

Management of sexual health during old age

Abstract

Discussion on sexual health revolves around an individual's ability to (a) be intimate with a partner, (b) communicate about sexual needs and desires, (c) be sexually functional, (d) act intentionally and responsibly, and (e) set appropriate sexual boundaries. Sexually functional indicates to have desire, become aroused, and obtain sexual fulfilment. The author of this work argues that in the context of old age or elderly people, there exists misconception that older adults are neither sexually active nor interested in sex, it no so. They have sexual desires, however, the extent (and nature) may vary. The fact is that older adults are still sexually active, although the frequency of sexual activity tends to decline with age. In terms of need for research-led discussion, it is important to note that sexual health is of lifelong importance; it is vital for overall health and wellbeing. More specifically, older people have specific needs relating to their sexual health. Sexual health throughout the life course is increasingly recognised as important to maintaining one's overall 'health', and 'well-being' (including 'relationships'). However, evidence on effective interventions to support later-life sexual health is limited.

It is pertinent to note that at advanced (old) age, older adults encounter several challenges in matters pertaining to fulfilment of sexual desire due to complex and multiple factors. Understanding sexual activity of older adults requires deeper insight into physical, mental and emotional aspects of health, in its totality. This paper aims to research into how people during old age can better manage their sexual health. Secondary data ('qualitative' in nature) have been used, and method of data analysis is 'descriptive'. The paper briefly concludes that (a) people of both sexes during their old age are (still) sexually active, and (b) prioritizing self-care (keeping physical and emotional well-being) is crucial for sexual health among older adults. Communication is key to maintain healthy sexual life at later stages of life; elderly people need to learn to be open to mutually finding new ways, that "best suits them", for the dual purposes of enjoying (a) sexual intercourse, and (b) intimacy.

Keywords: sexual health, old age, sexual boundaries, needs, desire, emotional well-being, sexual wellness, communication

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Introduction

The author of this review paper is of the research view that older adults have sexual desire, but to varying extent. Another important consideration is in this context is that during old age, some individuals (both male and female) may be staying with their respective partners, whereas few of them might be living alone due to demise of partners. The discussion in this work concentrates around those older adults who are accompanied by their partners. Discussion on age and sexual activity is presented in the following section. As people grow older, they are encountered with many changes that take place in their bodies and lives, over the years. One of the key considerations in overall health aspects of aging process is that elderly people should remain in sexual intimacy. Sexual acts, including foreplay, should be 'fulfilling' and 'enjoyable' throughout their lifespan.¹ As against this scientifically-established fact, there are several misconceptions surrounding seniors and their sexuality. But the fact persists is that older adults remain sexually active, with varying degree of (sexual) needs and desires. Additionally, they experience problems connected with enjoyable and pleasurable sexual acts.² For instance, the most common concerns for older adult men are (a) "erectile dysfunction", and (b) "premature climax". Older adult women, on the other hand, most commonly experience (a) "lack of desire", (b) "problems associated with vaginal lubrication", (c) "pain during vaginal intercourse", and (d) "inability to reach orgasm". Also, they (both male and female) are likely to be confronted with sexually transmitted disease (STDs), and

human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).³ Treating doctors consider AIDS as the advanced stage of HIV infection. Consideration of these aging-related sexual health problems and finding viable solutions is key to healthy aging. Importantly, the United Nations Decade of Healthy Ageing (2021-2030) is a global collaboration [aligned with the last ten years of the Sustainable Development Goals (SDGs)] aimed at further improving the lives of seniors, their families, and the communities (both 'urban' and 'rural') in which they live.⁴ The bottom line, in today's world situation, is that there is significant lack of open discussion and understanding on crucial aspect of management of sexual health during old age. Governments, international and regional organizations, the private sector, sexual health care providers, and academia should be encouraged to actively contribute in this direction.

The description presented above forms significance of the present research. The author of this research argues that sexual needs and desires are integral aspects of one's development. Due to health-related complications resulting from aging process, older adults are faced with several difficulties when they engage in sexual intercourse with their respective partners. With required interventions (including counselling), it is possible for them to have enjoyable sexual acts. There is, thus, need for look into challenges faced during sexual intimacy during old age, and strategies (measures) needed for managing the sexual health. Presented below is description on research methodology and objectives.

