# Sexuality and Intimacy in the Older Adult Woman

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**KEYWORDS**

• Older women • Sexuality • Sexual behaviors • Intimacy

**KEY POINTS**

- Although one in every 5 older adults reports recent sexual activity, health care professionals do not typically ask older people about sexual intimacy.
- Only one in 5 women discussed sexual concerns with their professional after the age of 50.
- Practitioners may lack education and comfort related to communication about sexuality.
- An effective means of communication and assessment is the PLISSIT model.

Adults over 65 years old are more likely to seek health care than persons less than 65 years old. In the United States, this equates to approximately 248 million visits each year or 7 visits per older adult annually.[1] Although one in every 5 older adults reports recent sexual activity,[2] health care professionals do not typically ask about sexual intimacy, and patients are often reluctant to bring the matter to the attention of the examiner for a variety of reasons.[3,4] Several factors may contribute to a lack of discussion of sexuality when caring for older adult women. Some of these include (1) societal perceptions that older women are not having sex, (2) health care professionals fear insulting the woman by asking personal questions, or (3) practitioners may be uncomfortable discussing sexual intimacy with women who may be the same age as their own parents or grandparents.[3] Regardless of the rationale for this lack of assessment, the end result is that older adults may have unmet needs related to sexual intimacy.[4,5]

## FACTS, MYTHS, AND SOCIOCULTURAL INFLUENCES

There are potential problems surrounding assessing the extent of intimate behaviors in older women. The frequency of sexual activity declines as adults age, yet many older women desire and have the capacity for sexual activity.[2,3,6,7] The desire for sex and physical intimacy is influenced by several aspects, including relationship status, caregiving responsibilities, and the health status of the partner.[8] Even with all these variables at work, women in the United States report the following percentages of

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sexual activity: 51% during their 60s, 30% in their 70s, and 20% in their 80s.[9] Intimacy behaviors that do not require significant physical functionality and/or stamina may occur at a higher percent, yet these numbers are unknown. It is also difficult to know the prevalence of sexual problems. In one study, half of the sexually active older men and women reported at least one sexual concern or problem, and women were more likely to report at least 2 problems.[10]

As women age, the percent of women who are sexually active decreases; however, age is only one factor affecting behavior. Among these are functional status and culture. As functional status declines, the number of sexual problems increases.[10] Cultural influences and minority identities contribute to attitudes, experiences, and perceived needs related to sexual intimacy and may also alter attitudes about sharing sexual information with health care professionals.[11] The composition of older adult demographics is rapidly becoming more diverse, and the influences of religion, politics, and historical events shape worldviews and result in formation of the values and mores related to sexual intimacy.[11] A prime example of historical influence is the effect of the sexual revolution on an older generation referred to as Baby Boomers who significantly changed views on casual sexual relations.[10,12,13] Women who are older than Baby Boomers (born before 1945) may be more conservative in their views and practices related to sexuality and may be less likely to initiate communication with health care professionals.[14]

Satisfaction with one's sexual life is affected by many factors, some known[15] and some unknown. Facts and myths about aging and sexuality are influenced by societal views concerning who should and who should not be participating in intimate behaviors. These beliefs continue to influence attitudes related to intimacy in older women, despite the positive outcomes provided by sexual satisfaction.[6,15,16] The positive effects of satisfaction with the status of one's sexual life, whether or not able to achieve sexual intercourse, are listed in **Box 1**.[15]

Intimacy is influenced by several internal and external factors. These factors include (1) cognition, (2) biology, and (3) psychosocial elements.[6] Spiritual beliefs play a significant role in how older women view sexuality.[2] Historically, because of religious influences, some cultures held an underlying belief that sex was solely for procreation,[9] and enjoyment was not valued, and perhaps even self-indulgent. As such, it was believed that older women should not continue such activities. This belief is countered by a more recent social change, the trend to use medication and therapies to allow sexual behaviors despite age or disability.[6]

A major part of sexual identity is how women experience the human body and her perceptions regarding the body.[17] Sexual identity has a bearing on intimacy, and past behaviors are predictive of what occurs at older ages.[4,17] Although the frequency of sex declines with age, a sizable number of older adults continue intimate activities up to age 90.[4] What is not known is the frequency and types of behaviors after age 90. Intimate relationships may be more satisfying when linked with the closeness associated with hugging, kissing, caressing, and hand holding before intercourse.[4] Older adults who expressed contentment with their sexual life reported many factors that contribute to this satisfaction. Several factors are included in **Box 2**.[18]

**Box 1**
**The effects of sexual satisfaction**

1. Predicts positive perception of health and well-being
2. Contributes to quality of life
3. Importance spiritual and religious influence