

Sexual Health Issue Brief

Sexual Health at Midlife and Beyond: Information for Sexual Health Educators

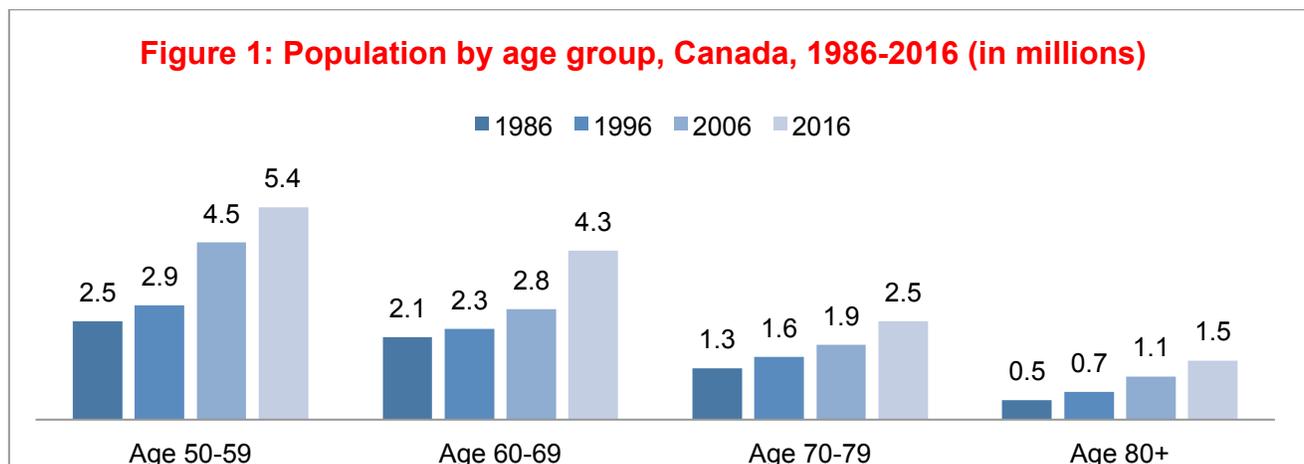
**Sex Information and Education Council of Canada
(SIECCAN)**

– SEXUAL HEALTH ISSUE BRIEF –

Sexual Health at Midlife and Beyond: Information for Sexual Health Educators

Canadians are leading longer, healthier lives and as a consequence, sexuality and sexual health are increasingly salient issues for the health and well-being of midlife and older people. Attitudes towards sexuality and especially sexuality in later life have changed dramatically in recent years. Today's baby boomers have more positive and permissive attitudes towards sexuality in their later years of life than previous cohorts.

Research demonstrates that older adults are interested in sex, have sex, and find sex pleasurable (Delameter & Koepsel, 2015; Trojan/SIECCAN, 2016). Sexual health and well-being are associated with better relationships, quality of life, and physical health among adults of all ages (Forbes, Eaton, & Kruger, 2017). Older adults view their sexuality as an important aspect of their lives and consider sexual well-being to be a key component of their overall happiness and well-being (Graf & Patrick 2014). As the number of Canadians who are age 50 and older increases (See Figure 1), it will be increasingly important for sexual health educators to address the sexual health of older people.



Source: Statistics Canada: CANSIM Table 051-0001. Estimates of population by age group and sex, July 1, Canada.

Sexual Behaviours Among Midlife and Older Adults

The common stereotype that older people rarely engage in sexual activity is refuted by a growing body of research. According to data from the *Trojan/SIECCAN Sexual Health at Midlife Study*, about two-thirds of married/cohabiting adults and 50% of single adults aged 40 to 59 reported engaging in sexual encounters more than once per month (McKay, Milhausen, & Quinn-Nalus, 2016). As shown in Table 1, many adults continue to be sexually active in their 60s and 70s; about one fifth of men and women aged 80+ report masturbating in the previous year (Schick et al., 2010). It is important for sexual health educators and counsellors to be cognizant that many midlife and older adults are sexually active and require sexual health education and services relevant to their needs.

Table 1: Sexual behaviours in the previous year among older adults by gender and age

Age	Men				Women			
	50-59	60-69	70-79	80+	50-59	60-69	70-79	80+
Masturbation	71.9	61.2	54.2	23.4	53.8	46.0	36.0	20.0
Gave oral sex	44.1	34.3	25.2	21.7	36.2	23.4	7.8	3.9
Received oral sex	48.5	37.5	20.6	15.2	34.2	24.8	9.3	3.8
Penile-vaginal intercourse	57.6	53.7	46.2	35.4	51.0	41.9	26.8	7.8
Anal intercourse	11.3	5.8	2.4	0.0	5.6	4.0	1.4	0.0

Source: Adapted from Schick, V. et al. (2010). Sexual behaviors, condom use, and sexual health of Americans over 50: Implications for sexual health promotion for older adults. *Journal of Sexual Medicine*, 7(suppl 5), 315-329.

