

“How long will I love you?” – Sex and intimacy in later life

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Foreword

In 2016, 60% of men and 37% of women over 65 were still sexually active, and at least 1 in 4 men and 1 in 10 women aged 85+ were still sexually active. However, sexual activity is by no means the sole measure of the quality of an intimate relationship in later life, and the impact such partnerships can have on general health and wellbeing.

In 1989, my daughter Wendy and I published *'Living, loving and ageing – Sexual and personal relationships in later life'*, a book which explored the social, physical and psychological effects of ageing on personal and sexual relationships. 28 years later, there is still a need to provide information and reassurance around relationships in later life, to dispel myths and to make the case for a life course approach to sexual health and relationships.

This report seeks both to inform and reassure the individual, as well as to demonstrate the impact that facilitating healthy intimate relationships can have on quality of life, physical health and subjective wellbeing; it is a welcome contribution to an area which is at best under researched.

Using data from the English Longitudinal Study of Ageing (ELSA), *'How long will I love you?'* provides the context in which health care professionals and policymakers should consider how to approach an often neglected, yet highly important aspect of ageing. It describes the diversity of sexual relations in later life, and highlights some of the many benefits a healthy intimate relationship can bring.

I would like to thank the report authors for producing such a valuable resource, and emphasise the report's core recommendation that access to the care and support that can facilitate healthy intimate relationships is a right which should be afforded to people of all ages.

Baroness Sally Greengross OBE
Chief Executive
International Longevity Centre - UK

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Executive Summary

Valentine's day is associated with romantic love and relationships, something that most people want in their lives. However, our experiences of love and relationships change across our lifecourse in both positive and negative ways. So as the Waterboys, and more recently Ellie Goulding, have asked 'How Long Will I Love you?' (Mike Scott How Long Will I Love You lyrics © Sony/ATV Music Publishing LLC). Goulding ends her version of the song with the words: 'We're all travelling through time together, every day of our lives, all we can do is do our best, to relish this remarkable ride'. Reflecting on these lyrics what factors then affect our experiences of our intimate relationships as we grow older? As a social scientist and a nurse our worlds have come together to explore relationships and intimacy in later life using data gathered by the English Longitudinal Study of Ageing (ELSA). This report summarises the findings from the Sexual Relations and Activities Questionnaire (SRA-Q) that was used as part of the ELSA study and makes recommendations for practice and policy that can make a difference to the ways in which we can 'do our best' to support the sexual and intimate lives of older adults. The people who took part in the study were men and women aged 50 to 90+ living in England.

Key recommendations:

- Conversations around sex and older people need to be normalised – countering stereotypes and misconceptions will improve public health
- Health professionals need to proactively engage with older people to better manage problems that impact on both individuals and couples sexual health and function
- Positive sexuality and intimacy throughout the lifecourse is linked to higher levels of happiness and well-being – irrespective of age
- Older people have a right to good sexual health care and should be able to easily access joined up services to help them meet that goal

Findings

1. Introduction

Human sexuality is a universal part of living but stereotypes of older adults commonly ignore the importance of sexuality, and the question of how important sexual activity and fulfilment is to older people with respect to their overall health and well-being continues to be neglected. Large scale population-based studies have shown that while many older people over the age of 50 remain sexually active and sexual health is a concern for men and women beyond the reproductive years, a wide range of physical and psychological health conditions, the drugs used to treat them, and chronic disability can adversely affect sexual activity and satisfaction (Field et al, 2013; Lindau et al, 2007; Lee et al, 2016). From the perspective of successful ageing an important question is the manner in which transitions in health and sexuality intersect in later life to influence how individuals and couples flourish both physically and mentally.

Here, we consider some of the key issues surrounding sexual health and well-being in later life using data from the English Longitudinal Study of Ageing (ELSA), a nationally representative sample of community-dwelling men and women aged 50 to 90+ living in England. We focus on wave 6 of ELSA (2012–2013), where a detailed Sexual Relations and Activities Questionnaire (SRA-Q) was included for the first time. The SRA-Q included tick-box questions about the frequency of sexual activities and behaviours, difficulties with sexual activities and function, concerns and worries about sexual activities, function, and relationships; attitudes toward sex; and details about current sexual partnerships. At the end of the SRA-Q there was an open text box that invited participants to provide additional comments if they so wished. The SRA-Q is available online at www.elsa-project.ac.uk.

Over 7,000 ELSA participants completed the SRA-Q and of those, 1,084 men and women also commented in the open text box of the SRA-Q providing additional qualitative data. We are now utilising these data to better understand how sexuality influences trajectories of later life health and well-being. This report covers three key themes around sexuality and ageing: the following section discusses some of the most commonly reported age-related sexual problems. Section 3 covers ageing-related adaptations to sexual activities and intimacy within the context of a partnered relationship. Section 4 shows how sexual health and satisfaction are closely linked to broader measures of happiness and well-being. A concluding section considers how our changing appreciation of the importance of positive sexuality and intimacy in later life may have implications for both policy and practice.

