

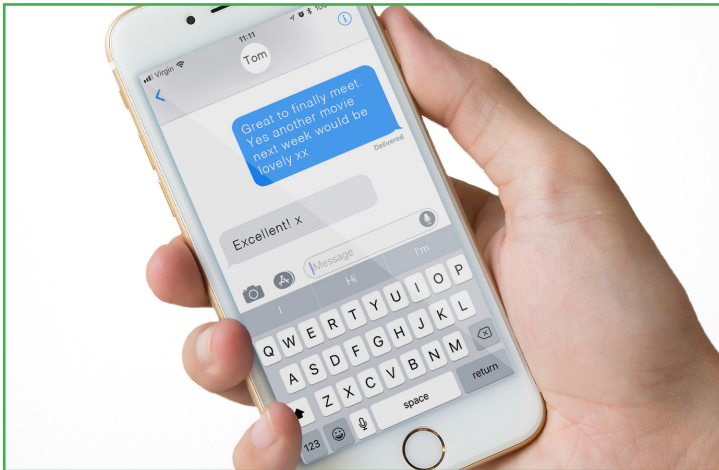
STILL GOT IT: SEXUAL HEALTH OF THE OVER 50s

April 2018

This briefing aims to encourage discussion and focus on a population who are sometimes overlooked. It explores key issues relating to the sexual health of people aged 50 and over and focuses on the sex lives of older people, ageism and stigma, sexual health and sex education.

INTRODUCTION

Historically there has been little discussion of the sex lives of the over 50s, with conversations, education and sexual health campaigns focusing on young people and adults of a young age. This lack of focus has created an assumption that sexual health is an issue only for the young, or even that people entering their sixth decade, and beyond, are not having sex. These inaccurate conventions have created gaps in the provision of sexual health services for an increasing population of over 50s and created taboos that do not reflect the lives of this age group.



There has been a 9% increase in sexually transmitted infections (STIs) in people aged 45 and over between 2012 and 2016ⁱ.

There is an assumption that condom use is not necessary for older heterosexuals after the menopauseⁱⁱ.

New HIV infections among those aged 50 and over are rising faster than in people 40 and underⁱⁱⁱ.

The number of people aged 50 and over living with HIV has doubled in the last decade^{iv}.

THE GROWING POPULATION

According to Age UK, there are now over 15.3 million people in the UK aged 60 and above. The number of people aged 60 or over is expected to pass the 20 million mark by 2030. By 2040, nearly one in four people in the UK (24.2%) will be aged 65 or over^v.

The community's rapid population growth is a 21st Century global phenomenon. Yet the older UK population continue to feel invisible. Age UK has found that 60% of those aged 50 and over believe ageism exists in their every day lives^{vi}.

Many of the community's concerns are not met or acknowledged by governments. Applauded during youth for their working years contributing to society, the older generation often feel disrespected and neglected once retiring into old age. In total 68% of Baby Boomers believe politicians see them as a low priority^{vii}.

SEX EDUCATION AND STI'S

The Baby Boomer generation grew up during the 1960s and 1970s sexual revolution, a time of greater exploration around sex and sexuality. During this time the contraceptive pill was first introduced, enabling women to take steps to control pregnancy. The availability of the contraceptive pill and its use was aimed at preventing pregnancy, and discussions around risks from STIs, particularly in the heterosexual community, were less common^{viii}.

It wasn't until the early 1980s that sex education began encouraging more open conversations not only about sex, but about sexual health. Safe sex and STI campaigns during the 1980s and 1990s (and in the years since then) were mostly targeted towards the communities hardest hit by STIs (eg, gay men) and to young people in school, without providing information on sex throughout the lifespan.

HIV first became apparent during the early 1980s when many Baby Boomer gay and bisexual men were entering adulthood. They often had little to no prior information around sexual health to help protect them during the early stages of the HIV epidemic.

Even now HIV still continues to affect individuals of the Baby Boomer generation who often do not think of themselves as being at risk of HIV. This has led to late diagnoses of HIV being much higher in older populations. In 2016 in the UK 57% of people aged 50 to 64, and 63% aged over 65 were diagnosed with HIV late, compared to 31% aged 15-24 years^{ix}. Late diagnosis not only affects an individual's health and wellbeing but means that an individual can still unwittingly pass on HIV to others.

Many Baby Boomers who missed out on sex education when they were young did not think campaigns were for them during the HIV/AIDS epidemic, and have had no targeted sexual health campaigns aimed at them since. There has been no large-scale HIV public information campaign for over a generation and outdated information on HIV transmission routes, HIV prevention and management are rife among people of all ages.

Many people aged 50 and over who are now coming out of relationships - who are newly single and sexually active in later life - have little knowledge regarding HIV and STIs once they start dating again. Current sexual health campaigns are still largely aimed at younger generations and key target groups, potentially influencing older people's assumptions that STIs do not affect them.

There is also a misconception among women aged 50 and over, that once they go through the menopause they do not need to use condoms^x. Mary, a 73 year old woman, recently asked for condoms at a London Family Planning Clinic. The nurse replied: 'You don't need condoms, you won't get pregnant, you're too old!'

While divorce rates are declining for the general population, a significant number of heterosexual Baby Boomers are finding themselves single again. Between 2005 and 2015 divorce rates for men aged 65 and over rose by 23%. For similarly aged women, 38% also divorced in the same time period. In contrast, marriages for both sexes aged 65 and over increased by 46% from 2004 to 2014^{xi}.

