



## Older People

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FPA defines sexual health as *the capacity and freedom to enjoy and express sexuality without exploitation, oppression, or physical or emotional harm*. FPA believes that a positive attitude towards older people's sexuality and relationships is a vital part of promoting positive sexual health throughout people's lives and ensuring that people of all ages are able to access appropriate sexual health advice, support and services.

For the purposes of this policy statement, we define 'older people' broadly as those aged over 50. We recognise that there will be a range of stages and sexual health needs within the over-50 age group, but despite this diversity we believe that there is a common thread that the sexual health needs of people in this age group are neither commonly visible nor taken into account by mainstream services.

1. FPA believes that sexual development takes place from birth, and that sexuality affects people for the whole of their lives, regardless of whether they are sexually active.
2. FPA believes that older people have the right to sexual health and wellbeing, and should be acknowledged as sexual beings.
3. FPA believes that older people's sexuality is often ignored, neglected and stigmatised, and should instead be accepted and viewed positively.
4. FPA believes that there needs to be a more balanced and realistic representation of older people's experiences of sexuality and sexual activity in the media, as well as in professional resources and sexual health literature.
5. FPA believes that all sexual health service providers, including general practice, sexual health clinics and telephone helplines, must ensure that they are accessible, appropriate and welcoming to older people, and should offer high quality, confidential services which cater for their needs.

Media representation of sex in the UK is primarily focused on young people, and in parallel to this there is an implicit dismissal of sexuality and sexual activity amongst older people. In particular, the focus on body image creates negative stereotypes whereby older people's sexual activity is less accepted. There is also a degree of gender bias, where it is deemed more acceptable for older men to be sexually active (especially with younger female partners) than it is for older women. This popular association of sex with youth is reflected in government policy on sexual health, for example, the National strategy for sexual health and HIV in England and the Sexual health and wellbeing action

plan for Wales 2010–2015 are both primarily focused on younger people. Similarly, data is not routinely collected on older people's sexual activity, for example, the 2000 National Survey of Sexual Attitudes and Lifestyles only interviewed those aged 16–44. This focus on youth can be damaging for older people as it does not provide positive and realistic role models for sexual activity in later life, nor does it promote positive sexual health messages to older people.

Sexual relationships can provide a range of benefits for people regardless of their age, in terms of physical, mental and emotional health, and the achievement of sexual wellbeing can play an important part in older people's relationships. However, some older people may feel under pressure to conform to expectations of sex that they see in the media, whereby the focus is primarily on sexual intercourse, which may, for example, account for the burgeoning market for Viagra and equivalent products. However, patterns of sexual activity are likely to change as people grow older, and other aspects of sexuality and intimacy should also be acknowledged within the realm of sexual activity.

Although older people do not generally have to consider their contraceptive needs as part of sexual activity they will still need to take into account the risk of sexually transmitted infections (STIs), particularly when embarking on new relationships, which is now increasingly common in older age groups. Currently, there is evidence both that older people are less likely to use condoms than any other age group, and that health professionals do not perceive older people to be at risk of STIs<sup>1</sup>. It is therefore important that health professionals take the needs of this age group into account when developing health promotion messages and promoting sexual health information and services.

When developing services it is important to take into account the elements of sexual ill-health which are more common among older people. For example, it has been estimated that 67 per cent of men will experience some degree of erectile dysfunction by the age of 70<sup>2</sup>. Erectile dysfunction can be a symptom of other conditions, including diabetes, multiple sclerosis, Parkinson's disease and coronary artery disease, but in itself can contribute to mental and emotional ill-health. The menopause, as well as conditions such as diabetes, can also trigger sexual health problems in women such as vaginal dryness, which can make sexual intercourse difficult or painful, as well as changes in libido. In addressing sexual ill-health in older people, both where this is a symptom of other illness and where it manifests separately, it is important that health professionals treat problems clinically (where appropriate). However, it is also essential that they recognise the importance of sexual health to older people, and that they discuss with older people ways of continuing and/or enhancing their sexual activity if they wish to do so.

There may be specific sexual health needs among the often hidden population of older lesbians, gay men and bisexuals. Although there is now broad societal and legal support for lesbians, gay men and bisexuals, the majority of

older people will have lived a large part of their lives in less liberal times, which may have made them cautious of mainstream services. Age UK estimates that one in every fifteen potential users of a service for older people is a lesbian or a gay man<sup>3</sup>. The over 50s are the fastest growing group of people with HIV in the UK and research by the Terrence Higgins Trust and Age UK has shown that this age group has specific needs including reporting poorer general health than their peers, being worse off financially and having specific emotional needs<sup>4</sup>. There is a need for providers of health and social care services to cater specifically for this group.

There are a number of opportunities that health professionals could take to engage older people proactively about their sexual health and to give sexual health advice and support as appropriate. These include, but are not limited to: breast screening; cervical screening; discussions about the menopause (whether on an individual basis in primary care or at specific menopause clinics); and bowel cancer screening. These various services could provide an appropriate environment for health professionals to ask opportunistically about sexual health needs. However, it will also be important to work proactively to engage older people about their sexual health, particularly older men who have fewer opportunities for routine checks/screening.

In order to discuss sexual health issues with older people in a sensitive and acceptable way, health professionals should receive training which covers attitudes and communication skills as well as sexual health knowledge. This is important both for professionals working in relevant fields and for those working in general practice who are likely to have more regular contact with older patients. In particular, it is important to be aware of the fact that sex and sexuality have historically been taboo subjects within British society, and it is only in recent years that sex and relationships education (SRE) has become more widely available in schools. In this context, many older people will have grown up with little or no SRE and in a society where sex and sexual health were not discussed openly in the home, in health settings or even within relationships. Older people may be uncomfortable with talking about sex and relationships and therefore reluctant to ask for help. They may also find these discussions difficult initially, therefore professionals will need to approach issues with sensitivity.

#### **Further Information**

Vincent C et al, *Sexuality and Older Women – Setting the Scene* (Huddersfield: Pennell Initiative for Women's Health, 2000)  
FPA special report *FPA: past, present and future* (London: FPA, 2005)

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<sup>1</sup> Gott M, *Sexuality, Sexual Health and Ageing* (Maidenhead: Open University Press, 2005)

<sup>2</sup> *Ibid*

<sup>3</sup> Anthony Smith and Jackie Calvert, *Opening Doors: Working with older lesbians and gay men* (London: Age Concern England, 2001)

<sup>4</sup> Power L, Bell M and Freemantle I, *A national study of HIV and ageing (50 Plus)* (York: Joseph Rowntree Foundation, 2010)