2. Ageing and sexual health: supporting intimacy in later-life

While societal preconceptions of an asexual old age are being increasingly challenged, there remains a focus on sexual decline and dysfunction as being unavoidable consequences of ageing (DeLamater, 2012). The literature around sexual intimacy in later life suggests that this has come about due to:

- an emphasis on medically managing changes that impact on the ability of a couple to engage in penetrative sexual activities as the main form of sexual intimacy (Field et al 2013)
- focusing on factors that impact on individual sexual performance, as opposed to understanding the ways in which couples experience sexual intimacy in the context of a relationship (Galinsky and Waite, 2014)
- a tendency not to take account of the social, cultural and relationship influences that may impact on the sexual activities and relationships of an older couple (Galinsky and Waite, 2014; Hinchliff and Gott, 2004)

As a result, issues related to later life sexual functioning, age-related changes and sexual fulfilment in the context of overall health and well-being have been largely neglected. Using both the qualitative and quantitative findings from the ELSA SRA-Q has enabled an in-depth exploration of how men and women experience changes as they age, both individually and in the context of their relationships. This section builds on our existing work and makes recommendations as to how sexual and intimate relationships in later life can be improved.

Key areas of changes that were identified in the ELSA data were issues related to arousal problems, vaginal dryness and/or pain and erectile difficulties. Among women, it is important to note that while vaginal dryness can occur at any age, this becomes more problematic during the menopausal transition when there are decreased levels of oestrogen (Goberna et al, 2009). Figures 2.1, 2.2 and 2.3 illustrate what ELSA participants aged 50 and over reported in terms of vaginal dryness and/or pain during sexual intercourse, arousal difficulties, erectile difficulties and orgasm difficulties.

Figure 2.1 Women reporting 'usually' or 'always' having vaginal problems during sexual intercourse, by age (ELSA 2012, age 50-90+)

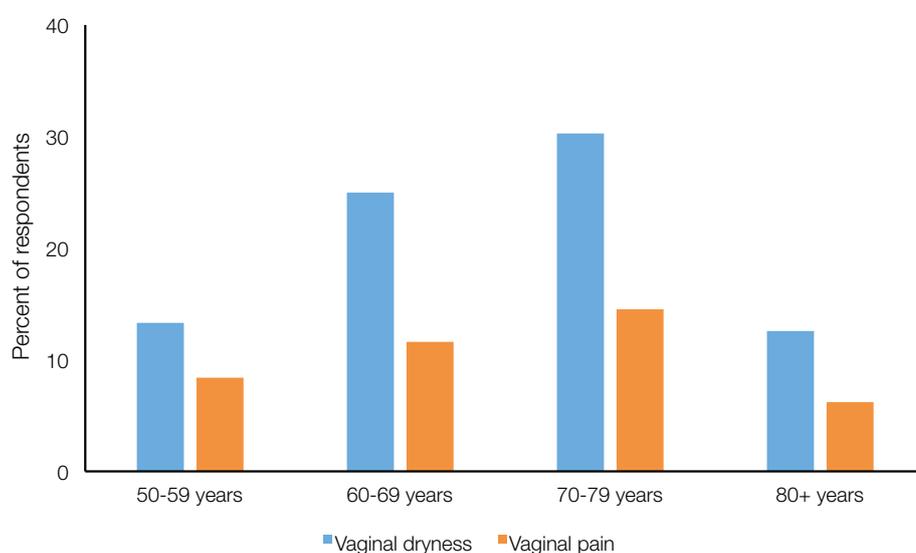


Figure 2.2 Women reporting 'usually' or 'always' having sexual difficulties, by age (ELSA 2012, age 50-90+)

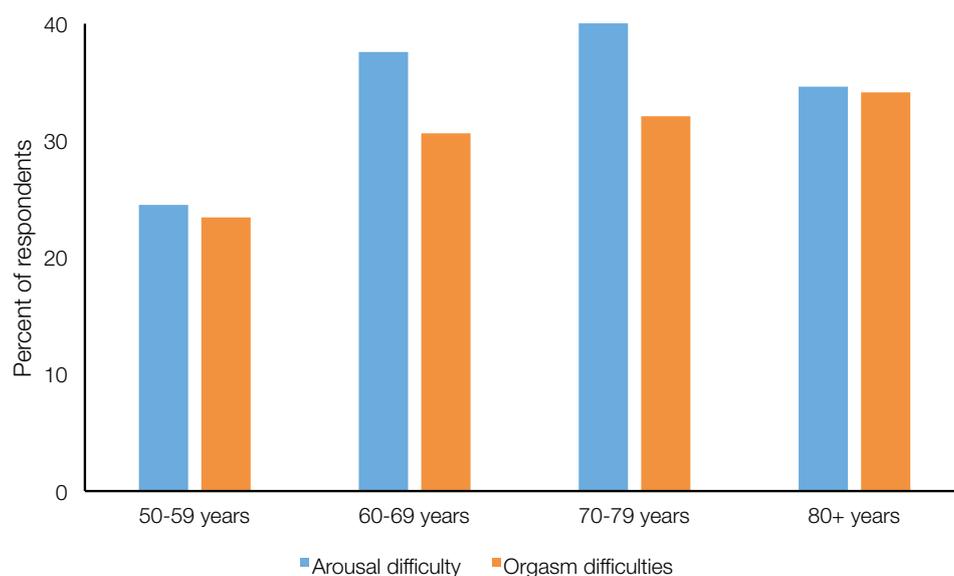
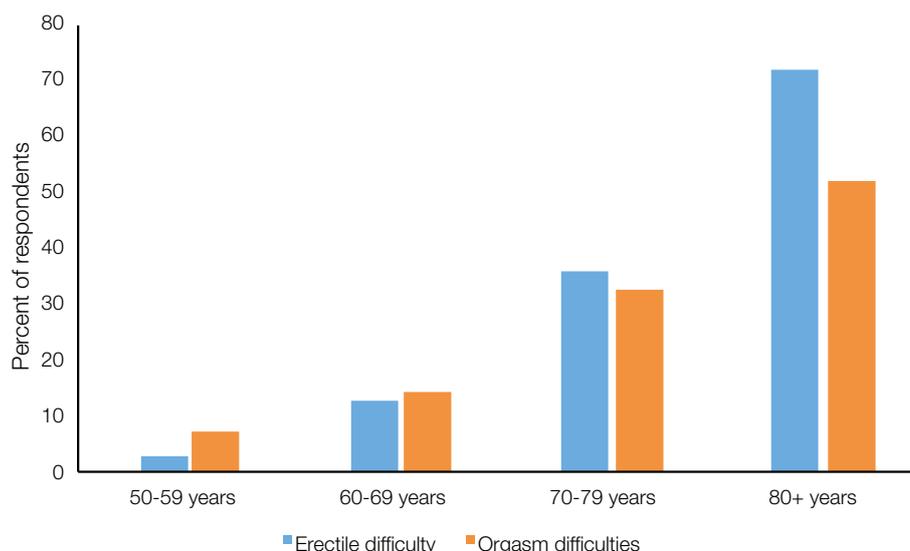


