

Sexuality and sexual activity in older age: an age old issue?

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It is undisputed that the global population is aging in both relative and absolute terms, with current projections suggesting that total levels of those over 60 will reach over 2 billion by 2050.¹ This impending “demographic shift” has brought forward the need for policy changes to prepare and cope with the unique challenges that an aging society will pose. Such adaptations are seen across disciplines as emerging concepts such as “active aging” become more salient within academic, policy and clinical practice circles.^{2,3} However, one aspect of aging that is consistently disregarded is sex and sexuality among older adults.

Sexuality is a key component of well-being that encompasses emotionality, closeness, intimacy, identity as well as a variety of sexual practices and activities.⁴ The notion that sex and sexuality are “for the young” is still prominent, evoking the often-cited “decline in sexual activity with age” adage. Such tropes do not necessarily preclude sexual activity in older adulthood but perpetuate inaccurate understandings of sexuality and aging. Such positions contrast with epidemiological studies demonstrating that older adults continue to be sexually active, even in very old age, and that it remains an integral part of the older adults’ daily lives.⁵ An important caveat is that most of this evidence stems from studies conducted in the Global North coupled with an overall paucity of systematic evidence from other parts of the world, where mean population ages are often lower.

For this reason, the study by Wang et al.,⁶ is a timely and welcome contribution to the literature. In China, almost 19% of the population is over the age of 60 with projections suggesting a rise to 26% by 2050. Presenting results from the “Sexual Well-Being among Older Adults in China (SWELL Study)”, involving 3001 participants aged 50–92, findings demonstrated 46.8% of males and 40.7% of female participants reported being sexually active in the past 12 months. Coupled with openness about sexual preferences being associated with greater levels of sexual satisfaction increases sexual activity is associated with better self-reported health status and life satisfaction.

However, Wang et al., adopt a particularly narrow definition of sexual activity that is restricted to oral, vaginal or anal intercourse. This narrow interpretation underrepresents actual prevalence of sexual activities as evidence demonstrates that older adults report engaging in non-penetrative sexual activities such as (mutual) masturbation, petting, fondling, kissing and so on.⁷ Introducing a broad concept of sexual activity is important for future explorations and in line with other cohort studies with older adults. Additionally, the authors disregard questions of sexual orientation or gender identity in their measurement, further skewing their findings in favour of cisgender and heterosexual assumptions. As the study took place during the SARS-CoV-2 pandemic, many older adults may have engaged in less sexual activities in part due to physical and social isolation necessitated by social distancing requirements. Nonetheless, despite these critiques, Wang et al., present an important and opportune contribution, identifying clear avenues for further inquiry.

What are the pertinent issues regarding sexual activity in older adults? Firstly, greater understanding of the bidirectionality of associations between sexual activity and health is necessary. Traditionally most research into sex and sexual activity in older adults centers on sexual difficulties and dysfunctions. While important, as their impact on physical and mental health is significant, it is important to note the salutogenetic aspects of sex. Studies have shown positive relationships between frequency of reported sexual activity and an array of positive physical and mental health outcomes.^{8–10} Secondly, clinicians should broaden their practice to include discussion of sexual activity and satisfaction with older patients. Questions of sexual satisfaction are key among older adults as physiological changes impact sexual experiences. While sexual satisfaction is deeply individualized involving social, mental, emotional and physical aspects, the definition of sexual activity should be broadened to include a number of non-penetrative activities. Further, it is important to be aware of key gender differences, acknowledged by Wang et al., as men tend to equate sexual satisfaction with frequency of intercourse, while women often focus more on fulfillment. To obtain such insights, and create safe environments, clinicians should openly discuss sex and sexuality with their patients, free from assumption and judgement, and provide patients with information on not only how to prevent and treat sexual dysfunction but how to maintain sexual satisfaction. Finally, issues of diversity need to be recognized and embraced. This is particularly salient as the bulk of the literature is predominantly heterocentric and cisnormative and tends to focus on sexual



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dysfunction experiences of older white, heterosexual and cis-gendered men. This bias leads to a preponderance of literature on erectile dysfunction. This results in a dearth of evidence regarding sexual health and experiences of older women as well as those that identify as sexual and gender minorities whose sexual health needs and experiences are markedly distinct.¹¹

Finally, we close by noting that there is much to learn regarding the life experiences of older adults, including their sexuality and sexual activity. This is not limited to explorations investigating the roles of chronic illness, polypharmacy and multimorbidity on sexual activities but require those working in these areas to recognize that older adults are a diverse heterogeneous group encompassing various gender identities, sexual orientations, ethnicities, socioeconomic status, religious beliefs, cultural backgrounds and more. Each of these factors play a role in the presentation and maintenance of older adults' sexuality and sexual activity. Therefore, more work in the area of sexual health of older adults is needed alongside its inclusion in both medical curricula and in future policy work and investment.

Contributors

Both authors contributed equally.

Declaration of interests

IG has received payment from the Springer Nature Group for co-editing a Book "Sexual Behaviour in Older Adults", DTM serves on the board of the Safer Living Foundation in an unpaid capacity.

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