



Sexual well-being is part of aging well

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An increasing number of people across the Western world are living into old age, with their sexual rights often still neglected or unrecognized (Slagsvold and Strand 2005). An expressed goal of the World Health Organization is to increase sexual health and well-being among the aging population (http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/). Sexual well-being is a component of general satisfaction with life and well-being, and the World Association of Sexual Health's Declaration of Sexual Rights (<http://www.worldsexology.org/resources/declaration-of-sexual-rights/>) stated that being a sexual being throughout the life span should be considered a fundamental human right. New generations of older adults are likely to place a higher value on their sexual health and rights than previous generations, and society should prepare for this change (Schmidt and Matthiesen 2003; Slagsvold and Strand 2005). This demands new approaches to health prevention and health care. The new generation of older adults is likely to hold a different mentality toward sexuality from that of previous generations (Schmidt and Matthiesen 2003), as well as different gender roles. It should also be noted that the new generations of aging adults may also face greater social expectations about remaining sexually active and normative imperatives linking quality of life and sexual vitality.

Quality of life has been a key concept within aging research for decades and emphasizes dimensions such as life satisfaction, social engagement, a positive outlook, good health, self-worth, subjective well-being, happiness, self-efficacy or sense of control, autonomy and independence. Accordingly, quality of life is seen as a dynamic, life course process whereby earlier life experiences facilitate growth

and coping with circumstances in later life, which in turn contribute to maintaining well-being in old age.

It is interesting that quality of life to a little extent has been linked with sexual aspects of aging, despite evidence that sexuality is linked to indicators of quality of life. Research from mostly Western countries consistently demonstrates that the majority of older adults are sexually active and sexually satisfied, and that sexual activity and intimacy play a role in their life satisfaction and psychological well-being (Flynn and Gow 2015; Graf and Patrick 2014; Lee et al. 2016; Lindau and Gavrilova 2010; Orr et al. 2017; Smith et al. 2018; Træen et al. 2017a, b, 2018a).

Good health is shown to be a significant predictor of maintaining sexual interest and enjoyment among partnered 60–75-year-olds in four European countries (Træen et al. 2018b). In the same study, health, own and the partner's sexual function were highly predictive of partnered sexual activity (Fischer et al. 2018). Among both genders and across countries, there was a high prevalence of sexual problems lasting 3 months or longer, but most men and women with sexual problems experienced little to mild distress about their problems (Graham et al. 2019; Hald et al. 2019). This study found marked cross-cultural differences in reported distress about sexual problems, with Portuguese men and women reporting significantly more distress compared with Northern European men and women.

Sexual culture and its related system of gender roles are likely to influence the extent to which men and women feel free to express themselves sexually, and are 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 medications for erectile dysfunction). Older adults are influenced by the sexual cultures of their upbringing. While sex was a taboo topic during the first half of the twentieth century, many older adults have grown up through periods of rapid social change and therefore lived through the arrival of the oral contraceptive pill, second wave of feminism and activism for gay rights. This cohort experience likely influences older adults' views about sexuality and

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quality of life. This influence is particularly important with regard to contextualizing the sexuality/quality of life relationship in couples, highlighting cultural and policy-related differences between European regions and discussing their societal challenges and implications for quality of life.

Within heterosexual older couples, gender-specific differences in partner effects must be considered in a life course perspective, with attention to traditional gender role socialization and social regulation of sexuality which was common at the time the older adults were young adults (Francoeur and Noonan 2004; Herzog 2011). The traditional female gender role is associated with greater emotionality, and expressing emotional affairs is regarded as mostly women's responsibility, whereas men traditionally are expected to control their feelings (Brody and Hall 2008; Fahs and Swank 2016). Even so, older men's reports of intimacy have been shown to be predictive of the other partner's sexual satisfaction (Stulhofer et al. 2018, 2019). It could be that male emotional intimacy may be valued highly precisely because, at least in its expression, it is less frequent than female emotional intimacy. Also, partner variables, including intimacy, seem more systematically related to female than male sexuality, even on a daily basis (Dewitte and Mayer 2018), although it is unclear to what extent this applies to different age-groups. Differences in gender roles may result in differences in power balance within the heterosexual couple.