Figure 2.3 Men reporting 'usually' or 'always' having erectile difficulties, and orgasm difficulties during sexual intercourse, by age (ELSA 2012, age 50-90+)



Note: Survey weights were applied to all proportions in Figures 2.1 to 2.3 to adjust for unequal probability of selection and non-response to ensure the sample data were broadly representative of the British general population (according to the 2011 census) in terms of gender, age group and Government Office Region.

While the quantitative SRA-Q data illustrates how changes impacted on the sexual activities and function of both men and women, the qualitative data gave us a different insight into how these impacted on the individual and/or their relationships. In one example, while reflecting on her partnered sexual relationship, a female participant wrote:

For me and my partner motivation to engage in specifically sexual activity together (over and above affectionate caresses etc.) has markedly declined post menopause, but this doesn't worry us! (Woman, 60-69 years)

For others changes related to the menopause were difficult but they found it difficult to ask for help:

Since going through the menopause I have found sexual intercourse very uncomfortable, but find it very difficult to go and explain to a doctor. (Woman, 50-59 years)

Male participants also described how changes to their partner's sexual health impacted on them:

My wife and I have had a very good sex life, regular sex until she went through the change, over the last five years approximately her desire has totally gone. (Man, 50-59 years)

ELSA participants also made reference to the impact of changes related to erectile difficulties, which were in part affected by the presence of long-term health conditions. One man commented:

How can I solve erectile problems, I suffer from blood pressure and diabetic [sic] (Man, 60-69 years)

A woman also noted that:

My husband has diabetes and is unable to sustain an erection at all - hence our lack of sexual intimacy. We do continue to love each other and find our life fulfilling except for the lack of intimacy i.e. full intercourse. (Woman, 70-79 years)

However, both male and female changes that impacted on sexual intimacy also came together in relationships as illustrated here:

I sometimes feel that I don't get any feelings to want sex. But when my husband wants to have sex then I do enjoy it but my husband also has erection difficulties [sic]. (Woman, 50-59 years)

Despite the changes experienced people also made comments about how they adapted to remain sexually intimate with their partner:

Now too old but my wife and I sleep in the same bed, and kiss and cuddle each other before settling down to sleep. We enjoy each other's company. (Man, 80+ years)

The issue of adaption, particularly in the context of a relationship is a key issue of our work and is explored further in section 3.

2.1 Conclusions and implications for practice and policy

The ELSA data illustrate that age-related changes are complex, but that men and women remain sexually active and sexually intimate into their 70s, 80s and 90s. Moreover, while sexual activity changes over time, we found that partnerships can remain satisfying, caring and rewarding. However, the evidence from ELSA suggests that support for sexual activities and sexual intimacy in later life is inadequately addressed. From this there are clear practice and policy implications.

For health care practice, the findings illustrate the need for more proactive discussions around changes that impact on sexual activities, which also take account of long-term health problems. Moreover, as people predominantly engage in sexual activities in the context of a relationship, when people seek help for long-term health conditions and/or issues related to sexual functioning, support for both partners is likely to be more effective.

For health care policy, there is a need to fund and support work that moves society away from the negative stereotypes and assumptions that continue to impact on how older people experience sexuality and relationships in later life (Hinchliff et al, 2017). Through our work we particularly recommend that there is a need for more work focused on improving positive ways of maintaining sexual intimacy in later life. Our research suggests that this can be achieved by developing policy and practice support for physical, psychological and relationship changes, as this more holistic approach could make a real difference to both the sexual and general health of older people.

