



## Keep on *Rockin'* Sexuality and Aging

The first of our In Focus on *Sexuality and Aging Series* discusses the challenges which older people, their providers and family members face around this issue.

### What do we mean by sexuality?

Sexuality applies to all of us regardless of age. Taking the person as a starting point, sexuality has many dimensions and means different things to different people. It can be about looking good, dressing up, feeling pampered, holding hands, cuddling and flirting. It can also include romance, companionship, relationships, sensuality and intimacy, as well as sex, sexual identity, orientation and much more (Gott & Hinchliff, 2003; McAnulty & Burnette, 2006; McAuliffe, Bauer & Nay, 2007). All contribute to quality of life and well-being.

### Why sexuality and aging?

In hospitals, long-term care facilities, home and community, providers often talk about putting people at the centre of care. This clearly means putting the whole person at the centre of care.

Healthy aging is more than the absence of disease. It involves the promotion of mental, physical and social well-being that contributes to a sense of self-worth and quality of life. Increasingly clients see their multi-dimensional needs as encompassing their changing views of sexuality.

Sexuality also relates to issues around ethics, risk, consent, privacy, professional roles and obligations. Besides rethinking how we view aging, we need to rethink how we design and deliver client-centred care.

### What are some key challenges?

Despite an increasing open-mindedness about sexuality in society generally, sexuality remains a hushed topic steeped in myths, presumptions and half-truths. Cutting through the misinformation is one of the biggest challenges facing older people, their family members and health and social care providers.

Here are some common misconceptions.

**ASSUMPTION:** Older adults are not interested in talking to care providers about their sexuality.

**FACT:** Many older adults believe talking about sexuality issues with their health professional is an important part of their health care (Nay, McAuliffe & Bauer, 2007). However, they may avoid raising sexuality issues with providers because they:

- Feel shame and embarrassment (Nay, McAuliffe & Bauer, 2007);
- Believe that their sexual problems are not serious;
- Assume that sexuality problems are an unfortunate and natural part of aging that must be tolerated (Gott and Hinchcliff, 2003).

By the same token, health care professionals and home and community care providers may avoid asking older clients about their sexual health because they:

- Fear offending their clients;
- Feel uncomfortable asking questions about the topic;
- Feel rushed and over-extended already;
- Believe they do not have the expertise to talk about sexuality and aging issues (Hinchliff, Gott and Galena, 2004).

A reluctance among primary care providers to speak openly about sexual health issues not only reinforces the myth that older adults do not have sexuality interests but also can have serious health consequences.

- A 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);
- In older Canadians, the major risk factor for HIV infection is sexual contact (PHA Canada, 2009). Misdiagnosis of HIV in older people is common. Symptoms often are similar to those associated with “normal” aging (e.g., fatigue, weight loss, dementia, skin rashes, and swollen lymph nodes). Subsequently, an HIV diagnosis for older adults happens at a later stage of infection than for younger adults (Sage Health Network, 2009).

**ASSUMPTION:** Older people are too fragile to engage in sexual behaviour due to the physical changes associated with aging (Salzman, 2006; Gott & Hinchliff, 2003).

**FACT:** Sex remains important to older adults, and many are sexually active. Some adults remain sexually active throughout their later years and well into their nineties (Nay, McAuliffe & Bauer, 2007).

According to a study in the US by AARP (2005),

- 94% of men and 93% of women aged 70 years and over say that sex is NOT only for younger people;
- 58% of men and 46% of women over 70 years of age believe that sexual activity is a critical part of a good relationship;
- 45% of men and 45% of women aged 70 years and over say that sex remains important to them as they age;
- 63% of men and 50% of women aged 70 years and over feel that people can still have a sexual relationship even if not married.

A 30 year longitudinal study conducted by Beckman et al (2008) followed four groups of 70 year-olds (946 women and 560 men) in Sweden between 1971 and 2001. They found that 70-year-olds of both sexes were having more sex than did 70 year-olds 30 years ago.