Research methodology

Description presented above outlines the significance of healthy sexual life for older adults. This paper aims to explore the significance of sexual wellness for seniors. Also, it provides practical research-based discussion for the purpose of maintaining healthy and satisfying sexual life as people age. Role and significance of person-centered care (PCC) programs, from theoretical and practical perspectives, in management of sexual health of older adults has been outlined. Secondary data have been used. Data are largely qualitative in nature. Method of data analysis is 'descriptive'. Data have been analysed in a manner that aligns with laid down objectives. Systematic and scoping review of literature of relevant literature was undertaken by the author for the purpose of collecting needed data in this paper. A *scoping review* is conducted in order to examine the extent, range and nature of research activities in a particular area. Data sources are quoted, both in the text, as well as under reference section.

Apart of analysis of data (collected from various sources), this research work also benefitted from the experiences resulting from interaction of the author with academicians, researchers, and involved stakeholders in the health sector (over the years): both in India and other countries [including USA, UK, Philippines Tanzania, Australia, Tajikistan, Austria, Hungary, Turkey, France, Greece, Sweden, and Canada (where the author travelled in the past for participating in international academic and research events, and leisure purposes)]. The author (he/his) here makes a point that he has passion for linking pleasure trips with academic and research learning opportunities. The terms "older adults", "seniors", "older people", "elderly people", and "senior citizens" have been used interchangeably in this paper; they carry the same meaning. It is pertinent to note that for statistical and research purposes, old age is frequently defined as those who are 60 or 65 years of age or older. This measuring parameter of old age, however, varies in some nations, societies, and cultures. Also, the terms "sexual act" and "intercourse" have been used interchangeably. The author makes a point that plagiarism to some extent may be detected in this research work. It was unavoidable because of the fact that changing the style of writing the research-based analysis beyond a certain limit results in loss of intended meaning and relevance.

Description of key terms used

Brief description of key terms used in this work has been presented in this section of the paper. At this juncture, the author makes a specific point that interpretation of terms carry the same perspective outline for sexual act by individuals of all age-groups: adolescents and older adults. However, definition of some terms (like 'intimacy', 'relationship', 'communication', and 'closeness') become more relevant in case of sexual acts by aged people. Description of terms (arranged alphabetically) is presented below:

Anal sex: It means intercourse by penetration of penis in anus (*opening of the rectum*).⁵

It (also known as "*sexual climax*") is the discharge of accumulated sexual excitement during the sexual response cycle (or after intercourse). It involves muscular contractions in the pelvic region, characterized by sexual pleasure. It is *the height (or peak) of sexual arousal when the body releases sexual tension and pressure*.⁶

Erectile dysfunction: It (also sometimes termed as '*impotence*') is the inability to get and keep the penis firm enough during intercourse.⁷

Foreplay: Foreplay (also termed as '*outercourse*'), which comes before intercourse, implies acts like kissing, sharing fantasies, and touching one another's genitals, purpose being: enhancing sexual excitement. For a woman, it helps prepare her body for intercourse by increasing vaginal lubrication.⁸

Genital: It means a person's external sexual organs.

Intercourse: It refers to physical sexual contact between individuals, involving the genitalia of at least one person. Intercourse includes "*anal intercourse*", and "*oral sex*".

Libido: It implies "*sexual appetite*" or "*sex drive*", which varies from person-to-person.⁹

Masturbation: It implies the use of one's hands and fingers (including "*sex toys*") to stimulate genitals and other sensitive areas of the body for sexual pleasure. Masturbation involves self-stimulation of genital in the form of touching, pressing, rubbing and/or massaging.¹⁰

Oral Sex: It is also known as "*eating out*" and "*blow job*". Oral sex is defined as "*a sexual activity that involves the mouth and tongue to give or receive increased sexual excitement (stimulation)*". It includes (a) fellatio ("*oral-penile sex*"), (b) cunnilingus ("*oral-vaginal sex*"), and (c) anilingus ("*oral-anal sex*").¹¹

