planning, New South Wales (Australia) Little Black Dress
https://www.youtube.com/watch?v=o5CFDZJR9zo

ACRIA (North America) Age is Not a Condom
http://ageisnotacondom.org/EN/

Safer Sex for Seniors (North America) Safer Sex for Seniors
http://safersex4seniors.org/

Proper use of condoms (both male and female) is one of the most effective ways to prevent the transmission of STIs. Dental dams can be effective too as they create a barrier between the wearer's mouth and the partner's vagina or anus.

STIs can sometimes have negative health consequences, including: vaginal, cervical, vulval, penile, anal and oral cancers from certain strains of Human Papillomavirus (HPV) (Centers for Disease Control and Prevention, 2015a); damage to the brain from the long-term effects of untreated syphilis (Centers for Disease Control and Prevention, 2015b); and liver damage from hepatitis B (Centers for Disease Control and Prevention, 2015c). Having a STI at any age can affect psychological well-being and quality of life.

Key messages

- STIs can affect anyone at any age
- Incidence of diagnoses in older people increases year on year in many industrialised countries
- Older people tend to present late at services when they have a STI
- Older people require age-appropriate information about STIs; how they are spread and how they can be prevented

Learning outcomes

At the end of this unit students are expected to:

- Understand that age is not barrier to contracting a STI
- Be aware of ways to prevent STIs
- Explain why STI diagnoses in older people continue to increase
- Have an insight into the relationship complexities and gender issues which might prevent an individual from using safer sex practices

Content

Activity

Identify four STI prevention campaigns aimed at younger people (there are hundreds to choose from!). Compare them to the four campaigns above that are aimed at older people.

1. What are the key differences between the campaigns aimed at older people and those aimed at younger people?
2. Why do you think the campaigns are different?

3. Could the campaigns aimed at older people be improved? if so, how would you improve them?

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