3. Dynamics in coupled relationships: change, diversity and adaptation

When we started this work we were very aware that sexual health and well-being has most commonly been researched from an individualistic, as opposed to a partnered perspective, and this is partly addressed in section 2. Our concern has also been reflected in the literature where it is also argued that the partnership aspect of a couple's sexual relationship is commonly overlooked in research and clinical practice (Verschuren et al, 2010). Drawing on data from ELSA we have been able to explore older people's experiences of their sexual relationships and activities in the context of a partnered relationship in two significant ways using:

1. Paired, anonymous quantitative survey responses from both members of a married/cohabiting partnership illustrating aspects around relationship quality and balance.
2. Narrative responses from individuals about their partnered intimate and sexual relationships.

A number of questions were asked as part of the ELSA SRA-Q concerning the perceived quality and balance of intimate sexual relationships; specifically, 'did you feel obligated to have sex?', 'did you and your partner share the same sexual likes and dislikes?', and 'did you feel emotionally close to your partner when you had sex together?'. How these differ by age group is summarised for women and men in Figures 3.1 and 3.2, respectively. It is clear from these data that women reported higher levels of 'feeling obligated to have sex' and 'less emotional closeness' as compared to men. Men, however, reported they were more likely to 'not share the same sexual likes and dislikes' as their partner.

Figure 3.1 Women feeling 'obligated to have sex', 'not sharing sexual likes with their partner', and 'not feeling emotionally close during sex', by age (ELSA 2012, age 50-90+)

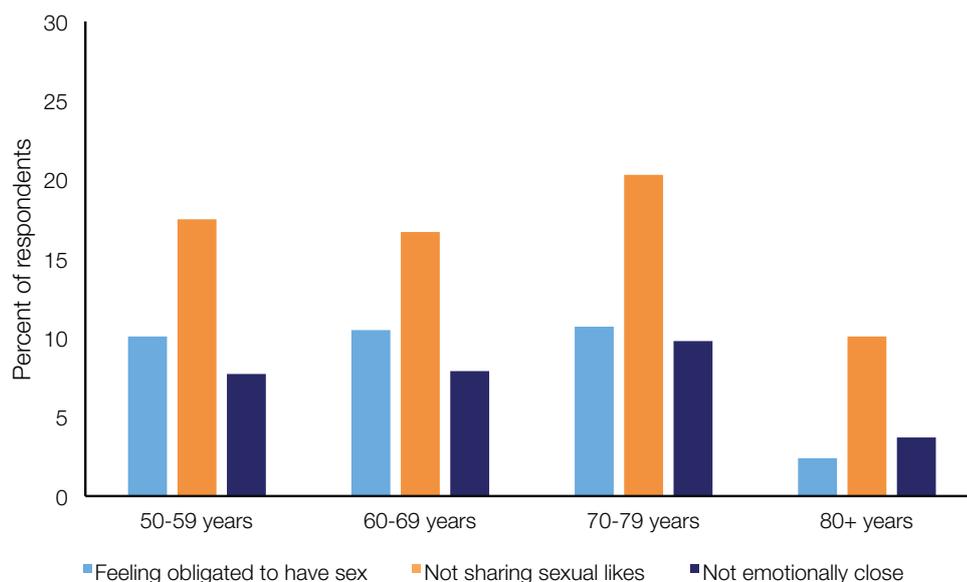
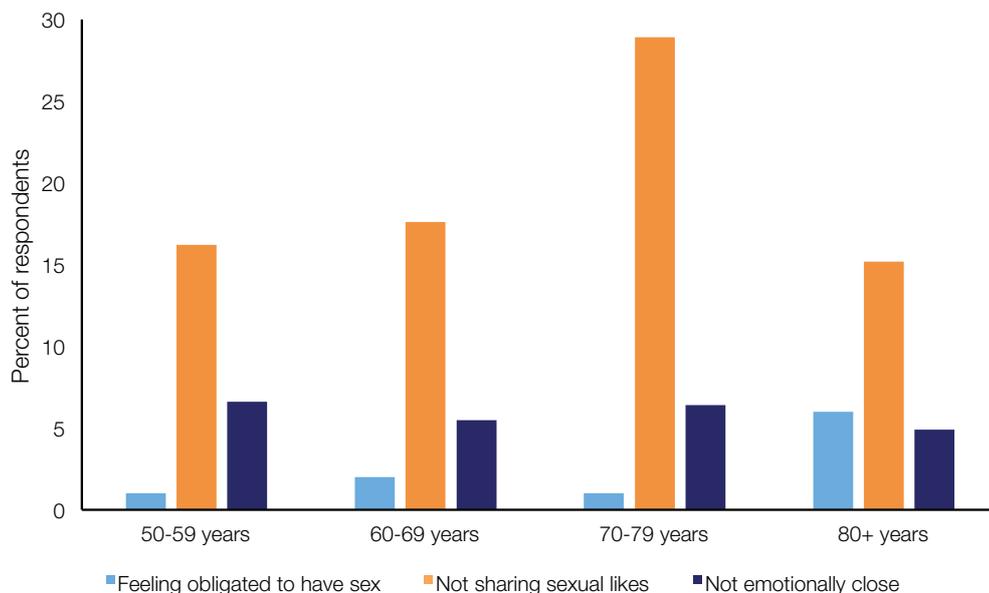


Figure 3.2 Men feeling 'obligated to have sex', 'not sharing sexual likes with their partner', and 'not feeling emotionally close during sex', by age (ELSA 2012, age 50-90+)



Note: Survey weights were applied to all proportions in Figures 3.1 and 3.2 to adjust for unequal probability of selection and non-response to ensure the sample data were broadly representative of the British general population (according to the 2011 census) in terms of gender, age group and Government Office Region.