Orgasm: Orgasm (also known as '*coming*' and '*climaxing*') is the release of tension after '*intercourse*' (including '*masturbation*'). It often makes people feel good.¹²

Sexual Act: It implies sexual contact between two (or more persons) by (a) "*penetration of the penis into the vagina or anus*"; (b) "*contact between the mouth and genitalia (or by contact between the genitalia of one person and the genitalia, or anus of another person)*"; and (c) "*contact between the finger or hand of one person and the genitalia or anus*". Stated differently, sexual act involves an act of physical intimacy between two people for sexual pleasure (gratification), usually involving genital, oral, or anal contact.¹³

Sexual Arousal: It describes how excited (or turned on) a person is when he/she anticipates sex or engages in it.⁵

Sexual Desire: It is equated to desire for sexual activity and intimacy. Sexual desire is linked with the feeling of wanting sexually and romantically associated with an attractive partner.¹⁴

Sexual Needs: It means sex drive or the desire for sex. It varies significantly among individuals. Also, sexual needs depend on a person's preferences and life circumstances.¹⁴

Sexual Health: Sexual health implies "*a state of physical, emotional, mental and social well-being in relation to sexuality*". It is not merely the absence of disease. Positive sexual health requires respectful approach to sexuality and sexual relationships, including possibility of having pleasurable and safe sexual experiences that is free of: (a) '*coercion*', (b) '*discrimination*', and '*violence*'.⁵

Sexual Intimacy: The term sexual intimacy refers to "*an intimate sexual relationship*". It involves expressing '*closeness*' and '*trust*' for each other while making sexual contact. *Importantly*, being close and intimate during sexual act is also connected to other forms of intimacy, including '*emotional*' intimacy. *Further*, in the context of older adults, intimacy during sexual intercourse becomes more relevant. *Furthermore*, sexual act involves foreplay and other forms of physical intimacy (and relationship). For many old-age couples

(partners), making love involves a sense of intimacy and emotional closeness.¹⁵

Sexual Position: It refers to physical position of two (or more) partners for sexual intercourse.

Vaginal Sex: It (also termed as “*vaginal intercourse*”) means when a penis goes inside a vagina.¹²

Results

Importance of sexual wellness during old age

Fulfilling and enjoyable quality of sex life is an essential component of overall well-being, regardless of age. Healthy sex life has the potential to contribute to physical, emotional, and mental health. Also, it promotes feeling of ‘*intimacy*’, ‘*connection*’, and ‘*pleasure*’. More specifically, maintaining sexual wellness “*enhances self-esteem*”, “*reduces stress*”, and “*improves overall quality of life*” among older adults. It has been found that sexual activity is safe for seniors who maintain good health. However, despite the benefits of sexual intimacy, seniors are, often, encountered with challenges that have repercussions on their sexual health. It is important to note that sexuality changes with aging process. This happens because of physical, psychological, and social factors. As people grow older, hormone levels fluctuate. This, in turn, affects sexual desire, arousal, and response.¹

Health challenges faced by seniors

Elderly people (both males and females) are confronted with several challenges in matters pertaining to sexual acts and associated pleasure. Some of them are: (1) physical changes, such as reduced libido, erectile dysfunction, or vaginal dryness; (2) existing health conditions, like diabetes, heart disease, or arthritis; (3) medications with side effects; and (4) psychological considerations, for instance, stress, anxiety, and depression. In addition, issues connected with ‘*relationship*’ and ‘*intimacy*’ (like communication gap, the loss of a partner, etc.) also affect sexual function. All these (contributing) factors interfere with sexual desire and sexual performance acts.¹ Also, the aging process results in physical changes that prevent elderly people from ability to get pleasure from sex. As they age, their bodies change over the years. Such changes are reflected in their weight, skin, and bone density. Due to these considerations, they, often, do not feel comfortable in their aging bodies; they tend to worry that their partners will no longer find them ‘*sexually*’ and ‘*romantically*’ attractive.

