Sexuality and Older Adults: A Web-Based Resource for Health Educators

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Abstract

English:

Sexual expression is important at any age. However, there are physiological and attitudinal barriers that may interfere with the sexual expression of older adults. The ever-increasing older adult population is in need of information to address these barriers. Knowledgeable health educators can be an important resource for this population. This paper will discuss attitudinal and physiological barriers to the sexuality of older adults and present web-based resources available to the health educator to address these issues.

Spanish:

La expresióón sexual es muy importante en cualquier edad. Sinembargo, existen barreras fisiolóógicas y acitudinales que pueden llegar a interferir con la expresióón sexual de los adultos ancianos. La creciente poblacióón adulta tiene la necesidad de obtener mayor informacióón sobre cóómo manejar estas barreras. Los educadores en salud que sean conocedores de esta realidad pueden ser un recurso importante para esta pobalcióón. Este artíículo discutiráá las barreras fisiolóógicas y actitudinales en la sexualidad de los adultos ancianos y presentaráá los recursos electróónicos de Internet disponibles para el educador en salud que desee abordar estos aspectos.

Key Words: Older Adults; Sexuality; Health Education

Introduction

We are in the midst of a population explosion of older adults. The current 35 million Americans over the age of 65 are projected to double by 2030 (*A Profile of*, 2002). This growth will provide an increased opportunity for health educators to work with this population whose quality of life is often challenged by chronic disease (*A Profile of*).

As a resource for older adults, it is important that health educators comprehensively address health needs. This includes sexual expression which is often impacted by chronic disease (Butler, Banfield, Sveinson, & Allen, 1998). Health professionals have the potential for confirming the legitimacy of older adults' sexuality (Glass & Webb, 1995) and may do so in group formats such as community presentations, or on a one on one basis when employed in such areas as hospitals, health departments, or clinical settings. However, this topic may be uncomfortable for some. It may also be challenging for younger health educators whose knowledge of sexuality and older adults is limited (Glass & Webb, 1995). Educating health professionals has the potential to impact both of these issues (Matocha & Waterhouse, 1993).

Therefore, this article is intended to empower health educators through an exploration of historical concepts that impact sexual attitudes, and a discussion of age related changes and common disease factors that impact sexuality. Web-based resources to address these issues are discussed in relation to content; access is discussed when a direct link cannot be provided. A telephone number is listed to facilitate continued access in the case of url changes. Web-based resources are appropriate for older adults since they are one of the fastest growing segments of the population using the internet (Henke, 1999). Additionally, obtaining reference information is one of the most frequently reported online activities among seniors, second only to e-mail (Research on Senior's, 1998). The use of electronic resources allow immediate and private access to information, while also providing unique experiences such as online support groups and interactive components which individualize information.

Historical Constructs as Current Attitudinal Shapers

Societal and historical constructs as well as individual values, ethics, cultural mores, family backgrounds, and religious affiliations serve as powerful attitudinal shapers regarding sexuality. While health educators must respect the personal convictions of older adults regarding sexuality, whatever the origin, an understanding of the historical constructs that helped shape attitudes empower health educators to serve more effectively as a resource.

During the Middle Ages the writings of St. Augustine attempted to give followers guidelines for sexual activity (Covey, 1989). St. Augustine believed abstaining from sex was best; however, sexual activity was tolerable for procreation. With age, individuals could no longer procreate. Therefore, sexual activity among the aged was considered "a sin against nature" by the church (Covey, p. 94). Over time, this belief fueled the expectation of asexuality in the aged.

Societal constructs from the Victorian Era also permeate attitudes toward sexuality. Beliefs from the Victorian Era spawned the double standard that defined sexuality as desirable for men, while women were to appear asexual or sexual only in certain acceptable conditions such as marriage. Nay (1992) brings out two recognized forms of sexuality for women, "the respectable and acceptable form, which occurs within marriage and has its boundaries defined by the husband, and the fallen women type associated with sluts and prostitutes" (p. 312). Not wanting to fall into the second category, some widowed women feel uncomfortable in a sexual role.

This double standard continues to impact older adults. Matthias, Lubben, Atchison, and Schwitzer (1997) reported that marital status was a significant predictor of sexual activity of women 70 years of age and older. Thirty-one percent of unmarried males compared to only 2.7% of unmarried females reported sexual activity in the past month. Furthermore, older women were reported to value non-genital sexual expression that include such activities as hugging, kissing, touching, companionship, personal appearance, and endearments (Johnson, 1998). Sexual expression for older men is quite different and illustrates the other side of the double standard. Men are reported to place greater value on genital sexual expression (Pinnock, O'Brien, & Marshall, 1998) valuing erotic readings and movies, sexual daydreams, and physically intimate activities such as caressing, intercourse, masturbation, and oral sex (Johnson, 1996).

