

Sexual Intimacy among Senior Citizens

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- Dr Sandip Despande

At the outset, let's play a guess if the following is True/False game, shall we?

1. Senior citizens are not interested in sex and don't enjoy it
2. Women have no interest and cannot get aroused sexually after attaining menopause
3. Men are not capable of having ejaculation after the age of 70 years and do not have any semen left
4. Once a sexual problem has started after 60 years of age or more, nothing can be done, one has to accept it and live with it
5. All men need medicines after the age of 65 years to get a good erection

(for answers, please read the following pages. If you are impatient, go to the last line of the chapter!)

Talking about sex and sexual intimacy is a taboo topic in the Indian households across all age groups. This is magnified manifold when it comes to the elderly. They are somehow thought of as being devoid of any sexual desire or wanting to be intimate. The elderly too end up not voicing any concerns about their privacy and give up on these needs. In this chapter we will look at some of the commonly held beliefs and misconceptions about this topic and hopefully get the right information about intimacy among the elderly.

What is sexual intimacy?

Sex is misunderstood as the act of penetrative sex only. In reality it should be viewed as being on a spectrum. Intercourse is to be seen as one end of the spectrum, while outer-course which involves several things like hugging, kissing, intimate touching and anything else that the couple would like to do, is the wider portion of the spectrum. Sexual activity is not just for procreation, but can serve other purposes such as for recreation, relaxation and relational purposes.

What changes in sexual functioning can seniors expect with ageing?

The sexual response cycle has four broad stages: desire – arousal – climax – rest. Let's look at some of the changes that happen at each of these stages in the elderly.

Desire: There is no upper limit or an age cut-off for both men and women to enjoy intimacy. The desire may deplete over time, but, does not completely vanish due to ageing.

Arousal: For sexual arousal to happen (indicated by erection in men and vaginal lubrication in women), senior couples may need more physical stimulation by way of foreplay, and it may take a little longer to get aroused. After menopause, due to hormone changes, women may complain of vaginal dryness for which they can use a water based lubricant or consult their gynaecologist for any hormone treatments.

Climax: There is no significant change to either men or women when it comes to attaining climax among both the sexes. In men, orgasm coincides with the act of ejaculation and among women it is either through vaginal orgasm during penetration or through the stimulation of the clitoris.

Rest stage: this is when, after climax, the mind and body come to a baseline restful state. Among younger age group, in men, the ability to get another erection, after ejaculation tends to be within a few hours to a day. While in the elderly, men may take a few days to be sexually ready again.

What are the physical or medical reasons for sexual dysfunctions in the elderly?

There can be several medical reasons for sexual dysfunctions in the elderly. These could vary from the use of some medications to having a variety of health conditions that can affect the mind and body. The male sex hormone - testosterone levels can lower with age, thus affecting both desire and the ability to get an erection. Diabetes among men affects blood flow to the penis thus causing erectile problems in men. Arthritis and other joint related pain conditions can pose challenges to the person with regards to sexual positions. Certain medications used for depression, hypertension and gastric problems among others can affect the sexual response cycle.

What can senior couples who have intimacy issues do?

The key to improving intimacy is to improve the communication with your partner. There has to be an openness to discuss about each other's needs when it comes to sexual intimacy. It is also very useful to remind yourselves here that a good relationship and a fulfilling life with sexual intimacy always go hand in hand. Hence, a mutual effort at improving the couple relationship is paramount for improving sexual intimacy.

Where relevant, please seek medical assistance from the respective medical specialists. Do not hesitate to bring it to the attention of your doctor about any sexual difficulties and ask if the medications prescribed are likely to cause any sexual side effects.

If the issues are not getting resolved, then, it is alright to see a sexual and relationship therapist. The discussions there are done in a non-judgemental and a professional way with confidentiality maintained at all times.

Answers to true/false questions: all the statements are false! Unfortunately, due to myths and misconceptions like these among people, sexual needs of the elderly are not spoken about or addressed.

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