As outlined in previous section of this paper, contrary to general believe that sexual desire decreases with age, sexual desire continue throughout the life span. The author of this work is of the view that intimacy, closeness, communication, and positive outlook towards sex evoke feelings of pleasure and romance. But feeling of being unhappy and depression, resulting from age-related ailments, lead to a situation, wherein they are, often, unable to express their sexuality desires. Healthcare providers play an important role in assessing and managing normal and pathological aging changes in order to improve the sexual health of older adults.¹⁶ What is obvious from the above description is that several vascular, neurological, and other health disorders interfere with sexual function among elderly. Also, medications and surgeries are contributing factors; they are more prevalent in older people. Due to health-related complications, both older men and women are confronted with difficulties while during

sexual act. For instance, reduced sexuality activity (including decline in desire) and the ability to have an erection is common among older men. Older women, on the other hand, require more time for sexual response. All these situations are linked to problems in a broad range of health outcomes.¹⁷ It is, therefore, difficult to address biologically caused sexual problems of the elderly. Sexologist need careful attention.

Potential benefits of healthy sex life

The author of this work argues that healthy sex life among older adults is an essential requirement for their physical and emotional well-being. Sexual activities have several benefits. Engaging in sex (a) “*promote cardiovascular health*”, (b) “*boosts immunity*”, and (c) “*alleviates stress*”. Again, healthy sex life (a) “*promotes intimacy*”, (b) “*strengthens relationships*”, and (c) “*enhances overall quality of life*”.¹ According to some studies, sexual activity gives both sexes (male and female) a boost. However, intercourse seems to be more important for (many of) the older men. Sexual activity is associated with improved well-being among older adults, measured through higher enjoyment of life scores. Results of some studies indicate that older men and women who reported any type of sexual activity in the previous 12 months had a higher life enjoyment score than those who were not sexually active.¹⁸

In the context of potential benefits of healthy sex life, it has been reported that in case of older women, increased frequency of sexual acts like ‘*fondling*’, ‘*kissing*’, and ‘*petting*’ are closely associated with enhanced enjoyment of life during sexual intercourse. This happens because of the fact that elderly women experiencing such (pre- and post-intercourse) sexual activities feel emotionally close to their partner (during the entire sexual act). As against this, however, there is not a significant link with “*sexual intercourse*” and “*enjoyment of life*” among older women. In case of older men, on the other hand, “*enjoyment and satisfaction with sex life*” and “*frequency of sexual intercourse*” is (closely) connected with “*enhanced life experiences*”. The fact is that “*sexual intercourse*” (including “*vaginal intercourse*”, “*anal intercourse*”, and “*oral sexual activities*”) are more important for older men than women. Older men should recognize the fact that in terms of pleasure resulting from pre- and post- sexual intercourse activities during old age, women’s enjoyment is more closely linked with other sexual activities (for instance, breast being massaged softly, vagina being sucked, and genitals being kissed for prolonged period: ‘*smoothly*’, ‘*gently*’, and ‘*softly*’).¹⁸ It is pertinent to note that some older women prefer and enjoy being close to their partners (during leisure time), with listening to romantic and erotic experiences. There are several reasons behind (personal) preferences during sexual act among older men and women. The author does not wish to elaborate on these aspects, as this is beyond scope and objectives of this research paper.

In this section of this research work, the author says that promoting sexual well-being in older life is a public health priority. However, one must remember (and recognize) the fact that psychological well-being is closely linked with physical health. Most importantly, in terms of policy implications, with the recent trend in volume of population size of older people increasing in some countries (like China and Japan), the burden on health care services for older adults increases. This situation makes it necessary for national governments to formulate renewed strategies for balancing act between “*population size*” and “*availability of health infrastructure*” for the purpose of ensuring (required) sexual health services for older adults. After discussing

health benefits of enjoyable and pleasurable during old age, the author presents below description on sexual health complications faced by older men and women and viable measures to over them.