The fact that people are living longer, healthier lives might also inspire this re-shuffling of relationship statuses which have become significant for many Baby Boomers in later life.

THE SEX LIVES OF OLDER PEOPLE

'There is a growing body of evidence showing that sexual activity is important to the quality of life of older adults, and that it can be influenced by physical, psychological and social factors. However, as reported in a 2017 article in The Journal of Sex Research older adults' experiences of sexual difficulties remain relatively unexplored.'^{xii}

Dated preconceptions regarding the sex lives of those aged 50 and over are slowly being challenged and overturned. Over 80% of people aged between 50 and 90 are sexually active these days^{xiii}, with two-thirds rating sex as a vital component of their relationships^{xiv}. Regardless of age, sex is important to one's overall holistic health. However, for many of those aged 50 and over, a lack of sexual activity has been the cause of poor health^{xv}.

Recent reports regarding sexual health for dementia patients in care homes acknowledges a new sensitive awareness of the importance of accommodating a specific group of older people's sexual needs. This is a telling microcosm of a larger universal challenge regarding sexual health for the older generation. The vital role that sex plays in overall holistic health as we age should not be dismissed. A healthy sex life among the over 50s has been attributed to successful ageing^{xviii}.

There have additionally been reports that gay and bisexual men are less open about their sexuality once entering care homes out of fear of stigma from carers and other residents. This potentially highlights a need to educate carers on the diverse needs of their clients, sexuality and sexual health being one component.

The medicalisation of sex means erectile dysfunction drugs such as Viagra have rekindled the sex lives of many individuals, particularly people aged 50 and over. We are not only living longer but are also breaking conventions by having more sex during old age than any previous generation.

Online dating sites have offered individuals the opportunity to meet new people and experience more sexual encounters than ever before, including for the Baby Boomer generation. Altogether, 38% of 50-59 year olds and 37% between the ages of 60-69, have met partners on dating sites^{xix}. Likewise, many are now seeking intimate relationships that are non-cohabiting^{xx}. However, this new freedom and the ability to enter relationships with greater ease could also contribute to a higher risk of STIs.

AGEISM AND STIGMA: HEALTH AND CARE PROFESSIONS

'There is an embarrassment about it all. It's a taboo which has carried on for generations,' says 67-year-old Roy from London. 'If you talk about sex, then you are labelled as a dirty old man or a pervert. It's a kind of prejudice'^{xxi}

Negative preconceptions abound when the older generation attempt to discuss sexual health concerns with health care professionals. A shared embarrassment can arise between patient and medical practitioner, social worker, nurse or carer. Many medical and care professionals avoid discussing

sexual health issues with the older community as they may be embarrassed to broach the subject, or don't ask questions around sexual health as they assume older patients aren't sexually active^{xxii}. This may lead to older people not seeking help around sex and intimacy from healthcare professionals. Similarly, in care settings, there is little acknowledgment of the value of sex and intimacy^{xxiii}.

Certain myths and outdated assumptions label older people as asexual. This feeds into stereotypical thinking, as Baby Boomers' sexual health concerns are commonly dismissed due to age. This dismissal can lead to anxiety that sexual health concerns won't be taken seriously^{xxiv} and may lead to over 50s missing out on vital sexual health screening. There is a gap in need where the over 50s are not getting advice on good sexual health or having an opportunity to discuss concerns or feelings about sex, intimacy and sexuality.

CONCLUSION

As the over 50s population continues to grow, health and care professionals are now facing unprecedented challenges. Changes in attitude and approach regarding the ageing community's concerns need to start matching shifting demographics. These changes include acknowledging the value and importance of intimacy and sexual relationships, and addressing sexual health concerns.

Lack of sexual health education for those aged 50 and over may put people at risk of potential harm from STIs which are diagnosed late. The combination of weaker immune systems, age-related illnesses and STIs – which may not have obvious symptoms at first – means many older people are not aware of infection until permanent damage has occurred. Sex education and prevention interventions targeting those aged 50 and over would help to address the STI boom in this age group.

Silent avoidance resulting from shared embarrassment can also lead to poor mental health, as well as physical ill-health. Avoidance by professionals may be felt by the older generation whose own fear and reluctance in discussing sexual matters are reinforced by negative reactions within the medical profession.

Current attitudes and prejudices regarding the sex lives of the older generation need to be reevaluated and updated. Older people have a right to good sexual health. Freedom to express sexuality and enjoy intimate relationships are important for one's overall health, especially during later life. Discussions on the importance sex plays throughout every stage of people's lives would help create a more inclusive society.

RECOMMENDATIONS

* HIV and sexual health organisations should consider the sexual health needs of people aged 50 and over in the prevention work that they do.

* Sexual health services should review the degree to which they are meeting the needs of individuals aged 50 and over and ensure that updated, appropriate services are available to this population.

* The sex lives of those aged 50 and over remains a taboo topic that needs to be normalised from a young age. It is important that younger people, through sex and relationships education (SRE), get an overall perspective on sex and sexual health issues, covering the entire lifespan.

* Medical and care professionals need to adopt a more sensitive and inclusive approach to older people's sexual health. Normalising conversations around sex with older people would also help break existing stereotypes, stigma and myths.

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