Sex and the Single Midlife and Older Adult

As people grow older, the percentage who are single (e.g., never married, divorced/separated, widowed) increases. By the time they are in their 70s, a little over a third of Canadians are single. Approximately 40% of marriages in Canada will end in divorce (Kelly, 2012) and most of these divorced people will seek out and establish new partner relationships.

Single older adults participate in various relationship configurations, ranging from committed dating relationships to casual sexual and dating relationships. Among single respondents in the *Trojan/SIECCAN Sexual Health at Midlife Study*, about 20% of men and 40% of women reported that they were in a monogamous dating relationship with their most recent sexual partner; the remaining identified a variety of partnership types, such as non-committed dating, friends with benefits, booty calls, and one night stands (McKay et al., 2016). According to data from the US *National Social Life, Health, and Aging Project*, 15% of non-cohabitating adults (57-85 year-olds) were in a dating relationship (Brown & Shinohara, 2013). Online dating sites, including specialty sites for older adults (e.g., Our Time: www.ourtime.com) are a popular method by which older adults meet relationship and sexual partners (McWilliams & Barrett, 2014; Wion & Loeb, 2015). It is important for sexual health educators and counsellors to recognize that older single adults are not unlike younger singles in their sexual behaviours and relationship patterns.

Sexual Problems in Midlife and Older Adulthood

In general, sexual problems related to desire, arousal, orgasm, and pain increase with age. However, while the physiology of the aging process may reduce the speed and intensity of sexual response, healthy adults are physiologically capable of pleasurable and satisfying sexual experiences throughout the later years of their lives. Many sexual problems in later life are linked to medical conditions and the side effects of medications. Additional obstacles include social-psychological factors such as poor body-image, feelings of inadequacy, and the perception that it is socially unacceptable for older people to assertively seek out an enjoyable sex life (Træen, Carvalheira et al., 2016; Træen, Martin Hald et al., 2016).

As indicated in Table 2, a significant proportion of midlife Canadians experience sexual problems that interfere with sexual enjoyment and relationships. In addition, the prevalence of these sexual problems is higher among adults over the age of 65 (Træen, Martin Hald et al., 2016).

Table 2: Sexual Problems Among 40-59 year-old Canadians

“Thinking back over the last six months, have you experienced any of the following sexual problems on a regular basis?”

Men		Women	
Low Desire	30%	Low Desire	42%
Erectile Difficulties	25%	Orgasm Difficulties	15%
Ejaculation Difficulties	25%	Vaginal Pain	19%

Source: Quinn-Nilas, C., Milhausen, R., & McKay, A. (2016, September). Prevalence and correlates of sexual problems among midlife Canadian adults: Results from a national study. Poster presented at the Canadian Sex Research Forum, Quebec City, QC.

Although sexual problems are common among midlife and older adults, research suggests that declines in the sexual quality of life that are associated with increasing age can be buffered, if not eliminated, if older people have a sense of control over their sexuality, develop skills and strategies to enhance sexual experiences, place more of an emphasis on the quality rather than frequency of sexual activity, and focus on developing and maintaining fulfilling intimate relationships where sexual exploration and an emphasis on partners' pleasure are priorities (Forbes et al., 2017).

STI Risk Among Older Adults

Although younger people continue to have significantly higher rates of bacterial sexually transmitted infections (STIs), epidemiological data indicates that STI rates among older Canadians are increasing. For example, from 2003 to 2012 the reported rate of Chlamydia increased 153% among people aged 40 to 59 and 155% among those aged 60 and older (Public Health Agency of Canada, 2015a). With respect to viral STIs, the proportion of HIV cases that were among those aged 50 or older increased from 15.0% in 2009 to 21.9% in 2014 with sexual contact as the main mode of transmission (Public Health Agency of Canada, 2015b). Data from the 2009 - 2011 *Canadian Health Measures Survey* indicated that the seroprevalence of HSV-2 (the genital herpes virus) was 19.9% among women aged 50 to 59 (Rotermann, Langlois, Severini, & Totten, 2013). In a large community-based study in the United States, the prevalence of infection with high cancer risk human papillomavirus (HPV) types among women aged 57 to 85 was 6%, but among unmarried women who had been sexually active in the previous year the prevalence of high-risk HPV infection was 24% (Lindau, Drum, Gaumer, Surawska, & Jordan, 2008).

