

The Role of Intimacy for Healthy Aging: More than Merely Physical

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Objectives

- Discuss aging issues and role evolution
- Dispel myths and misconceptions about sex and older adults
- Describe key issues in health and sexuality among older adults
- Identify communication barriers about sexual health and sexuality
- Offer strategies to promote open discussion and promising programmatic solutions

Aging in America

- Rapid growth
 - Represent over 14% of the U.S. population
 - By 2035, more adults age 65+ than individuals age ≤ 18
- Age-based disparities, causing a “Partner Gap” *
 - For every 100 females:
 - 65-74 years → **86 males**
 - 75-84 years → **72 males**
 - 85+ years → **49 males**
- Exacerbated by widowhood and divorce



* Limiting partners for or heterosexual females and homosexual males

Evolving Roles



- Changing identities and responsibilities
 - Family (parenting, empty nesting, grand parenting, partner status)
 - Vocation/Finance (job shift, retirement, fixed income, leisure activity)
 - Health/Function (physical, cognitive, caregiving, transportation)
- Changing needs
 - Social environment and social support
 - Healthcare utilization and housing ('aging-in-place')
 - Health promotion activities
- Influence intimacy and emotional & sexual relationships
 - Self-perception, self-worth, purpose, mood, etc.

Myths & Misconceptions

- Data from National Social Life, Health, and Aging Project (NSHAP)
- Adults age 57+, most with 1+ chronic conditions

Do Not Have Sex

- Women: 40% intercourse in past year
- Men: 65% intercourse in past year

Do Not Want to Have Sex

- Women: 65% perceived sex as important
- Women & Men: 83% interest in having sex

Can Not Have Sex

- Women: On average, 0.6 dysfunctions
- Men: On average, 0.9 dysfunctions

Risk & Harm Reduction

- Increasing rates of sexually transmitted infections (STI)
 - “Partner gap”
 - Widowhood and divorce
 - Traditional values
 - Social norms and gender biases about dating
 - Advances in medication
- Unaware of STI culture and risk
 - Limited pregnancy risk
 - Multiple partners
 - “When mood strikes you...”
 - Stigma of purchasing condoms
 - Manual dexterity
- Technology (pros/cons)

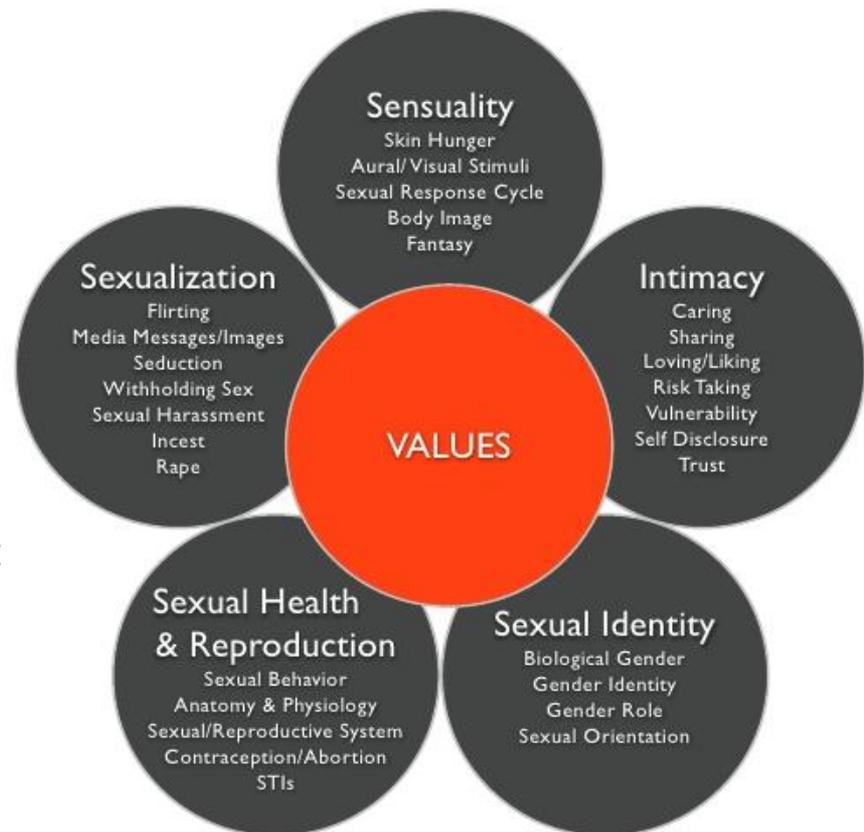
*Too Old for Sex? Not
at This Nursing Home*