- 68% of married men said they were having sex in 2001, up from 52% in 1971;
- 54% of married women reported having sex in 2001, up from 30% in 1971;
- 12% of unmarried women reported having sex, up from 1% in 1971;
- Attitudes in 2001 were more open and positive among older people themselves, reflecting shifts in attitudes in Western society over the past 50 years.

A study conducted by the American Association of Retired Persons in 1999 found that 30% of men and 24% of women aged 60-74 had sex once a week (Strombeck, 2003).

Many seniors are actively dating. Among the different reasons for dating (e.g., social

connections, companionship) is the desire to find intimate and sexual relationships. Internet dating sites are increasingly popular among older adults. Indeed, seniors are the largest and fastest growing segment of internet users looking for romance on-line:

- 44% of men and 18% of women between the ages of 55 to 59 actively date;
- 13% of men and 2% of women aged 75+ actively date;
- 20% of online daters at sites like Match.com are aged 50+.

**ASSUMPTION:** Sexuality and health education should focus attention on young people since they have little experience and knowledge on this topic.

**FACT:** Sexuality and health education is important for all ages. Older adults who lose their life-long partner and choose to enter new relationships are in fact highly vulnerable to serious sexually transmitted diseases. After menopause or andropause, older adults may not feel inclined to use condoms since they associate condom use as a method of birth control (Aids Calgary Awareness Association, 2007). As a consequence:

- In 2003, the Health Agency of Canada reported 18,929 AIDS cases of which 2,222 (11.7%) were individuals 50 years of age and older (Health Agency of Canada, 2004);
- In 2006, people over 50 accounted for 14% of all positive HIV test reports. This is almost double the rate reported in 1985-1994 (Public Health Agency of Canada, 2007);
- Normal aging changes in women (e.g., decrease in vaginal lubrication and thinning vaginal walls) may put older women at higher risk than older men during unprotected sex. HIV cases in women over 50 infected heterosexually have been rising at a higher

rate than for men who have sex with men (the largest group) and consistently comprise a greater percentage as age increases into the 60s and older (Sage Health Network, 2009).

- Older adults can and will acquire and retain new information regarding AIDS-related information. Falvo and Norman (1996) held HIV/AIDS educational workshop on safer sex and basic HIV knowledge conducted with cognitively intact seniors (60+) and showed a statistically significant increase in senior's knowledge about the perceived seriousness of, susceptibility to, and safe-sex practices to prevent HIV/AIDS.

**ASSUMPTION:** Sexuality is penetrative sex.

**FACT:** Sexuality means different things to different people. Similarly, sexual intimacy takes many different forms. Participants in a study by Gott and Hinchcliffe (2003) showed that older people who placed a high value on sexuality defined it as the desire to be "close" with their partner.

Leiblum and Seagraves (1989) reinforce that education should emphasize a broad definition of sexuality beyond sexual intercourse and establish that:

- Sexuality is a natural experience of older people;
- There are myriad ways to express sexuality;
- Preferred sources of physical intimacy might change, for example, from intercourse to touching and stroking.

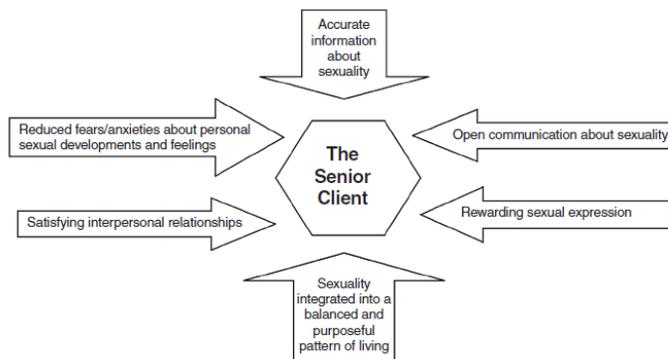
## What are some practical solutions?

### For Home and Community Care

It is important to begin with the client at the centre when developing programs and services

addressing issues of sexuality and aging. Henry and McNab (2003) suggest that client centred care first involves establishing comfortable and common languages to facilitate and encourage communication and discussion.