Many newly single or never married sexually active older Canadians are at significant risk for STI. These high levels of STI risk are, in large part, explained by extremely low levels of condom use among single, older people. For example, results from the *Trojan/SIECCAN Sexual Health at Midlife Study* indicated that even among those who reported three or more sexual partners in the previous 12 months, only about half of men and a third of women reported using a condom at last penile-vaginal intercourse (McKay et al., 2016). Due to lack of prior sexual health education, many older sexually active people do not possess safer sex negotiation skills and some may neglect condom use because unintended pregnancy is no longer a concern (Nash, Willis, Tales, & Cryer, 2015). Many are simply unconcerned about STIs (McKay et al., 2016).

Table 3: Condom use at last penile-vaginal intercourse (PVI) among single midlife Canadian men and women aged 40- 59 with 1, 2, and 3+ sexual partners in the last year

Gender	# of Partners	Condom use at last PVI
Male	1	18.7%
	2	52.1%
	3	50.8%
	Total	34.3%
Female	1	14.3%
	2	27.5%
	3	34.3%
	Total	19.3%

Source: McKay, A., Milhausen, R. & Quinn-Nilas, C. (2016). *Preliminary Report: Sexually Transmitted Infection (STI) risk among single adults in the Trojan/SIECCAN Sexual Health at Midlife Study*. Toronto, ON: Sex Information and Education Council of Canada.

Sexual Health Education and Counselling for Midlife and Older Adults

Sexual health education and STI prevention programming tend to be targeted at young people. In addition, health care providers often do not include sexual health as part of routine health assessments (e.g., annual physical exam) and many older patients are embarrassed or fearful about raising sexual health concerns with their clinicians (Haesler, Bauer, & Fetherstonhaugh, 2016; Nash et al., 2015). As a result, many midlife and older people are not receiving sexual health education and services. Educators and counsellors can conceptualize sexual education with older adults from a biopsychosocial perspective that includes the biological, psychological, and relationship factors that research has shown shape the sexual health and well-being of older people (Table 4).

A Biopsychosocial Conceptualization of Sexual Health Education and Counselling for Older Adults*

Health and Illness

- Physical changes associated with aging (e.g., menopause, testosterone levels)
- Physiological sexual function (e.g., erection, lubrication)
- Medication (side-effects)
- HIV and other STI status

Knowledge Towards Sexuality

- Knowledge of sexual function, sexuality, and STIs
- Positive attitudes towards sexuality and sexual aging
- Endorsement of egalitarian and mutually beneficial relationships
- Willingness to explore new avenues for sexual satisfaction/pleasure (e.g., non-penetrative sex, sex toys)

Relationship Factors

- Partnership status (e.g., married, dating, divorced, widowed)
- Relationship satisfaction and level of intimacy

*Adapted from: Delameter, J. & Koepsel, E. (2015). Relationships and sexual expression in later life: A biopsychosocial perspective. *Sexual and Relationship Therapy*, 30 (1), 37-59; Forbes, M.K., Eaton, N.R., & Krueger, R.F. (2017). Sexual quality of life and aging: A prospective study of a nationally representative sample. *Journal of Sex Research*, 54(2), 137-148.

In working with older adults, many of whom are unaccustomed to discussing sexuality with health professionals, sexual health educators can adopt the PLISSIT model for assessing sexual health and providing information and referral (Wallace, 2008). Using this model the educator would first ask the client for *permission* (P) to discuss sexuality and invite the client to ask questions about or share concerns related to sexuality. In response to the client's questions or concerns, the sexual health educator can provide *limited information* (LI) about, for example, the sexual side effects of medications that older people commonly use. Depending on the client's needs and concerns, the educator can make *specific suggestions* (SI), for example, suggesting that a client use lubricant or communicate more directly with a partner about sexual likes and dislikes. Finally, in cases where the client's sexual health care needs are beyond the sexual health educator's scope, a referral for *intensive therapy* (IT) can be made. This may include referral to a sex/relationship therapist or physician for medical issues.

A PLISSIT Model Approach to Sexual Health Education and Counselling for Older Adults*

1. Permission

- Affirm sexuality and invite questions:
"Many of my older clients/patients are sexually active and have questions about changes they are experiencing in their sexuality. Are there any questions about your sexual health that you would like to ask?"

