

Healthy Sexual Aging: Sexual function and sexual well-being in older European adults

Relevance

Sexual health is relevant throughout the lifespan and increasingly considered a human right. Research has demonstrated important links between sexuality and both prevention of health problems and recovery from illness in younger and older adults. Yet, less is known about the associations between sexuality and health in older adults, leaving contemporary societies less prepared for the challenges associated with the demands of new and larger generations of older adults when it comes to their sexual health and sexual well-being.

When addressing the concerns and needs of the new generations of older adults, we need to take into consideration that many of them are 'children of the sexual revolution'. This generation grew up with greater sexual

autonomy and, in general, tends to place a higher value on sexual well-being and health than preceding generations. They fought for gender equality, the right to love whomever they chose, free sexual expression, and reproductive rights. Older men and women, just because they may be turning 70 or 80, are not likely to want to give up these rights, including the right to sexual self-expression. Contemporary Western societies face the challenge of accepting that new generations of older adults regard having a sex life as both "normal" and "natural." At the same time, the likelihood of experiencing sexual problems increases with increasing age, resulting in reduced sexual well-being and an increased need for tips on how to enhance their sex-life. How can Western societies meet future generations' expectations by providing cultural, educational, and professional sexual health-related assistance for older adults?

Although the topic of sexual health is increasingly gaining legitimacy and importance, our knowledge regarding sexuality in older age is lacking, especially when it comes to the question of how biopsychosocial age-related changes may affect the body and sexuality in older age. The expressions of sexuality vary between and within different societies and cultures. In a new research project, the sexual well-being and sexual function of older adult men and women in Northern, Southern, and Central Europe will be compared. It is hypothesized that sexual behavior, sexual function, and sense of sexual well-being in older adults will be culture-, gender-, and social class-specific.

The new project applies a mixed-methods approach. A quantitative sub-study will be carried out as national, representative cross-sectional questionnaire surveys in



©Deposit Photos

Norway, Denmark, Portugal and Belgium. A qualitative sub-study will involve in-depth interviews of 25-35 men and women of different sexual orientations in different countries. This sub-project was first initiated in Norway in 2015, and new data collection will start in the UK and Croatia 2016-2017. Four PhD students will be affiliated to the project.

The quantitative segment aims to answer the following core questions:

- How content are older adult men and women with their sexuality and body? What are the predictors of a positive view of one's sexual functioning and aging body?
- How often do older adults experience sexual problems and what are the factors that transform short-term sexual problems into more persistent and troubling problems?
- Are there important gender differences in individual perspectives on the aging body and sexual functioning? Are there gender-specific predictors of healthy sexual functioning among aging men and women? What is the role of gender norms, dominant cultural tradition, and social class in personal assessments of sexual well-being and personal expectations related to sexual health?
- How are sexual well-being, sexual functioning and sexual health related to healthy aging and/or illness prevention and recovery? To which extent do older adults seek information or help in relation to sexual health? If they have had a help-seeking experience, how satisfied were they with the help they received and were the problems improved?
- The qualitative segment of the study will address the following four core questions:
 - How do people experience their sexuality and body in older ages? Does the importance of sexuality and appearance change across the lifespan? Do aging people adjust to the bodily changes related to growing older, and if so, how do they do this?
 - What is the role of intimacy and emotional support in coping with changes related to sexuality and difficulties with sexual functioning?
 - Are there cultural or media ideals and role models for how to handle body changes and sexuality associated with aging? Where do the role models come from? How are these ideals negotiated in relation to age and the process of aging? How do people deal with the absence of positive role models with regards to sexuality and body image?

- What are the barriers for seeking information or help in relation to sexual health? Who can older adults contact, and who would they prefer to contact? If they have had a help-seeking experience, what were their perceptions of this, and what was the consequence thereof?

The findings from the different components will be contextualized to highlight cultural and policy-related differences between European regions, and their societal challenges and implications for health will be considered. Based on this analysis, the results will be used to inform the design and development of scalable, culturally appropriate awareness-raising interventions for the public and a professional intervention program for health practitioners working with aging populations.

