Sexuality, Sexual Health & Ageing

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“Sexualised world”
In speaking we unwittingly define and proscribe who may have sex with whom, when and how (Foucault, 1979).

The social framework of sexuality provides rules about who can be sexual and under what circumstances sexual behaviour is appropriate. The social framework of sexuality even defines what counts as sex. Ultimately, individual experiences of being sexual and sexually aroused are determined, at least in part, by these socially constructed realities (Travis et al, 2000).
Where do older people fit in?
Most males....would become impotent if they lived into their eighties... In many older persons, erectile impotence is, fortunately, accompanied by a decline in and usually complete cessation of erotic response (Kinsey, Pomeroy and Martin 1948).

Without oestrogen, the quality of being female gradually disappears and a woman becomes as close as she can be to being a man. Decline of breasts and female genitalia all contribute to a masculine appearance...Having outlived their ovaries, they may have outlived their usefulness as human beings (Reuben, 1970).
• **UK National Survey of Sexual Attitudes and Lifestyles**
  
  • First wave age cut off of **59 years** because ‘many of the topics for which data were collected are known not to affect older people’.
  
  • Second wave to provide ‘up to date information to underpin decisions on policies that affect our sexual health’ had an age cut off of **44 years**.
Presentation structure

- Is sexuality important to older people?
- Are older people’s sexual health needs being met in current everyday practice?
- How do primary care health providers view the sexuality/sexual health of older people?
- What implications does this have for their clinical practice?
- Some key principles for policy making
- Something to be wary of.....
What is sexuality?

• Sexuality is as much about words, images, ritual and fantasy as it is about the body (Weeks, 1990).

• Sexuality is not just about ‘doing it’. How I feel about my body....how I feel about other peoples’ bodies....touch, feelings and emotions - all these things and more make up my ‘sexuality’ (Female interviewee, aged 76).
Is sexuality important to older people?
What do older people say?

• Sex does increase the quality of life for me (M, aged 81).

• I think sexual relationships are very important whatever your age is. I think they are important in different ways, but I think they are always important (F, aged 73).

• It adds a lot to your life and I think it adds more when you get older, I'm sure it does, I mean when you’re younger I think you just do it because you do it, but when you get older and particularly in your 60's it gets to be a bit more meaningful (F, aged 76).
What do older people say?

• I'm 78 and frankly I don’t know what sex life is like at that age..... obviously because it is 11 years ago since I lost my husband, but previous to that my sex life was very satisfactory and age never entered either my husband’s mind or mine (F, aged 78).

• It’s physical problems that make your sex life less really, its not the actual needs and wanting (M, aged 73).
What do older people say?

• As you get older you act differently and you adjust to your age, but I consider that a cuddle is sex... I mean obviously intercourse doesn’t take place as much when you’re getting older, you’re not able, but the desire to love someone is there, and love, it takes a different form. That’s love when we are gardening together and doing things (M, aged 74).
Why is sex important?

• It’s a basic thing, like eating and drinking

• Everybody likes to be love

• I’m still wanted, still attractive

• When you have taken away procreation, sex is just for enjoyment
Are older people’s sexual health needs being met in current everyday practice?
(Limited) Evidence

• Survey of 1,768 adults in England identified that 49% of male respondents and 39% of female respondents would like to seek treatment for sexual problems, but only 4-6% had done so (Dunn et al, 1998).

• Older people who suspect they have an STI wait longer between symptom recognition and clinical presentation than younger people (Gott et al, 1999).
Barriers to treatment seeking with sexual health concerns
Embarrassment/shame/fear

• Just the fact you can’t maintain an erection, I find that a little bit embarrassing. You’re a little bit inhibited as to what you come and see your doctor about aren’t you? (M, aged 65).

• I think sex is something that’s very much pushed under the carpet. We are ashamed to talk about it. It isn’t something you go to the doctors for (F, aged 66).
Attributing problems to ‘old age’

I think the older you get the more difficult it is to seek advice because when you’re younger things should be right and if they are not then it’s almost automatic to look for the remedy. I think as you get older if things aren’t right then maybe it’s because you’re getting old (F, aged 73).
Lack of knowledge/education

I think sex clinics are a damn good idea. I think they should perhaps make people a bit more aware of them. I think there needs to be a lot more general knowledge about it and I think it should be made apparent that it’s for people of all ages (F, aged 73).
Feeling sex is not an appropriate concern for older people

• Int: Have you seen your doctor?
• P: No, I’ve contemplated seeing him, but I just don’t know how much importance the doctor would attach to it. I mean, getting to our age, he says it’s about time you packed up anyway [laughs]. I don’t want him to think that I’m a sex maniac or anything (M, aged 65).
How do primary care health providers view the sexuality/sexual health of older people?
Older people are heterosexual and monogamous

**Int:** I wondered whether you ever talk about safe sex with older people?

**GP:** No

**Int:** Do you with younger people?

**GP:** Mainly younger people on the pill

**Int:** Why do you think that is?

**GP:** Because I tend to think they are in monogamous, heterosexual relationships because that’s my stereotype of the older person.
Older people don’t take risks