### Client-centred-care model



Henry & McNab (2003)

These languages include:

- nonverbal (e.g., body movements);
- child language (e.g., “doing it”);
- slang words (e.g., “screw”);
- euphemisms (e.g., “making love”); and,
- medical (e.g., “coitus”) (Mitzenmacher & Sayad, 1999; as cited in Henry & McNab, 2003).

If staff were to become comfortable both in using and hearing these languages, seniors will be encouraged to use their preferred language to open up conversation and discussion.

Walker and Ephross (1999) outline three themes for an effective training program for staff working in community agencies:

- **Knowledge:** Factual information related to elderly sexuality;
- **Attitudes:** Based on the belief that sexual behavior among the elderly varies as it does for younger people. Based on information about how elderly people themselves feel about sexuality;

- **Practices:** Take into account older adults’ norms and beliefs.

Walker and Ephross (1999) further recommend that staff, when addressing client sexuality:

- Be proactive;
- Not be embarrassed about a resident’s sexual concerns;
- Provide information about sexual concerns if asked;
- Reassure residents with health problems that sexual expression is possible.

Addressing risky sexual behaviours in education workshops needs to take into account possible resistance in the aging population, particularly when introducing a topic seniors may feel does not apply to them. As such, planners need to be creative in both reaching and engaging older adults (Falvo & Norman, 1996).

Education and workshops should cover the following topics.

- Increasing HIV/AIDS awareness in older adults while dispelling myths such as “AIDS is a younger person’s/ gay person’s disease”;
- Learning safe-sex practices such as prophylactic use;
- Understanding modes of transmission, risky sexual behaviors;
- Learning how, where and why to get tested for STDs and STIs and HIV/AIDS.

For community care providers, an important supportive service is to provide opportunities for older people to expand their social networks and activities which can promote social well-being and reduce isolation. Michele Cauch, Community and Corporate Development Officer, St. Paul’s L’Amoreaux launched Canada’s first speed dating program as an innovative way to both address older adults’ desire for social activities and their changing social attitudes that

sexuality is part of the totality of their later life experience (Cauch, 2009).

Community agency managers also need to acknowledge the role they play in educating front-line providers regarding barriers to expressions of sexuality. Addressing older people's sexuality needs may also require additional time which should be factored into existing responsibilities of front-line providers.

### **For health care professionals**

It is important that health care professionals not assume that a sexual health and needs assessment is not required (Hordern & Currow, 2003; McAuliffe, Bauer & Nay, 2007)

To identify practical ways forward, health care professionals need to initiate and involve older patients in conversations about their sexual health (Gott, 2009). Using open-ended questions would be helpful (Hordern & Currow, 2003).

Finally, they may wish to collaborate actively with other social service professionals and providers to promote education around sexual health for their clients.

### **For family members**

Family members need educational resources so as to understand that sexuality in older people is not only normal, but also beneficial to health and well-being (Hordern & Currow, 2003).

Henry and McNab (2003) recommend that client centred care also includes family members. Programs and services that address sexuality as an important part of healthy aging need also to include adult children care givers, and children of seniors as part of the conversation.

Additionally, it is important to be mindful that educational materials and program oriented to "family" should be inclusive of diverse definitions and meanings of family, including families of choice, and the role of extended family members.

### **Added thoughts**

Some older adults may choose to abstain from sexual activity just as some younger people may choose likewise (Gott & Hinchliff, 2003).

The increasing medicalization of sexuality links sexuality to dysfunctions of biology, physiology, performance and functioning. This narrow understanding runs the risk of missing important aspects of older people's sexuality such as emotional needs for intimacy.

Increased medicalization of sexuality, accomplished in part through the availability of performance enhancing drugs, runs the risk of deconstructing one stereotype of later life sexuality ('asexual old age') and replacing it with another equally problematic one of ('sexy oldie').

Aging and sexuality remains an under researched area, although the aging boomers phenomenon has seen an emergence in research interest. As demands for services and programs increase, good practices will start to emerge as programs are developed and implemented and evaluated internationally.

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