In terms of understanding some of the factors that might impact on how people perceived the quality and balance of their intimate sexual relationships section 2 highlighted that there were changes to people’s sexual activities and behaviours as they aged, and across the course of their partnered relationships. A recently published paper examining the ELSA qualitative data (Tetley et al, 2016) further identified that changes to health and wellbeing contributed to some couples being more likely to engage in non-penetrative sexual activities, and it was the quality of the relationship that was of primary importance. This is well illustrated by these quotes from female participants:

We've never been happier in bed than we are now and intercourse never comes into it. Just lots of laughter, kisses, hugs and silly fun. (Woman, 60-69 years)

My lack of sexual connection with my partner does not mean I do not "love" him, he brings me more pleasure than sex can. (Woman, 50-59 years)

The issue of commitment and maintaining the quality of a relationship was also reflected by these quotes:

I have had a most satisfactory sexual relationship with my wonderful caring husband, but as we both aged, and due partly to medication suppressing libido and ability our sexual activity has gently faded. We still show physical affection frequently - i.e. every day/hour. (Woman, 70-79 years)

I don't feel that sex is the most important thing in a relationship. Commitment and care are more, or as, important. (Man, 80+ years)

While we were encouraged by the comments around positive intimate and sexual relationships we were also aware that this was not true for everyone. Reflecting issues raised by the quantitative data, for others there appeared to be a mismatch between their individual desires and expectations concerning their sexual relations and overall relationship:

My husband's complete lack of libido has led to an unhappy marriage; even if it is a stable relationship it is a joyless one. (Woman, 60-69 years)

Sexual activity is usually for my benefit only as my wife is on medication that prevents any desires in this area. (Man, 60-69 years)

3.1 Conclusions and implications for practice and policy

As we have noted in our previously published findings, even though penetrative and non-penetrative sexual activities may change overtime, partnerships can remain satisfying, caring and rewarding. However, mutual respect, management of health conditions and good communication clearly impact on how couples ultimately experience their intimate sexual relationships.

For health care practice, support for sexual health care and intimacy in later life could be improved by assessing individual's needs in the context of their personal health and intimate relationships. However, when problematic issues are identified, support for psycho-sexual support has to go beyond the use of prescribed medications; signposting to relationship and lifestyle support also has the potential to improve intimate and sexual relationships and psychological health outcomes.

For health care policy, as the partnership aspects of sexual relationships are under researched, support and funding for work that explores partnered sexual and intimate relationships, particularly focused on negotiation and non-penetrative sexual activities, are warranted. More specifically, there is a need to challenge how people perceive normative sexual relationships in later life. For the current ELSA participants there are cohort and generational factors that have impacted on their experiences and perceptions of their sexual relationships. There is then a need to explore and support later life sexual relationships that recognise diversity and change over the lifecourse.

4. Sex, well-being and happiness

Subjective well-being has increasingly become a focus of debate, with questions on happiness and life satisfaction having been included in many population surveys and evidence consistently points to the importance of physical health, family status, employment, income, and age in predicting subjective well-being (Steptoe et al, 2014). More recently, public health policy has increasingly highlighted the positive aspects of health, such as subjective well-being, as key indicators of successful ageing over and above the absence of physical and mental health conditions.

Subjective well-being itself consists of several distinct but related aspects: eudemonic well-being, related to self-assessed worth, autonomy, control, and purpose in life (Ryff and Singer, 1998); evaluative well-being, based on a wider appraisal of satisfaction with life (Diener, 1994); and affective well-being, characterised by feelings of happiness, sadness, anxiety, or excitement (Tinkler and Hicks, 2011). The idea that reduced subjective well-being is associated with an increased risk of poor health isn't new, with established research linking depression and life stress with premature mortality, coronary heart disease, diabetes, disability, and other chronic disorders (Steptoe et al, 2014). What is new is the possibility that positive subjective well-being could act as a protective factor for health (Lyubomirsky et al, 2005), and a number of prospective epidemiological studies (Steptoe et al, 2014) point to positive life evaluations and hedonic states, such as happiness, predicting lower future mortality and morbidity.

So how does sexual health fit with subjective well-being? From a basic perspective it would seem reasonable to argue that sexual well-being and satisfaction would be related to general well-being. The impact of good sexual health on quality of life and subjective well-being is an emerging area of research and recent findings from the English Longitudinal Study of Ageing (ELSA) have highlighted that within the context of a partnered relationship continuing sexual desire, activity and functioning are associated with higher subjective well-being, with distinctive patterns for women and men (Lee et al, 2016). For example, Figures 4.1 to 4.4 summarise the relationship between the reported frequency of sexual activities, sexual problems and sexual satisfaction with a measure of evaluative subjective well-being among ELSA respondents aged 50 to 90+. The measure used here was the Satisfaction With Life Scale (SWLS; Diener, 1984), a widely used scale for global life satisfaction with higher scores indicating greater life satisfaction and happiness.