The influence of the double standard continues to impact today's sexual norms. McAnulty and Burnette (2001) point out that while the double standard has changed very slowly over the decades, American society continues to be more accepting of male sexual activity than female. So while the baby boomer generation experienced a sexual revolution, social norms as they relate to the double standard, continue to influence this growing segment of the older adult population.

Sexuality Concerns: The impact of historical constructs permeates all discussions of sexuality with older adults whether that discussion is focused on disease, disability, or on the aging process in general. An understanding of these constructs as attitude shapers, allows health educators to appreciate older adults' varying readiness for sexual expression and differing definitions of acceptable sexual expression. In respecting the beliefs of older adults, it should be noted, that values and/or religious affiliation are powerful attitude shapers which may necessitate marriage for both sexes before engaging in sexual activity.

Resources:

The attitude of health professionals toward their own sexuality and the sexuality of older adults, can impact client interaction. Therefore, attitudinal awareness is an important consideration in acknowledging the right of a client to have differing beliefs (Morrison, 1995). Since knowledge has the ability to influence attitude, increasing sexual knowledge is important in this process and a valuable online resource is presented by The Sexuality Information and Education Council of the United States. (SIECUS). SIECUS is a nonprofit organization dedicated to the belief that sexuality is part of a healthy life. One of the activities of SIECUS (212-819-9770) is to develop, collect, and disseminate information; the *publications page* of this website provides a wide range of articles discussing sexuality throughout the lifecycle.

It is vital that health educators apply a comprehensive view of sexuality taking into account not only the physical health of clients, but their emotional, social, and spiritual health as well. For example, an individual with arthritis may have physical ailments that preclude sex, but may also face body image issues impacting their emotional health regarding sex. The Arthritis Foundation (800-933-0032) discusses sexuality from a comprehensive perspective in the links "Body Image" and "Starting Over" in the *Guide to Intimacy & Arthritis*. By addressing the whole person the health educator validates that person's humanity—in mind, body and spirit.

It is important for health educators to emphasize that sexual intercourse is only one aspect of a person's sexuality. Many older adults view sexual intercourse as the defining characteristic of their sexuality (Tunstull & Henry, 1996). When erectile function is lost, many older men feel that their sexual relationship is over (Pinnock, O'Brien, & Marshall, 1998). However, sexuality also includes the need for closeness and tenderness, to be touched and held, and to express one self as male or female. Resources throughout this article address this issue. For example, the "What Is A Normal Sex Life" link on *Sexuality for Men and Their Partners* from the American Cancer Society (800-227-2345) and the "It's Too Painful" link on the Arthritis Foundation's *Guide to Intimacy & Arthritis* provide information acknowledging the importance of a range of sexual activity.

Physiological Factors in Aging that Affect Sexuality

Many older adults are active sexually with varying degrees of interest and satisfaction (Johnson, 1998). Wright (1998, p. S250) points out that with increased life expectancy, "women live approximately one third of their lives after menopause—perhaps 30 years." In continuing sexual expression, it is important that older

adults understand the physiological changes that naturally occur and how to cope with these changes.

Seminal research by Masters and Johnson (1966) found that while nipple and clitoral response to stimulation remained intact, older women had decreased vaginal lubrication. Older women did not lose the ability to have an orgasm however, the orgasmic phase was shortened. Older women report varied interest in sex. Johnson, (1998) found that one third of older women stated they had a decrease in sexual interest and another third stated an increase in sexual interest.

Older men were reported to have a slowed sexual response with additional stimulation of the penis needed to achieve an erection and the erection was less firm (Masters & Johnson, 1966). However, older men tended to maintain their erection for a longer period of time. Older men's orgasms were reported to be shorter with weaker and fewer orgasmic contractions. The refractory period was also reported to be longer (Masters & Johnson).

Sexuality Concerns: Providing older adults with information explaining age related changes in sexual response allows older adults to normalize their experience. Understanding that these changes are a normal part of aging decreases fear and allows the individual to learn and apply coping strategies. Partners would benefit from learning that more direct stimulation may be necessary for the male partner to achieve an erection. Information on water-soluble lubrication would be important to compensate for decreased vaginal lubrication. Focusing on quality versus quantity of sexual interactions allows the older adult to consider the positive aspects of a slower refractory period. Communication skills, important in sharing sexual needs, are also important.

