



# Sexual health and well-being in middle and late adulthood: Current knowledge and future directions



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University  
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SURVEY 2014-15



# Topics

- Sex and quality of life in middle and late adulthood
- Communication about later life sexual health issues in primary care: GPs
- Communication about sexual health issues in primary care: practice nurses
- Women's beliefs and experience of menopause
- Sexual well-being and intimacy at midlife and menopause
- Women's new intimate relationships at midlife and beyond
- Sexually transmitted infections in older adults
- Developing health promotion materials that focus on intimacy and sexuality in later life



# Sex & ageing in contemporary Western societies

- Asexual stereotype
- Private, taboo



GARDENING

SEX

TAKING THE STAIRS

SWIMMING

DANCING



Get your 30 mins a day, any way.

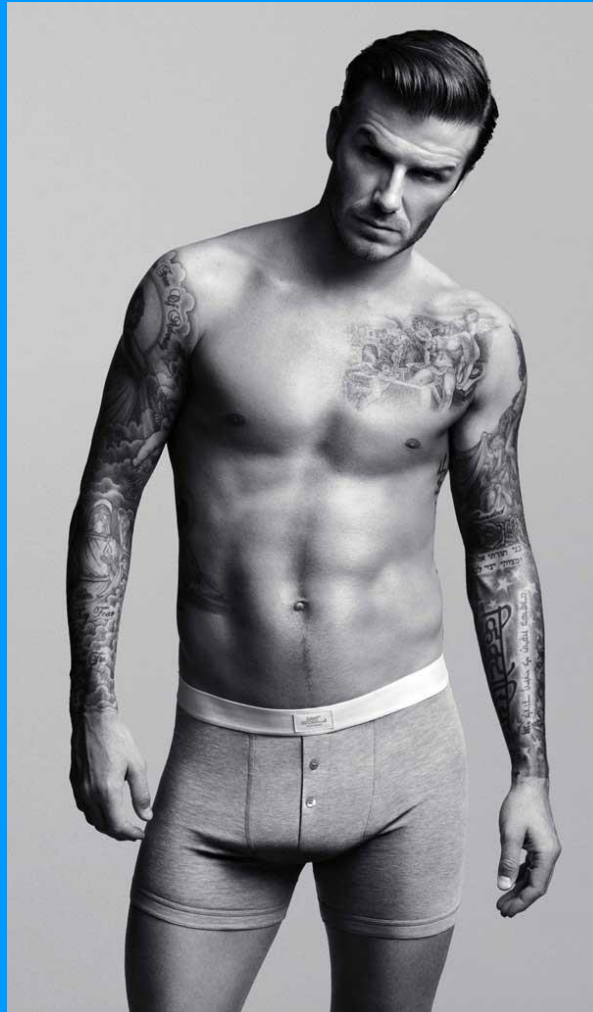


British Heart  
Foundation

[bhf.org.uk](http://bhf.org.uk)



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# Key findings: older people

- Sex was important to quality of life to

Influenced by:

- i. having a sexual partner
  - ii. being married
  - iii. health status
- Broad definition of sex



“As you get older you act differently and you adjust to your age, but I consider that a cuddle is sex... intercourse doesn't take place as much when you're getting older, you're not able, but the desire to love someone is there, and love, it takes a different form. That's love when we are gardening together and doing things” (Male participant, aged 74)

“We still play footsie every morning when we are having our cup of tea, we have always got our feet round each other, my husband always touches me when he passes me, I often kiss the top of his head when I walk past him... physical contact is important. I think people who can't have sex for whatever reason, I think if they go on touching” (Female participant, aged 73)



# Key findings: GPs and practice nurses

Not prioritised

-older people easily offended

- sexual issues are private and sensitive

-they don't take sexual risks

-lack of training in sex at later life





# Seeking and receiving help

- Consistent evidence that older people who experienced sexual difficulties had not sought help
- Huge variation between the studies: 40% to 92% had not to seek help



