

Senior Adult Sexuality

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Physiologically

As the body ages, some physical changes may hinder a person's ability to engage in sexual activity. Menopause can occur between the ages of 40 and 65 and a woman's estrogen levels will decline because she is no longer experiencing menstruation. Her internal sexual organs may decrease in size or even be removed via hysterectomy. The woman's vagina generally becomes shorter and narrower, and the vaginal walls thin and stiffen. Often less vaginal lubrication is produced making vaginal sex more difficult and possibly painful. There are no noticeable changes that occur to the clitoris, but decreased blood circulation due to aging may affect the sensitivity of the clitoris and labia during sexual arousal.

In males, testosterone levels decrease over time which can lower the desire to engage in sexual acts. Rates of impotence and other sexual dysfunctions increase with age which may coincide with the inability to achieve or maintain an erection. When an erection does occur, the penis may not be as large or firm as it once was, and if ejaculation occurs, it may not be as robust or forceful as it was previously. Sperm production declines due to a decrease in testosterone.

Chronic illnesses, decreased mobility, medication side effects, and surgeries may effect senior adult males and females' ability or desire to engage in sexual activity. Blood pressure medications, antidepressants, tranquilizers, and medications for other health concerns could have an impact on a person's ability to perform sexually. These side effects may include vaginal dryness for females, inability to obtain and/or maintain an erection for males, and a struggle to

reach orgasm for males and females. Regular exercise can help maintain mobility and through the help of some medications, personal lubricants, mechanical devices, and partner cooperation, older males and females can continue engaging in a healthy, active sex life.

Psychologically

Contrary to common beliefs, many older adults are as satisfied, if not more satisfied, with their sex lives than their younger counterparts. This could be explained by senior adults no longer having as many responsibilities as they did when they were young, such as maintaining a family or working. A relationship will strengthen when partners become more familiar with desires and preferences, and are able to satisfy themselves and their partner more effectively than when they were just getting to know one another. Senior adults are no longer concerned with pregnancy and often believe contracting any sort of sexually transmitted disease is minimal. However, this may not be the case as sexually transmitted diseases are still a concern in the adult senior population.

Because of physical limitations, older adults report lower rates of penetrative sex. However, rates of other sexual activities such as mechanical, oral, and self-stimulation remain high. Kissing, hand holding, and non-sexual touching contribute to the level of intimacy senior adults experience beyond penetrative sex or genital stimulation. Surgeries and physical changes such as mastectomy, hysterectomy, and urinary incontinence may cause a woman to lose interest in sex because she may feel less feminine and may believe that they are no longer desirable. Prostate problems and experiencing erectile dysfunction can cause males to avoid having sex for fear that they will not be able to perform like they were once able. This avoidance of sexual activity by both men and women does not necessarily mean that they do not have the desire. However, this avoidance can lead to personal insecurities and relationship concerns.

The mental and emotional well-being of aging adults can have a significant impact on sexual activities and intimacy. Dementia and symptoms related to Alzheimer's Disease, can bring to question the ability of a person to consent to sex. Although many people who suffer from these disorders show interest in sexual activities, they may not always remember what is appropriate or even who their spouse or partner is. Common mental health concerns in both men and women include anxiety, mood disorders (such as depression and bipolar) and severe cognitive impairment, and are prevalent among older adults.

Sociologically

Investments in meaningful relationships increase. As a senior adult, social networks narrow, yet the level of investment in meaningful relationships increase. Many people do not believe or choose not to believe, older adults are sexual beings and engage in sexual activities. Often senior adults are viewed as asexual and no longer interested in sex, or seen as no longer capable of sexual arousal or desire. For some, it may be difficult to accept that people maintain their sexuality even through the later years of life. Children of older people may struggle with their parents seeking intimacy and may not understand that it is healthy and normal for seniors to desire emotional and physical affection. Often, older adults may have limited exposure to others if their partner is no longer around. If older adults reside in a nursing home or assisted living facility, the limited contact that they may receive from staff is often barricaded by gloves and other medical equipment.

Further Reading:

Bouman, W. & Kleinplatz, P. (2017). *Sexuality & Ageing*. New York, NY: Routledge/Taylor & Francis.

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Darling, C., Cassidy, D., & Powell, L. (2014). *Family life education: Working with families across the lifespan* (3rd Ed.). Long Grove, IL: Waveland Press.

Kawaga, G. (2019). *Sex and Sensibility for Seniors*. Austin, TX: Next Century Publishing.