Resources:

The National Council on Aging (202-479-1200) has the online educational program *Love & Life.* Accessed by clicking on the "Relationship" link once in the Consumer Information Network, this page is designed to help older adults realize that aging does not signal the end of an individual's sexuality. Online information includes links discussing sex as a natural part of life for older adults, sexual challenges and solutions, suggestions for talking to health professionals about sex, and frequently asked questions for sex after 60 for men and women. The material covers sensitive issues in a straightforward manner. *Age Page Sexuality in Later Life* provided by the National Institute of Aging (800-222-2225), provides brief information on the impact of aging, disease, and issues such as alcohol ingestion on sexuality in later life.

Communicating sexual issues is addressed briefly under the "Questions" link of Love & Life. In addition, the online article *Effective Communication and Healthy Relationships* sponsored by *Selfhelp Magazine* (858-277-2772), provides basic information on general communication as well as communication in important relationships.

Common Disease Factors that Affect Sexuality

Although sexual expression is often affected by chronic disease, health problems do not signal the end of a satisfying sexual life. Women with health problems report being interested, active, and satisfied with sexual activities (Johnson, 1998). However as health declines, individuals report a decrease in sexual activity and sexual satisfaction. Furthermore, sexual needs may become secondary when treatment is perceived as outweighing quality of life issues (Butler, Banfield, Sveinson & Allen, 1998). This section will discuss arthritis and the two leading causes of death in the United States, heart disease and cancer.

Arthritis

Arthritis is the most common disease among older adults (*A Profile of*, 2002) and it encompasses a number of degenerative and inflammatory processes. A common symptom among these disease processes is pain which is present in varying degrees of severity. For some the pain may simply be occasional; for many others it signals the beginning of extreme disability. The Arthritis Foundation's *Disease Center* provides information about various types of arthritis. A brief description of each disease is followed by treatments, resources and suggestions. Additional information is provided in some instances addressing diagnosis, causes, and those at risk.

Sexuality Concerns:

As functional disability increases, so too does sexual dissatisfaction for the person with arthritis and his or her partner (Majerovitz & Revenson, 1994). Pain or the anticipation of pain can interfere with sexual interaction decreasing arousal and lubrication in females. Another area of sexuality impacted by arthritis is body image. Individuals with arthritic joint deformity may feel undesirable and/or unattractive.

Resources:

Although living with arthritis is challenging, individuals with arthritis report satisfying sexual relationships (Majerovitz & Revenson, 1994). Providing information to the person with arthritis concerning pain, vaginal lubrication, and communication is an important role of health educators. Each of these issues is discussed in the Arthritis Foundation's *Guide to Intimacy & Arthritis*, with more in-depth information on pain control in the *Pain Center*. The Arthritis Foundation's *Message Boards* provide support for arthritis sufferers on a number of topics such as coping skills, women with arthritis, and surgery for arthritis. *Seniornet* (415-495-4990), a website created specifically for older adults, provides a *Pain Message Board* where older adults with chronic pain can join ongoing discussions.

Encouraging the couple to practice good communication skills and share feelings and fears about

sexuality is important. The previously mentioned online article *Effective Communication and Healthy Relationships* would be helpful. The health educator can also remind those with arthritis that sexual expression does not necessarily mean intercourse and that other types of loving activities can enrich a relationship. The "Getting Creative", "Get What You Need", and "It's Too Painful" links in the *Guide to Intimacy & Arthritis* are excellent in addressing this issue.

Heart Disease

Heart disease is the leading cause of death in the United States (*Health, United States*, 2001). Therefore, many older adults are in need of information to cope with the chronic impact of this disease. Heart disease encompasses a number of conditions. The *American Heart Association* (888-478-7653) provides a review of these conditions under the "diseases and conditions" link. Basic pathophysiology, symptoms, and treatment for arrhythmias, heart attack, and congestive heart failure are discussed. High blood pressure and cholesterol are discussed as risk factors. A professional link provides health professionals with additional information.

Sexuality Concerns:

Many of the risk factors for heart disease also predispose older men to erectile dysfunction including smoking, hypertension, and hypercholesterolemia. Men with heart disease who smoke were three times more likely to suffer from total impotence than non-smokers (Feldman, Goldstein, Hatzichristou, Krane, & McKinlay, 1994). The studies of these risk factors on female sexual dysfunction are preliminary, but show the potential for a similar trend. A recent cadaver study reported a correlation between vascular risk factors and fibrotic changes in female erectile tissue (Tarcan, Park, Goldstein, Maio, Fassina, Krane, et at., 1999). A follow-up animal study concluded that chronic arterial insufficiency may play a role in female sexual arousal disorders (Park, Tarcan, Goldstein, Siroky, Krane, & Azadozoi, 2000).