# Barriers: older people

## Assumptions about ageing

- Belief that older people don't, or shouldn't, experience sexual desire
- Viewing the problem as part of getting old



“The older you get the more difficult it is to seek advice because when you’re younger things should be right and if they are not then it’s almost automatic to look for the remedy. As you get older if things aren’t right then maybe it’s because you’re getting old”

**Female participant, aged 73**



## Health professional (HP) characteristics / skills

- Sex wasn't part of the HP's role
- HP being the opposite sex
- HP non-verbal behaviour e.g. 'stiffening up'
- Assuming the HP would think sex inappropriate 'at their age'

*Have you seen him [GP] about your erectile dysfunction?*

*Interviewer*

“No I’ve contemplated seeing him but I just don’t know how much importance the doctor would attach to it, you know what I mean? I mean getting to our age, he says it’s about time you packed up [laughs]. I don’t want him to think I’m a sex maniac or anything like that”

*Male participant, aged 65*



## General

- Embarrassment
- Concerns about confidentiality
- Not viewing the sexual problem as serious
- Waiting to see if it would get better on its own



Older people felt that HPs should ask about sex:

- At routine visits
- During rehab if they had a long-term condition

Good relationship with HP:

- Non-judgemental
- Open and relaxed manner
- Feeling accepted



## HPs rarely broached the topic

\_No information provided about how a health condition could affect sexual function

\_No offer of relevant tests (e.g. HIV) when the older person thought they were appropriate





## Barriers: HPs

Turkish doctors involved in older people care, when taking a medical history:

- 14.5% would always ask about sexuality
- 69.4% would sometimes ask
- 16.1% would never ask

**UK psychiatrists:** Less likely to refer older clients to sex therapy than middle-aged clients



# HP barriers

- Viewing it as a specialist area and not part of own role
- Own embarrassment
- Assumptions of asexuality
- Lack of 'openings' or appropriate contexts



- Fear of causing offence
- Fear of embarrassing the client

86% participants (aged 62-96) reported that they were comfortable discussing sexual health and were not embarrassed or offended (Farrell & Belza 2012)



# Facilitators: HPs

- Having help sheets / leaflets they could provide during the consultation
- Specialist services they could refer to, or a colleague who specialised in sex and ageing, or LTC



# Facilitators

- Individuals were more likely to seek help if the HP had asked about sexual issues during a previous consultation
- Being given the message that it was okay to ask about sex –being given permission - made a difference



# Put ageing and sexual health and well-being on the agenda

- Sexual Health Networks, education and training, social media
- address the disjunction – clients want HPs to ask about sex, HPs wanted clients to raise it themselves
- change the culture of ageism in medical practice



# We need to see

The translation of research evidence into  
behaviour change interventions that  
influence the actions of clients and health  
professionals

# The IntimAge Project

Health Care Promotion Materials That Focus on Intimacy and Sexuality in the Third Age



Erasmus+

## Outcomes:

- guidelines for HPs to use in their assessments and interventions which address intimacy and sexuality in this client group
- toolbox containing a range of materials for professionals
- interactive e-learning platform for trainers and learners

*European partners:* College of Health Sciences, Integra Institut (both Slovenia), E-C-C Association for Interdisciplinary Consulting and Education (Austria), University of Sheffield (UK), National University of Ireland Galway (Ireland), Università delle LiberEtà del Fvg (Italy), Greek Academic Network (Greece), University of Erlangen-Nürnberg (Germany)





Table 1: Total numbers of STI diagnoses in England, 2009 - 2013 (Public Health England, 2014)

STI	Year	Female 45-64	Female 65+	Male 45-63	Male 65+
Chlamydia	2009	588	10	2019	84
	2013	1522	53	3483	242
Gonorrhoea	2009	147	4	985	56
	2013	251	9	2224	117
Herpes	2009	1395	49	1284	109
	2013	1935	102	1731	163
Syphilis	2009	30	1	554	32
	2013	34	6	727	40
Warts	2009	1389	54	2862	262
	2013	1669	88	3167	329



Thank you

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