STATE OF THE ART

Sexual Satisfaction and Well-being

The position of sexuality in the lives of upcoming generations of older adults in Western societies and culture will likely be different from that of previous generations of aging men and women, as future generations of older adults can be expected to increasingly regard sexual activity and vitality as an essential part of general well-being, healthy aging, and an important part of life for some people even when ill. The possibility of modifying the body's natural aging process, surgically and pharmaceutically, to maintain or produce a youthful appearance is also likely to influence the way older adults perceive themselves, their body and its sexual capabilities. Decreased sexual satisfaction may be related to various partner-related factors, for instance partner's illness or sexual difficulties. But the individual's own biology plays an important role as well. Satisfaction with one's sexual life tends to decrease with increasing age. This relationship is most likely in part tied to biological changes related to aging (impaired physical and mental function, illness, medical treatments including surgeries and medication use), changes that may affect an individual's sexual desire and functioning, as well as the ability to enjoy sex. For instance, after menopause some women have more difficulties becoming aroused and experiencing sexual pleasure (including orgasm) than before menopause, and this may be connected to a reduction in hormone levels.

Sexual well-being and sexual satisfaction are also strongly linked to an individual's physical and mental health. Variables that play an important role include stress, contextual factors, one's sexual history, and mental health problems. Psychological factors such as expectation and attention to sexuality,

and satisfaction with one's appearance and body, can also influence sexual satisfaction in women and men. Lower subjective sexual well-being in older men and women is also connected to relational factors, which may affect the extent to which they feel motivated to engage in sexual activity. Being motivated in turn may also be associated with older women's, and men's, self-perception of being sexually attractive, to others in their age cohort and as sexual beings in general.

Sexual Activity

For many older adult individuals, the period between age 60 and 75 is a relatively positive and healthy time, during which they are free from serious disease or disability. Despite popular stereotypes and prejudice, sexuality remains an important part of life for most people aged 60 years and older. The frequency of sexual intercourse, however, may decrease and is generally lower among single than cohabiting individuals, particularly in single women. This means that having a partner is of vital importance for the sex life of older adults. For those who *have* a partner, sex plays an important role for maintaining and strengthening the couple relationship, and experiencing emotional intimacy with the partner, in addition to the recreational aspects of sexuality. Older adults are more likely to report experiencing sexual desire than to report matching levels of sexual activity. Most cross-sectional studies have shown that the percentage of individuals reporting sexual desire and sexual intercourse decreases with increasing age. We do not know to what degree this can be attributed to generational effects, age-related expectations, or physical and mental health-related effects associated with aging, or some combination of these factors. What we do know is that a strong association exists between physical and mental health and sexual activity. As is the case among younger individuals, sexual activity often becomes more frequent when an older adult engages in a new relationship.

Sexual Problems

The risk for sexual problems, especially those associated with physical health problems, increases with age, with the risk being up to six times higher among middle-aged persons with somatic disorders as compared to healthy individuals of the same age. The most frequently reported sexual problems among older adults are erectile difficulties in men, and desire and lubrication problems among women. In the Natsal-3 survey the percent of British men aged 65-74 years who reported erectile problems was 30%. Recent figures from Norway showed that 34% of men aged 60-67 experienced manifest erectile problems during the past year. Nearly every second woman in the same age group reported sexual desire and/or lubrication problems.

European Context

Even though sexuality and its expressions have undergone many changes in Europe over the course of the past few decades, particularly among women, large inter- and intra-cultural differences exist. For instance, recent research has pointed to a difference between northern and southern European countries in sexual behavior such as sexual debut age and use of contraception in emerging adults, and it is likely that these differences are even larger in older segments of the population. Variable and changing gender roles and gender equality and the restrictions on sexuality, particularly as related to the expression of women's sexuality, most likely contribute to these differences. Nordic countries have long-held ideological traditions favoring equality between individuals and social groups. Both female and adolescent sexuality are more accepted in Nordic countries than many other Western countries. Accordingly, sexuality in Nordic cultures is often regarded as representative of a 'liberated' culture. Despite this move toward equality, however, gender differences in sexual matters still exist, in both adolescents and grandparents.