2. Limited Information

- Expected age-related changes in sexual function (e.g., slower sexual response, vaginal dryness, less firm erections)
- Sexual side effects of medications
- Skills for negotiating and practicing safer sex in new relationships

3. Specific Suggestions

- Use of lubricants, vaginal moisturizers, sex toys, experimentation with less physically stressful positions, non-penetrative sex
- Use of book and internet sources of sexual health education for older adults

4. Intensive Therapy

- Referral to sex or relationship therapy
- Referral to physician for medical issues related to sexuality (e.g., erectile dysfunction, pain during sex, side effects of medication that interfere with sexual function, etc.)

*Adapted from: Wallace, M. (2008). How to try this: Assessment of sexual health in older adults. *The American Journal of Nursing*, 108 (7), 52-61.

Sexual Health Assessments/ STI Screening for Older Adults

It is important to note that many older adults may be embarrassed or reluctant to ask about or discuss sexuality with an educator, particularly if the educator is a much younger person.

Educators should also be aware that older lesbian, gay, bisexual, transgender (LGBT) clients may have experienced discrimination or homophobia based on their sexual orientation/gender identity within the health care and or education systems (Nash et al., 2015). Some individuals may not be out as LGBT to their health care providers, often because of negative prior experiences. Thus, it is especially important for sexual health educators to use nonheterosexist language and terminology and to not make assumptions about sexual orientation or gender identity based on marital status (involved in a heterosexual marriage) or outwards appearances.

Initial Sexual Health Assessment Interview for Midlife and Older Adults

Opening Statements

- *I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions can be quite personal, but they are important for your overall health.*
- *Just so you know, I ask these questions to all of my adult clients, regardless of age, gender, or relationship status. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?*

Non-judgmental Questions

- *I have older clients who have an active sex life while others choose not to be sexually active. How would you describe your typical sexual activity in the past year?*
- *How would you say your sexual activities have changed as you have grown older?*
- *My patients engage in a wide variety of sexual practices. What kind of sex do you have?*

Open-ended Questions

- *Many of my older clients have questions or concerns about sex. Do you have questions or concerns that you would like to ask me about?*
- *Have there been any changes to your relationship status or relationship and/or sexual partners recently? Are you currently sexually active or do you plan on becoming sexually active?*
- *Are there any difficulties with sexual intimacy that you are experiencing? Have you discussed these issues with your partner(s)?*

Adapted from: Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. Morbidity and Mortality Weekly Report, June 5, 2015, 64(3), 1-140.

STI Screening Questions

1. Partners	2. Practices	3. Protection from STIs	4. Past history of STIs
<p>Sample questions: Are you currently sexually active? If not, have you ever been sexually active?</p> <p>In recent months, how many sex partners have you had?</p> <p>Are your sex partners women, men, both, transgender persons, or all of the above?</p>	<p>Sample questions: Do you have oral sex? Are you the oral receptive or insertive partner?</p> <p>Do you have anal sex? Are you the anal receptive or insertive partner?</p> <p>Do you get tested for STIs including HIV? When tested for STIs, have you ever had a rectal or pharyngeal (oral) swab?</p> <p>Do you share or have you ever shared any needles?</p>	<p>Sample questions: Do you and your partners use any protection against STIs?</p> <p>If not, could you tell me the reason? If so, what kind of protection do you use?</p> <p>How often do you use this protection? If "sometimes," in what situations or with whom do you use protection?</p>	<p>Sample questions: Have you ever been diagnosed with an STI? When? How were you treated?</p> <p>Have you had any recurring symptoms or diagnoses?</p> <p>Have you ever been tested for HIV or other STIs? Would you like to be tested?</p> <p>Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? If yes, when were you tested? What was the diagnosis? How was it treated?</p>

Source: Centers for Disease Control and Prevention. A guide to taking a sexual history. US Department of Health and Human Services. CDC Publication: 99-8445.

Sexual Health Education is Important for People of All Ages

Baby boomers, those people currently in their early 50s to early 70s, broke with many of Western society's traditional values and assumptions about sexuality. In particular, boomers have embraced a positive perspective towards sexuality as an important aspect of individual and relationship well-being. As the evidence reviewed in this issue brief shows, many midlife and older adults are sexually active. The boomer generation has no plans to put sex behind them as they move into the latter years of their lives.

Traditionally, sexual health education programming has focused on youth and young adults. However, changing demographic and social trends, as evidenced by the baby boomers propensity to live longer healthier lives than previous generations, means that the field of sexual health education will need to increasingly reach-out to, and incorporate the needs of, midlife and older people in sexual health education programming.

Resources for Older Adults

Our Time. Dating website for people age 50+: www.ourtime.com

Do it. Safely. Safer Sex for Seniors <http://safersex4seniors.org/>

Sexuality in Later Life (National Institute on Aging)
<https://www.nia.nih.gov/health/publication/sexuality-later-life>

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