A particularly challenging situation for sexual expression and maintenance of sexual rights in older age is the case of people living in an institutional setting. Although only few residents are sexually active, many older people living in care homes see themselves as sexual beings with sexual needs (Bauer et al. 2013), and sexual situations are not infrequent in that kind of institutions (Villar et al. 2019). Despite this, the sexual dimension of older people living in care homes is often neglected, treated by staff as a problem or as a potential source of conflict (Tarzia et al. 2012; Villar et al. 2014). Such difficulties also intersect with variables such as cognitive status or sexual orientation, increasing the difficulties or certain collectives to exert sexual rights. In the case of people living with dementia, staff frequently opt to minimize risks and preclude any sexual expression as a way of protecting them from abuse or interpret their expressions of sexuality in dementia as a symptom of disease, not as a need or as a right to preserve (Villar et al. 2018). Similarly, non-heterosexual older people living in long-term care suffer discrimination by peers and sometimes by staff, leading many of them to hide their sexual orientation to avoid further segregation (Simpson et al. 2018; Villar et al. 2015).

It is likely that new generations of adults want to be prepared to deal with all spheres of the aging process. We need insight into the social and clinical implications of sexual well-being in order to help adults to prepare for aging, and this should begin early, in an individual's forties. Sexuality is

part of aging well, and an understanding of what older adults perceive to be part of their quality of life can help us to direct appropriate support and resources. By considering sexual activity and intimacy within a framework of quality of life, we address these as normal parts of the life course and thus move away from sexual activities and feelings being stigmatized and the suboptimal health that can occur as a result.

This special issue of the *European Journal of Ageing* sets focus on sexual well-being in older adults across Europe. A cross-sectional survey with probability samples of the population aged 60–75 years of Norway, Denmark, Belgium and Portugal was used in five of the articles in this issue. The researchers planned for this project, which aimed at studying the sexual well-being of older adults, on Lopud, a beautiful island outside Dubrovnik in Croatia. To begin with, Stulhofer et al. investigated the association between emotional intimacy and sexual well-being in older couples. An important finding from this study was that the reported intimacy levels of male partners predicted the female partner's sexual well-being, but not vice versa. It is well documented that sexual activity and function are important factors for sexual well-being (Træen et al. 2017a, b). The article by Fischer et al. presents results that there is support for a conceptual model that assumes the following causal direction: Partnered older adults who perceive a discrepancy between their own interest in sex and that of their partners will have a reduced level of intercourse activity and will tend to feel less emotionally connected during sex. This, in turn, diminishes their sexual satisfaction. Kvaem et al. examine how appearance dissatisfaction is related to sexual satisfaction in partnered seniors. Appearance dissatisfaction was higher in Belgian and Portuguese women and in Portuguese men. Interestingly, appearance dissatisfaction was associated with sexual satisfaction for Norwegian and Danish women and men and Belgian men. Thus, dissatisfaction with appearance appears to be an equally important aspect of sexual satisfaction in older as in younger adults. The article by Carvalheira et al. devotes attention to the motives for sexual avoidance. The main reasons for avoiding sex were having sexual difficulties and health problems, partner's sexual difficulties and lack of sexual interest. There are also gender differences in sexual avoidance. In men, health-related factors were more strongly associated with sexual avoidance than relationship factors. In women, relationship factors were as important as health-related factors. Older adults often face barriers to seeking and receiving help for sexual difficulties. Hinchliff et al.'s article presents results that can be of importance for the delivery of services for older adults who experience sexual difficulties. The findings show that even though many older adults have sexual difficulties, they are not particularly distressed by the symptoms and expect that the difficulty will clear up on its own. This may explain why so few had sought help for the difficulties. Finally, Villar et al.'s study is

focused on sexuality in institutional settings. Using a sample of more than 2000 professionals working in Spanish long-term care facilities, it explores to what extent they perceive older residents as still having sexual needs, and how they think care in relation to sexual issues could be improved. Although a broad range of measures to improve care are mentioned, most participants did not see sexual needs as being present in many (or even any) older people living in a long-term care facility. Work position had a strong influence on responses: In comparison with care assistants, managers and technical staff were more likely to recognize sexual needs among residents, perceived a greater need for staff training and proposed more ambitious and far-reaching measures to improve care.

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