The situation in southern Europe seems to be somewhat different from that of the north. A decade ago, men in this region generally began their sexual life at an earlier age than women. In many Mediterranean countries, including Croatia and Portugal, men's behavior continues to be influenced by patriarchal traditions. In these cultural contexts, men and women's sexual roles tend to adhere to gender constructions that position masculinity in opposition to femininity. The sexual dimension of masculinity involves initiation, dominance, assertiveness, and independence. In contrast, femininity, in these cultures, is associated with sexual passivity, submissiveness, and dependency. As traditional societies are more restrictive of women's sexual expression, women are socialized to protect their reputation by setting limits on men's advances and by tying sexual activities to institutionalized love and/or partnership represented by marriage. The restraints on women's sexuality in these cultural contexts may negatively impact women's general and sexual well-being, a possibility that will be empirically tested in our project.

Sexual cultures and gender roles can be expected to affect the sexuality of older adults as well. A sexual culture and its related system of gender roles may influence the extent to which men and women feel free to express themselves sexually and able to negotiate or influence social policies toward treatments or resources that improve sexual health and enhance sexual well-being in older adulthood (e.g., the availability and costs of sex therapy and of the medications, and hormone treatments, used to help

improve sexual function). This is particularly important when we try to contextualize patterns of sexual behavior in older adults, highlighting cultural and policy-related differences between European regions, and when we explore and discuss the associated societal challenges and implications for health and illness.

Thus, it is important to better understand country-specific predictors of various outcome variables as these subsequently may be targeted in intervention studies and sexual health approaches in various countries. For example, if sexual attitudes are found to be more important determinants of sexual health in Denmark than in Croatia, then intervention studies and sexual health strategies in Denmark should include an explicit focus on these attitudes, whereas other needs may need to be addressed in Croatia. Given other cultural differences between, for example, northern and southern European countries we consider the exploration of such culturally specific and sensitive differences a central goal of our project.

KEY PERSPECTIVES AND COMPLIANCE WITH STRATEGIC DOCUMENTS

The WHO has explicitly stated that increasing sexual health and well-being of the aging population is an important topic and goal. The population of older adults is growing, and quality of life during older age is a significant issue to address. Sexual satisfaction and well-being are part of general satisfaction and well-being and, consistent with this, the Declaration of Sexual Rights explicitly states that being a sexual being throughout the lifespan should be considered a fundamental human right.

Relevance and Benefits to Society

The results of our research project can be expected to produce new and much needed knowledge about sexual well-being and health in older adults and its psychosocial and sociocultural aspects, and will improve our understanding of how sexuality is linked to healthy aging, illness, and recovery. Hopefully, the findings will assist health professionals in new interventions aiming to prevent sexual problems and STIs in older adults, singles and couples. The findings will provide politicians, health administrators/personnel, and institutions training medical and health care staff with evidence-based guidelines for addressing issues related to sexual health of older adults. The findings and insights from this research project will be used to design an educational program for healthcare professionals working with older adults, which will promote a more systematic inclusion of sexual health issues in the promotion of healthy aging, illness prevention and treatment. This

will enable better preparation of older adults for the social challenges related to aging and sexual health and well-being in aging European societies.

The intervention part of the study will be developed on the basis of the findings from the quantitative and the qualitative studies, and in consultation with key stakeholders. It will include creating a project web site and designing downloadable brochures in various languages, with the goal of raising awareness and providing sexuality and sexual health-related information in aging women and men. The intervention will also target health practitioner working with the aging population, to increase their knowledge about and competence in meeting sexual health-related needs in older adults. The sexual health intervention will have particular emphasis on improving sexual functioning and reducing sexual problems in couples as well as in older adults who do not have a partner.

Dissemination and Communication of Findings

When it comes to the EU, we consider the dissemination of our findings to the general public, in a highly accessible form and style, as a core goal of our project. With this, we aim to address dominant stereotypes about sexuality in older age, to normalize the importance of sexual activity among older adults, and to provide the often missing evidence-based information about sexual health and the related problems in older adults.

Authors

Professor Bente Træen (Project coordinator), the University of Oslo, Norway, with

Professor Aleksandar Stulhofer, University of Zagreb, Croatia,

Professor Erick Janssen, University of Leuven, Belgium,

Professor Cynthia Graham, University of Southampton, United Kingdom,

Associate Professor Gert Martin Hald, University of Copenhagen, Denmark,

Professor Paul Enzlin, University of Leuven, Belgium,

Professor Ana Carvalheira, ISPA-University Institute, Portugal.



Prof. Bente Træen
Professor of Health psychology
University of Oslo.



UiO : University of Oslo