Figure 4.1 Satisfaction with life by frequency of kissing, fondling and petting, by gender (ELSA 2012, age 50-90+)

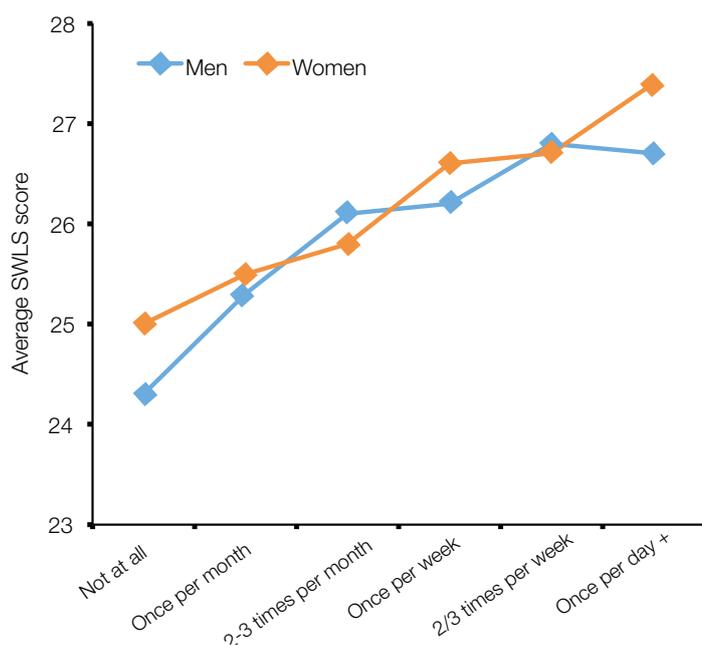


Figure 4.2 Satisfaction with life by frequency of sexual intercourse, by gender (ELSA 2012, age 50-90+)

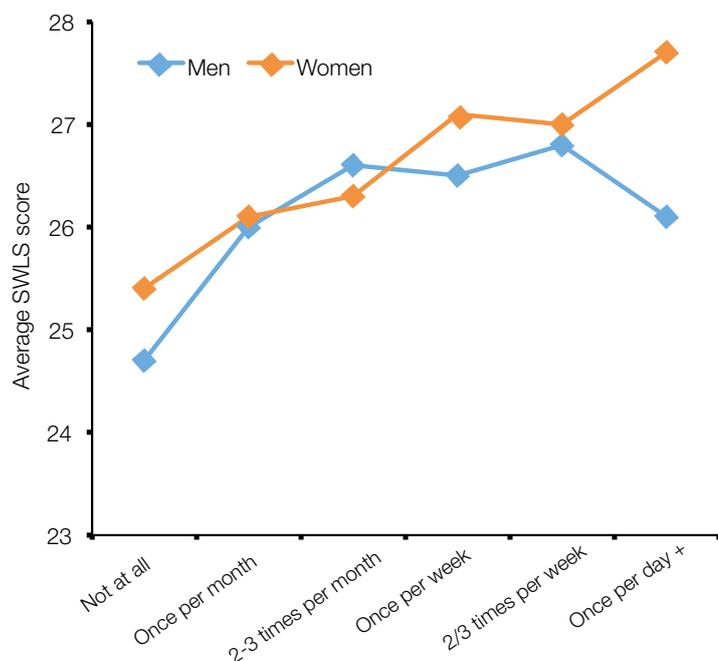


Figure 4.3 Satisfaction with life by frequency of having sexual problems: ability to attain an erection (men), ability to become sexually aroused (women), by gender (ELSA 2012, age 50-90+)