Sexual health complications faced by older men and measures for addressing them

During sexual act, some of the common problems faced by older men include: (a) low sex drive; (b) pain, including, discomfort, during sex; (c) erectile dysfunction; (d) premature ejaculation; (e) delayed ejaculation; (f) lack of strength and stamina required for performing enjoyable foreplay, keeping the penis hard enough; and (g) feeling fragile (or tired). They get worried about these changes. But they must remember that as they age, sexual act and resulting pleasure do not remain the same as it was during their younger age (or adolescent years). Also, they should realize the fact that sex can be enjoyable during later stages of life with certain interventions, requiring closer communication. They still can enjoy their sexuality during their 80s and beyond. They do not have to end their enjoyment of sex; intercourse can be pleasure act in old age. However, this requires older men to work with their changing body in a manner that can help them maintain a healthy and happy sex life. For instance, they may need to change their sexual routine to invest more time to: (a) stimulate and arouse their (female) partner, and (b) becoming aroused.¹⁹ This is possible with (a) foreplay activities, (b) and other pre-intercourse romantic acts (for instance, taking shower together). In addition, they should abstain from alcohol consumption, smoking and other habits that prevent sexual arousal.

Also, emotional considerations are connected with sexual pleasure during old age. It is pertinent to note that emotional issues, at any age, have implications on how men think about sexually. Emotional bond requires close connection and strong relationship. This, in turn, will need more 'time' and 'privacy', and no worries. This intervention enables older adults experience better sex lives. In addition, they may be stressed due to financial crisis; this aspect becomes more relevant in view of increasing costs needed for treatment of critical illness during old age. Increasing expenses to meet daily life requirements, across the regions of the globe, especially in post-COVID 19 pandemic era, is another area of concern.¹⁹ The author of this work makes a point that although this section presents discussion on "health complications faced by older men and measures for addressing them", issues connected with emotions, closeness, intimacy, and stress have consequences on sexual acts (pleasure) among older women also. There are contributing factors that need to be addressed in the context of sex by both men and women. This is because of the fact that intercourse (including other pre- and post-sexual acts) become enjoyable due to efforts made by both partners.

There are other aspects connected with lifestyle that impact pleasurable sexual experiences; these are applicable to older women also. Key lifestyle practices that older men need to make part of their day-to-day life include: (a) eating a healthy diet, including abstaining from "ready-to-eat", and "processed food"; (b) exercising regularly; (c) developing positive attitude towards life; (d) learning "stress management"; (c) drinking enough water; (d) getting adequate amount of sleep; and (e) engaging in hobbies that makes feel good.¹⁹ These issues have considerable positive impact on sex life during old age. After presenting description on lifestyle and relationship issues, the author discusses what older men should do to get pleasure when they actually engage into sexual act with their partners. It is important to note that addressing sexual dysfunctions, often, requires consultation with health care providers. However, the author, focuses

on what older men can do to enhance sexual pleasure, without external (medical) intervention. Key interventions required are:

Communicating with partner: This aspect is of paramount importance. In some societies and cultures, men are not encouraged to talk about sexual intercourse-related matters in front of people around (both within the family, and with others outside). It is considered 'unacceptable' to discuss sex matters. The same mind set becomes part of thinking when men grow older. It, thus, becomes hard to talk about sex with their partners. As against this, older men should learn to share their sexual needs and wants (including worries). This practice helps them (together) enjoy more from intimacy and sexual acts.¹⁹ More specifically, older men, for example, may have desire to enjoy and get pleasure, on a particular time of day or night, from oral sex, and not from vaginal intercourse. Else, he wants to be more romantic while kissing her lips, buttocks, genitals, and playing with breasts. This type of feeling is normal, there is nothing wrong in it. They should express such sexual desires with their partners. But the key to pleasure lies in mutual acceptance. For instance, if he has desire for oral sex, involving 'fellatio' or 'cunnilingus', he should (romantically) express this. Within the framework of this example of desire for fellatio and cunnilingus, the matter does not come to an end with only communicating and talking. What is important is that he should know, through verbal communication or by body language and gesture of his female partner, if she will like and enjoy (oral sex) on the given particular day. According to research view of the author of this work, there are two more aspects that must be considered by older men. *First*, if they have desire to get pleasure from fellatio on a given particulate day of the week, they should express the desire before their (older) female partners immediately after they get desire or feeling for this particular oral sex act; it takes time for female to come into the framework of mind wherein they will like and enjoy sucking penis. Both older men and older women should maintain highest level of personal hygiene during oral sex (in all three situations: fellatio, cunnilingus, and anilingus). *Second*, older men must remember their although their female counterparts, for instance, like to get pleasure from cunnilingus; they may not like this sexual act on a given day and time; the refusal should not disappoint (and irritate) them. In such a situation, they should prepare themselves to get pleasure from other forms of sexual act (e. g., masturbation). Sexual preferences change, it is part of sexual and reproductive health system. As female grow older, their hormone levels fluctuate, this results in mood swing.