**Int:** Do you ever talk to older people about safe sex?

**GP:** No [laughs]. The context seems totally inappropriate. They are usually people that they have known for 20 or 30 years as close friends and they have probably harboured feelings about. That part of society, they just wouldn’t have had affairs. They are not going to go out cruising [laughs]. So no, no.
Older people are easily offended

**GP:** If you mention that ‘this will affect your sex life’ to an older woman whose hasn’t slept with her husband for years and years she might be quite upset. I think that’s going to break down your doctor-patient relationship. You have got to be very careful or you’ll never see them again. They’ll go and see somebody else.
But are they?

**GP:** I think sometimes older people would be a bit affronted. I’m trying to think of an example. I’m sure something similar to that has happened (pauses)....I can’t think of anything.
Sex in older age is ‘disgusting’

**GP:** The older they are the worse it is, for me.

**Int:** So if it was an 85 year old?

**GP:** I would find that quite unpalatable. Yes, I hope that I don’t display my repugnance (laughs) when the 85 year old turns up for his Viagra. I hope that if they need referring I refer them appropriately, but I certainly never go delving for information in that department with the old ones.
What implications does this have for their clinical practice?
Unlikely to raise sexual issues with older people

**GP:** I suppose you would realistically be more likely to raise issues like that with a 30-year old than an 80-year old. Sometimes you might do, but I would look for more distinct cues in an older person, whereas with a younger person I might be more inclined to raise the issues myself.
Unlikely to raise sexual issues with older people

**GP:** Around blood pressure and diabetes – say a man in his 40s I might warn him and say “this can have an effect on your sex drive”. I might not mention it to a man in his 70s. I would assume a man in his 40s would be married and sexually active, I might not assume a man in his 70s was. So I suppose age is a big barrier. You do treat people differently in terms of their sexual health I think.
Very wide definitions of ‘older people’

**GP:** You don’t want to get neurotic 80 year olds worrying about HIV if they are having sex every now and then.

**Int:** Would you talk to a person in their 40s or 50s about safe sex?

**GP:** Probably not.
Some key messages for policy makers
This is an issue that won’t go away

- Ageing population
- Ageing of the ‘baby boomer’ generation

Sexual intercourse began
In 1963
(Which was rather late for me)
Between the end of the Chatterley ban
And the Beatles’ first LP.
This is an issue that won’t go away

- Rise of new relationship types amongst older people
- Increasing rates of STIs amongst older people
- Increasing medicalisation of sexuality
- Rising expectations of sexual health
Some thoughts on the way forward

• View sexuality as part of the totality of later life experience
• Involve older people
• Adopt innovative methods
• Acknowledge and address individual barriers to addressing sexuality
• Seek out examples of good practice internationally
Sexuality can be thought about, experienced and acted on differently according to gender, class, ethnicity, physical ability, sexual orientation and preference, religion, region... and age (Vance, 1989: 17).
Something to be wary of...
the creation of new myths and stereotypes about sexuality and ageing
1. Expressing sexuality is fundamental to healthy ageing

*Energy needs a place to go. When sexual energy is denied the outlet of behaviour that can provide sexual release..it may result in illness – diarrhea, ulcers, heartburn, arthritis and many other complaints familiar to older people, (Starr & Weiner, 1982).*

2. Sexual intercourse represents the sexual ideal for all older people
The ‘Sexy Oldie’: the creation of a new myth about sexuality and ageing

3. Sex in later life is (always) pleasurable and an expression of love

4. Ageing causes sexual dysfunction and medical intervention is needed for older people to be sexually ‘normal’

5. To be sexually attractive at any age you need to conform to a youthful standard of beauty
How is this happening?

1. Medicalisation
How is this happening?

2. ‘Positive Ageing’
How is this happening?

3. The ‘gold in grey’

• ‘Big industry, from pharmaceuticals to cosmetics, are designing and marketing totally new products tailored to the specific needs and wants of baby boomers, and the new model of adulthood they have created’ (maturemarket.com).

• ‘Current efforts to develop and capture the aging market may sometimes have the effect of creating needs where none exist’ (Minker, 1991).
Conclusions

• Sexuality is an important aspect of life regardless of age

• How sexuality is experienced and acted on may change with age

• Incredible diversity amongst older people in how sexuality is defined and experienced

• Older people experience sexual health concerns for which they would like to seek treatment, but experience significant barriers to so doing
Conclusions

• Primary care providers buy in to stereotypes about later life sexuality and this impacts upon their clinical practice with older people

• Sexual health issues for older people will (& must) move up the policy agenda

• Work is needed to identify practical ways forward that involve older people themselves & adopt innovative methods

• Beware of the danger of deconstructing one stereotype of later life sexuality (‘asexual old age’) to replace it with another (‘sexy oldie’).
Thank you for your time
References