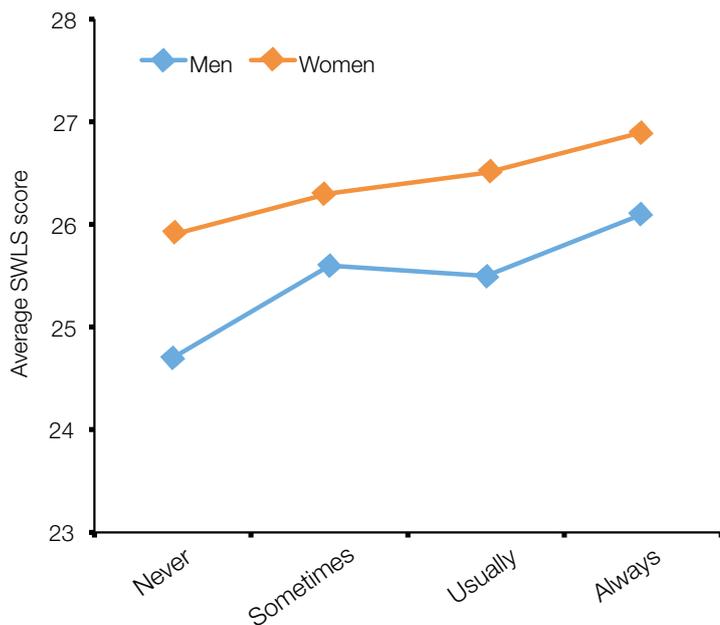
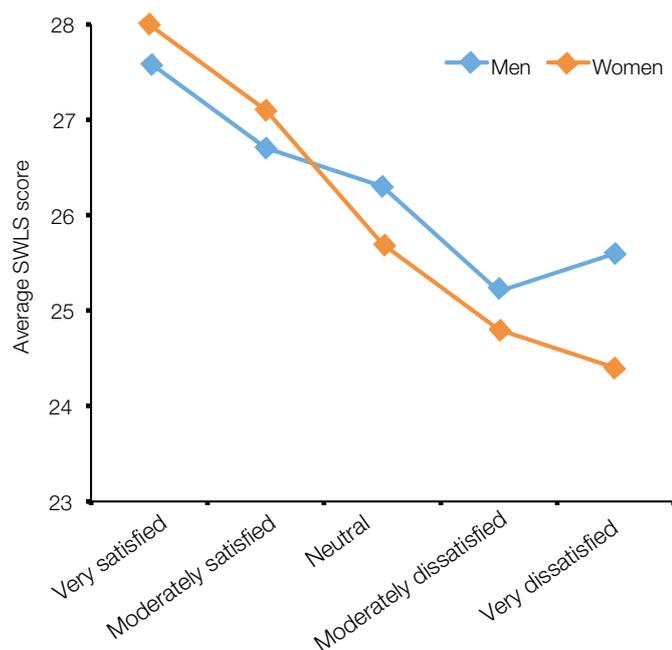


Figure 4.4 Satisfaction with life by overall satisfaction with sex life, by gender (ELSA 2012, age 50-90+)



Note: all mean SWLS scores presented in Figures 4.1 to 4.4 adjusted for age, self-rated health, depression and partner status

We also found that sexually active men aged 50 and over reported more concerns about their sexual activities and function than women and, with increasing age, these reports tended to become more prevalent among men and less prevalent among women (Lee et al, 2016). The ELSA data also revealed that older women were less dissatisfied with their overall sex life than men, and reported decreasing levels of dissatisfaction with increasing age. Poorer sexual functioning and conflicting partnership factors were associated with an increased likelihood of reporting concerns about and dissatisfaction with overall sex life in both men and women.

Of course, the quantitative data from ELSA can only tell us so much about the relationship between sexual health, well-being and happiness. The qualitative data gave us a different insight into how individuals perceived their sexual lives in the context of positive well-being and happiness. For example, some older people specifically commented on the importance of positive sexuality as part and parcel of a wider appraisal of their lives:

I think sex is very important to enjoying a happy life, whatever your age. In fact when making love you can be any age you feel you want to be, you do not feel old. (Woman, 70-79 years).

I am extremely happy with my sexual relationship with my wife and so pleased that sex for both of us is as good as it has ever been, even at the age. (Man, 70-79 years)

I have met a new partner over the last nine months. We are both very, very happy with how our sex life has panned out. We are older but are having a ball. (Woman, 50-59 years)

In contrast, others commented that broader aspects of their current intimate relationships were of greater importance than sex per se:

I think it would be nice to have more sex with my wife but sometimes you get tired in the evening, which puts you off. But love keeps you together and happy sex is not everything. Love is. (Man, 60-69 years)

My wife and I have been together 56 years and after many, many years of happy marriage [and] healthy sex life it does get frustrating, but I put her health before my pleasure, and I have to switch off. (Man, 70-79 years)

4.1 Conclusions and implications for practice and policy

The ELSA data clearly illustrate a link between positive sexual health and intimacy, and better subjective well-being. This relationship isn't predicated only upon continuing penetrative sexual intercourse, but also upon broader perceptions of rewarding and positive intimacy. However, the evidence from ELSA does suggest that lower levels of sexual activity and the presence of sexual problems are associated with poorer subjective well-being, independently of other demographic, health, and relational factors.

For health care practice, improving sexual health care for older people would not only be worthwhile in its own right but may confer broader health benefits over and above sexual outcomes. Specifically, the sexual health of older people should not be overlooked by health care professionals in the broader context of maintaining well-being during ageing. Recognising that sexual health may be an unspoken quality of life issue for older individuals could also improve the relationship between physician and patients, with better outcomes for the latter.

With respect to health care policy, if one argues that the well-being of older people is an important objective, both from a health perspective and by extension economically, then it seems reasonable that sexual health, and resources to maintain it, should be extended a higher priority within broader health policy. We would also argue that future measures of well-being may be strengthened by including at least one item on sexuality, or at least intimacy. Subjective well-being scales, after all, are meant to provide a consistent assessment as possible of an individual's subjective well-being! The exclusion of sexuality may miss an important part of this assessment, particularly considering that we found older men in ELSA appeared to be less satisfied with their sexual lives.