Myocardial infarction patients report an interest in knowledge concerning resumption of sexual activity (Steinke & Patterson-Midgley, 1996). This interest differs by gender. Following an acute myocardial infarction, women rated all post-myocardial infarction educational categories higher than males with the exception of information on when they can engage in sexual activity—this is the one area that men rated higher than women. Men believed information about resumption of sexual activity was more important than learning to take their pulse (Ashton, 1997). Unfortunately, while patients report an interest in learning about sexuality after a myocardial infarction, this education is often overlooked in the clinical setting (Steinke & Patterson-Midgley).

Resources:

Counseling those with cardiovascular disease about lifestyle choices associated with heart disease and erectile dysfunction such as smoking, hypertension and hypercholesterolemia are important to facilitating sexual health. The American Lung Association (800-586-4872) has a *Freedom from Smoking Program* online. Designed after the successful *Freedom from Smoking Program*, this online version has seven modules that base quitting on the need to replace a learned behavior, smoking, with a healthier choice. An online message board allows for support from other participants and can be accessed 24 hours a day seven days a week. A *second guide to quitting smoking* can be accessed from the National Cancer Institute (301-594-6776). This step-by-step guide takes a smoker from contemplation of quitting through relapse prevention and provides realistic expectations of the quitting process and ideas for coping.

To address hypertension and hypercholestermia, the health educator can utilize the previously mentioned links on the American Heart Association's webpage. An excellent interactive site that addresses heart disease and the risk factors of heart disease can be found at the National Institutes of Health's (800-222-2225) *National Heart, Lung and Blood Institute.* Beyond basic information this site provides individuals with interactive components such as *quizzes* to assess knowledge, step by step directions for *creating an individualized diet* and a page that allows individuals to determine their *10 year heart attack risk*.

Seniornet has information for seniors on a number of health problems including heart disease, high blood pressure, and cholesterol. Focused on impacting disease through healthy lifestyles, the *healthy aging* page of this site provides viewers with easy to use links and the opportunity to increase font size allowing access for seniors with visual difficulties.

To address the lifestyle issues associated with exercise and nutrition, the following websites are helpful. Exercise specifically for older adults is addressed by the National Institute of Health's *Senior Health* page. Created specifically for seniors, this page provides large easy to read font and easy to follow instructions. It gives basic information and is augmented with several short video clips. Nutritional issues are addressed in National Institutes of Health's National Heart, Lung, and Blood Institute's webpage *Aim for a Healthy Weight.* The "information for patients and the public" link provides user-friendly interactive activities including assessing individual risk and menu planning. This institute also provides *heart healthy recipe books* online with separate books containing culturally specific foods for Latinos and African Americans.

Individuals with cardiovascular disease should seek their medical practitioner's advice to determine when sexual activity can be resumed. Unfortunately many older adults are uncomfortable initiating discussions on sensitive issues such as sexuality (Walker & Ephross, 1999). The National Institute on Aging (301-496-1752) has an online resource entitled

Talking with Your Doctor: A Guide for Older People that addresses discussing sensitive issues, such as sexuality, with a physician. The *American Heart Association* provides basic information on the *Sexual Activity Heart Disease or Stroke* webpage. Information on this webpage normalizes sex after heart disease and stroke and provides general guidelines for resuming sexual activity.

Cancer

Cancer is the second leading cause of death in the United States (*Health, United States*, 2001). Being diagnosed with any type of cancer can be a frightening experience. Further, the treatment for cancer can be overwhelming and may include any combination of surgery, radiation therapy, and chemotherapy. When cancer includes any of the body systems that an individual relates to sexual activity, such as cancers of the reproductive system, one's sexuality may be further impacted. The *American Cancer Society* (800-227-2345) is an excellent source for basic and detailed cancer information. From the American Cancer Society's home page and click on "choose a cancer type". Choose the cancer you of interest and click "go". On the right side of the next page click "all about a specific cancer". This brings up a page with an "overview" link discussing the cancer in general terms and a "detailed guide" link providing more detailed information. While access may take four-five clicks, the information is well worth the effort.

For men, prostate cancer is the most common form of cancer (Health, United States, 2001). Occurring primarily among older men, the average age of diagnosis is 70 (*What You Need to Know*, 2002). In the year 2002 it is estimated that there will be 189,000 new cases of prostate cancer (*Cancer Facts and Figures*, 2002). The death rate for prostate cancer is relatively low with 30,200 deaths projected for 2002 (*Cancer Facts and Figures*).