The Hebrew Home at Riverdale held a senior prom in May. The Bronx home has stepped up its efforts to help residents find relationships, like starting a dating service, called “G-Date,” for Grandparent Date. *James Estrin/The New York Times*

More than Merely Physical

- **Circles of Sexuality** (Dailey, 1881; Levitan et al., 2011)
 - Sexual Identity: how we perceive ourselves as a sexual being
 - Sensuality: level of awareness, acceptance, and enjoyment of our bodies and the bodies of others
 - Intimacy: degree we express and have a need for closeness with another person
 - Sexualization: how we use our sexuality
 - Sexual Health & Reproduction: attitudes and behaviors toward our health and the consequences of sexual activity



Common Issues



~35%



~43%

- Lack of Interest in Sex
- Unable to Climax
- Sex Not Pleasurable
- Communication
- Anxiety about Performance
- Trouble Getting/Maintaining Erection

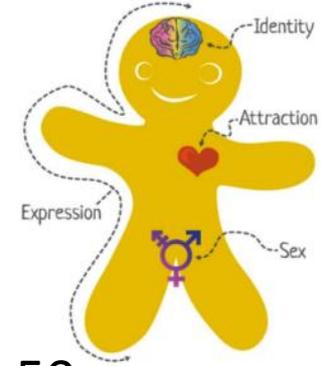
- Lack of Interest in Sex
- Unable to Climax
- Sex Not Pleasurable
- Communication
- Trouble Lubricating
- Pain in Vagina

Common Causes

- Chronic conditions
 - Cancer, cardiovascular disease, diabetes
- Sensory and mobility issues
 - Arthritis, joint/back pain, gait changes
- Medication effects
- Psychological issues
 - Changing perceptions/expectations (e.g., priorities, body image, identity)
 - Loss or changes in social relationships (e.g., death, divorce, relocation)
 - Employment status or finances (e.g., retirement, pension)
 - Changes in hobbies, social networks, and physical activities
 - Reactions of people/organizations (e.g., discounts, AARP, ageism)



Starting the Conversation



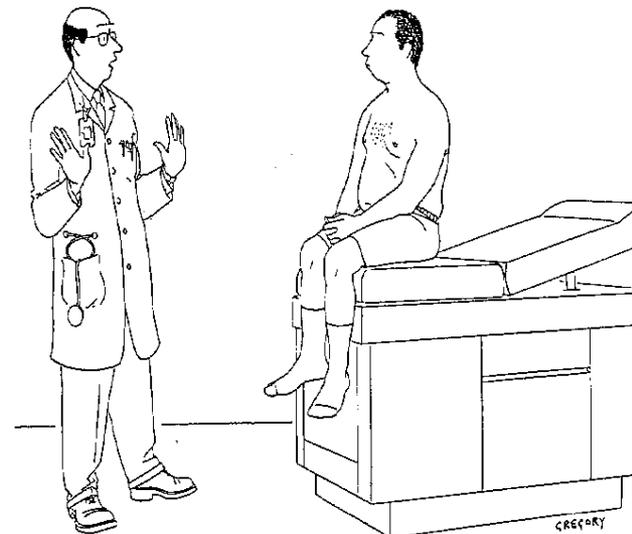
- Low rates of discussing sex with a physician since age 50
 - 38% of men; 24% of women
 - Older adults are not telling, providers are not asking

BARRIERS TO “THE TALK”

- Embarrassment, shame, or feeling unprepared
- Generational morals/values
- Time constraints of others (in context of chief complaint)
- Non-empathic, judgmental, inadequate responses
- Physician discomfort (don't want to cause embarrassment)
- Concern about privacy and/or confidentiality
- Lack of cultural sensitivity (race, ethnicity, sexual orientation)

Starting the Conversation

- **Acknowledge that we don't have formal training**
- Acknowledge personal nature and ask permission to discuss
- Emphasize privacy/confidentiality
- Be clear
 - Specific language (no slang, sex vs. intercourse)
 - Avoid medical jargon
 - Restate and clarify
- Avoid assumptions and judgement
 - “You should” or “Why didn't you?”
- Encourage them to talk
 - Open-ended vs. yes/no
 - “Say in your own words...”
- Active listening



“Whoa—way too much information.”