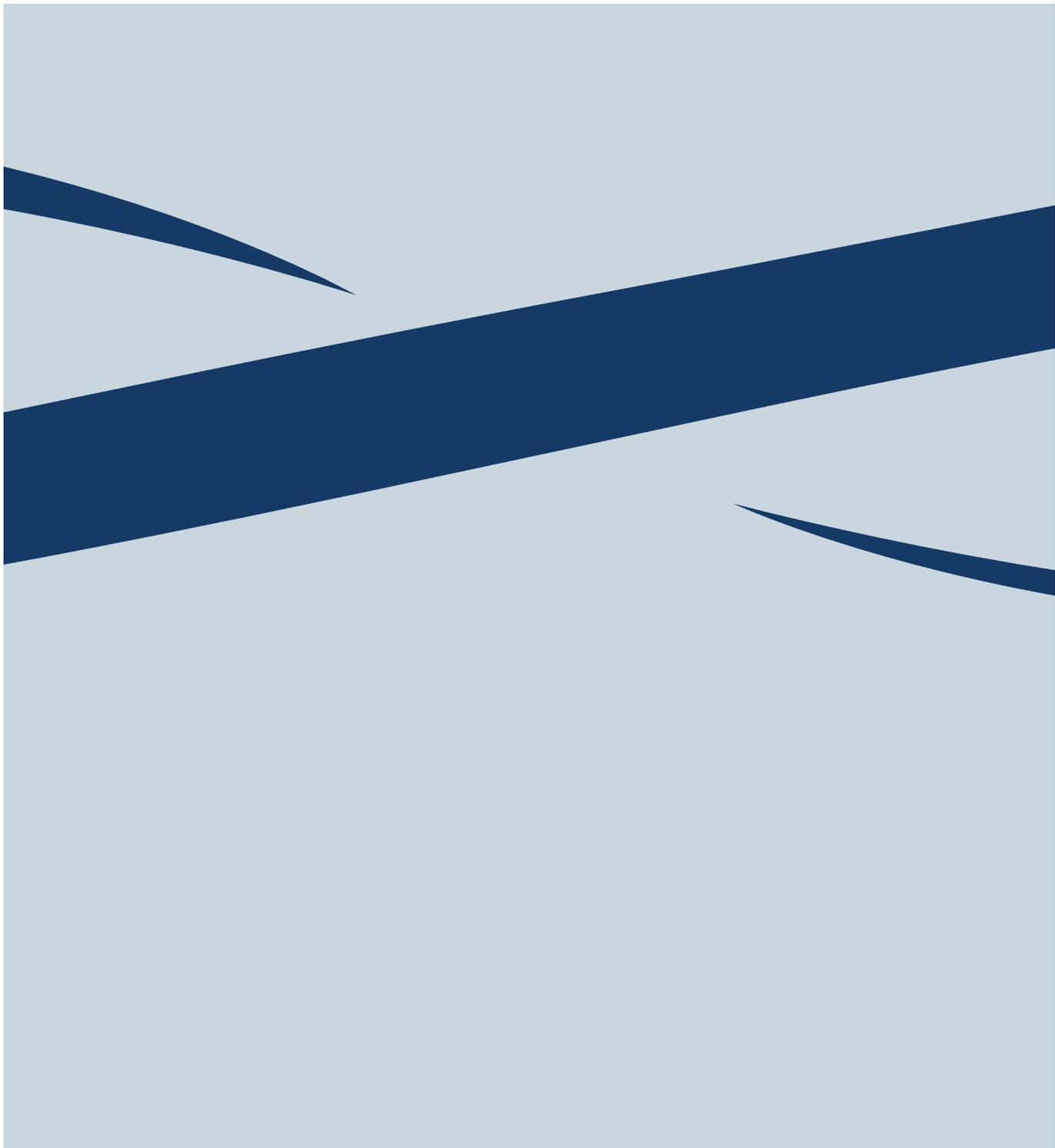
5. Conclusions and what next

The themes discussed in this report highlight the importance of positive sexuality and intimacy in the context of successful ageing and demonstrate the necessity for health professionals to proactively engage with older people to better manage problems that impact on both individuals and couples sexual health and function. Continuing to build the evidence base identifying the determinants of positive sexuality in later life will inform policy and practice, as well as help develop positive health messages and lifestyle guidance to maximise the quality of sexual and intimate relations irrespective of age. While the quantitative data from ELSA provide a valuable measure of the current burden of poor sexual in later life, the narrative findings also describe the diversity of late-life sexual experiences and behavioural adaptations that older people use to maintain satisfying intimate relationships. It is important to stress that although data such as these can improve public health by countering stereotypes and misconceptions about late-life sexuality, and offer older people a reference against which they may relate their own experiences and expectations, we're not advocating a 'one size fits all' model of sexual ageing. Indeed, we recognise that the ELSA participants who responded to this survey differ in age by over 40 years. So while the data illustrate key issues that impact on the sexual health and well-being of older people, it is important to avoid imposing 'norms' of sexual health into discourses around health and ageing which could be over-simplistic and even unhelpful. Nonetheless, our findings highlight the need for health professionals to act on these emerging data and be more open about discussing sexual health with older people – it can't simply be assumed to be an irrelevance.

Although the ELSA study drew on a large, nationally representative sample, not recruited explicitly to answer questions on their sexual health, the participants were a rather heteronormative sample and future research would benefit from also including individuals with non-binary gender and sexual identities. A key challenge now is to effectively exploit both quantitative and qualitative findings to explore how sexual difficulties intersect not only with age and gender but also with sexual identity, ethnicity, disability and social class.

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