Sexuality Concerns: Even though the death rate for prostate cancer is low, the potential impact on a man's sexuality is high. A common treatment for cancer of the prostate involves full removal of the prostate gland (radical prostatectomy) and can result in incontinence and impotence. Stanford, et al. (2000) reported that 18 or more months following radical prostatectomy 8.4% of men were incontinent and 59.9% were impotent (Stanford, et al., 2000).

Resources:

To address sexuality concerns among males following prostate cancer, health educators must address both incontinence and erectile dysfunction. Incontinence can have a devastating impact on an individual's self esteem. Health educators can access information defining incontinence and the five types of incontinence, treatment options, and answers to frequently asked questions about incontinence at the *National Association for Continence* (800-252-3337) website. A store brand *incontinent product profile* chart on this website provides clients with private access to information that quickly contrasts various store brand incontinence products based on absorption level, product features, user profile, and incontinent disorder.

Health educators can also address the effectiveness of erectile aids among clients with prostate cancer. Erectile aids (penile implants, pharmacoerection program and vacuum constriction devices) were found to increase sexual satisfaction among patients who had a standard or nerve sparing radical prostatectomy (Perez, et al., 1997). The client's physician can prescribe an appropriate erectile aid; however, the health educator can assist clients with communication issues with their physician to address erectile dysfunction as well as incontinence. On their page *Ways of Dealing with Sexual Problems,* American Cancer Society provides a description of the types of erectile aids along with a comparison of inflatable and semi-rigid prostheses displayed in table format (scroll down near the bottom of this page). A good source of peer support for older adults with erectile dysfunction is *Seniornet's online discussion* for erectile dysfunction/impotence. In this web environment information about erectile dysfunction can be accessed, seniors can read posted messages from other seniors, and can post messages.

The American Cancer Society has developed a comprehensive online resource entitled *Sexuality For Men and Their Partners*. This resource addresses issues from normal sexuality, to the impact of cancer treatment on sexuality, and finally dealing with sexual problems.

For women, the most common cancer is breast cancer. The risk for breast cancer increases with age (*Health, United States*, 2001). In 2002, it is estimated that there will be 203,500 new cases of invasive breast cancer and 39,600 deaths (*Cancer Facts and Figures*, 2002).

Gynecological cancer is the second most frequently occurring cancer among women and includes cancer of the cervix, uterus, and ovaries (*Health, United States,* 2001). In 2002, it is estimated that there will be 52,300 new cases of gynecological cancer and 10,700 deaths (*Cancer Facts and Figures*. 2002).

Sexuality Concerns: Although the death rate is relatively low for breast and gynecological cancer, the potential impact on a woman's sexuality can be traumatic. Following breast cancer surgery, survivors report diminished satisfaction with their sex life overall (Darval, Maunsell, Deschenes, Brisso, & Masse, 1998). Furthermore, women who received systematic adjunct treatment for breast cancer reported a decreased interest in sex, decreased sexual activity, pain or difficulty with sexual activities, and decreased satisfaction with sexual relationships (Lindley, Vosa, Sawyer, & Winer, 1998). A mastectomy also has the potential to leave a woman feeling less attractive and apprehensive regarding her acceptance as a sexually desirable partner.

In discussing the direct effect of cancer treatment among women who had gynecological cancer, the three most frequently cited side effects impacting sexuality were fatigue, diarrhea, and vaginal dilation (Butler, Banfield, Sveinson, & Allen, 1998). The need for vaginal dilation is important to prevent pain during intercourse resulting from fibrosis due to radiation therapy.

Resources:

According to the American Cancer Society, breast reconstruction often helps women feel more attractive and comfortable with their bodies, even though it cannot restore pre-surgical breast sensation. The American Cancer Society provides comprehensive easy to read information on reconstructive surgery on their webpage *Breast Reconstruction After Mastectomy*. In their online publication *Sexuality for Woman and Their Partners*, the American Cancer Society addresses issues brought out in the literature related to cancer and the treatment of cancer on a woman's sexuality. Additional information on the impact of radiation on a woman's sexuality can be found on the American Cancer Society's webpage entitled *Side Effects of Radiation Therapy*.

Summary

The growing population of older adults is in need of information to address their unique sexual needs. The combination of aging and disease process can impact an individual's sexuality, but does not necessarily signal the end of sexual expression. Armed with the knowledge of age and disease related changes, the health educator is an important resource for the aging population. Applying this knowledge within the framework of historical constructs that have impacted older adult's attitudes toward sexuality and acceptable sexual expression, allows the health educator to respect a wide array of values, ethics, and cultural mores of older adults.

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