Our Role

Listen

Understand

Reserve
Judgement

Reduce
Harm

REFER

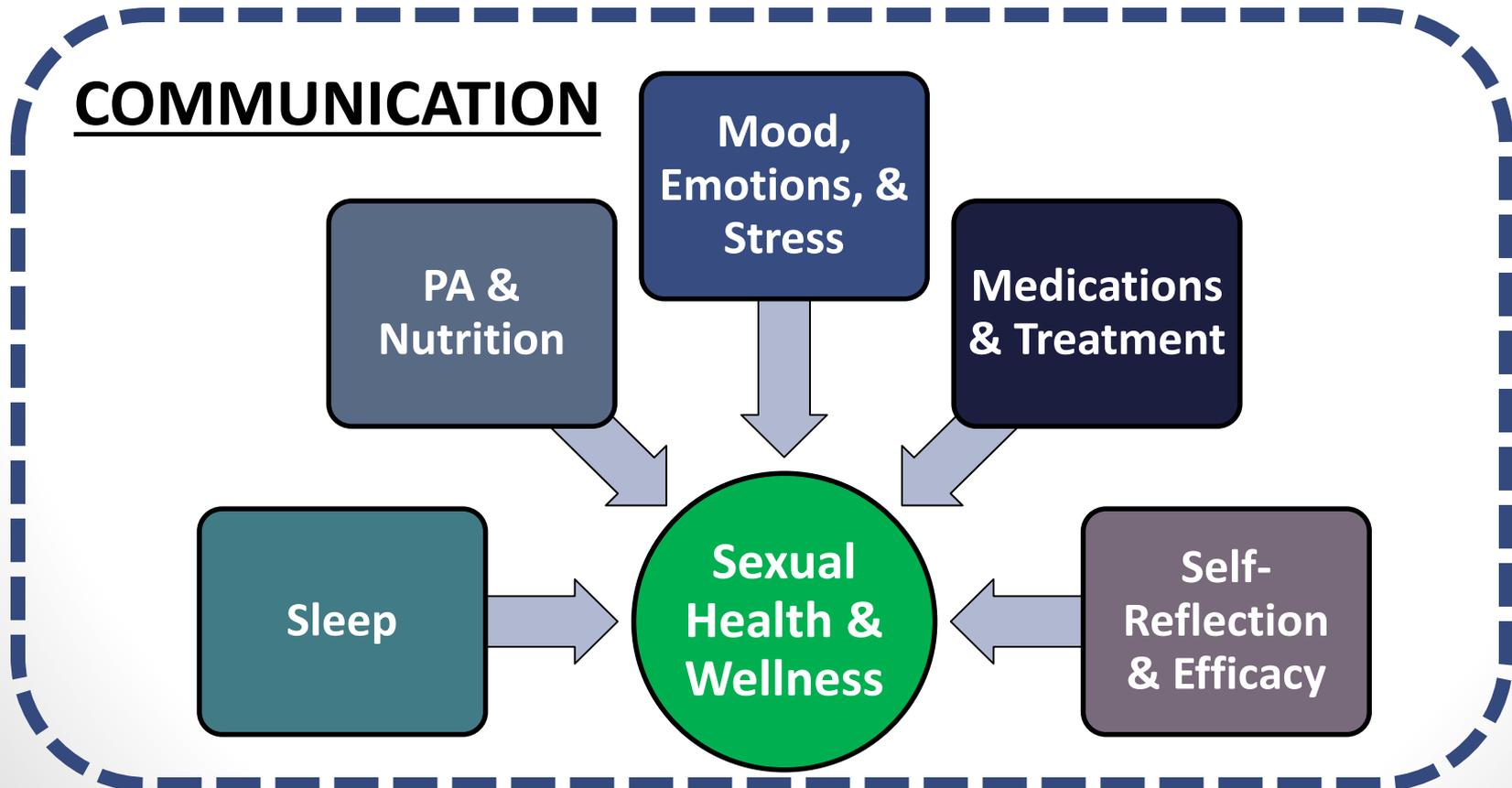
- Get educated
- Be proactive
- Recognize risk behaviors
- Rediscover 'positive' laughter
- Leverage partners and spouses

- SERVE AS A RESOURCE

- Organizations
- Online and print
- Social Workers
- Primary Care
- Specialists

Programming Can Help

- Limited evidence-based programs about sexual health & intimacy
- Risk and protective factors are similar and interrelated



THANK YOU!

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