Changing outlook towards sex: Older men should realize the fact that intercourse is only one way to have an enjoyable and fulfilling sex life. There are other forms of sexual acts that give pleasure. Activities such as (gently) touching and kissing can also be rewarding for them (including for their female partners). As they age, they (and their partners) may develop different sexual preferences, abilities, and needs. They should, thus, be open for finding new ways to enjoy pleasure from sexual contact and intimacy.¹⁹ There are several sexual acts, other than vaginal intercourse, that give enjoyable pleasure to older men, including their partners. Anal intercourse (or sex), with precautions, is one example. Similarly, some older adults enjoy masturbating in front of their partners of opposite sex. Also, there are situations wherein, for example, older man masturbates with his partner (read 'wife') (a) kissing his nipples, (b) gently touching and rubbing body areas surrounding anus, and (c) adding her saliva at the head of the penis. All these are done for the purpose of getting increased sexual pleasure. Additionally, there may be situations wherein older men get pleasure when their female partners come to the bed (a) being naked (with no clothes); or (b) talking romantically,

and appreciating the pleasure they get after their vagina is sucked for prolonged time. There are no thumb rules; it is left to individual older men (including their engaging sexual partners) to re-discover sexual acts that gives them sexual pleasure and enjoyment. Another important dimension of sexual life among older adults arises in a situation wherein seniors lose their partner (after their demise), and they get re-married to females who are relatively younger (or in their adolescent years). This, sometimes, happens, across the regions of the globe. In such a situation, it becomes far (more) challenging for older men to both give and receive pleasure from intercourse or other sexual acts (like foreplay). There is no scientifically established guiding rules on matters pertaining to older adults getting pleasure from sexual acts with young female sexual partners. The author of this work very categorically says that “*self-experimented rules and practices are something that matters*”. Individual preferences for getting sexually and romantically connected with someone of opposite sex involves very ‘*delicate*’ and ‘*unexplored*’ considerations; it is extremely difficult to predict this aspect.

Altering life routine: In this paper the term “*altering life routine*” implies the time of the day when older men should attempt to make intercourse. According to research views of author of this paper, change in timings when older men should engage in sexual intercourse (acts) has considerable influence on: (a) “*enhancing sexual pleasure*”, and (b) “*improving their sex life*”. They should attempt to engage in sexual act during the morning hours. This is the time when they (and their engaging sexual partners) are refreshed from a good night’s sleep; at this time their testosterone (“*a hormone made in the male reproductive system*”) levels are higher. The testosterone is on the lower side at the end of a long day activities. *Most importantly*, it takes longer time and stamina (and strength) for older adults to perform sexual acts (beginning from foreplay till they ejaculate) during old age. It requires more time for them to become aroused and romantic. At the same time, for satisfying and pleasurable sexual acts, they need their partner to become aroused enough.¹⁹ All these activities take prolonged time for romance. In this context, it is of paramount importance to note that pleasure resulting from sexual acts (and associated romance) must be enjoyable for both older men and older women. Desire to get pleasure from cunnilingus during morning hours, for instance, for older adults is not enough; they too need pleasure from other forms of sexual acts. At the same time, their engaging female partners should also be in a positive frame of mind to get adequate and satisfying pleasure when their genitals are being stimulated and sucked by lips and mouth. All this requires understanding and respecting each other’s preferences on the bed.

Learning new ways of arousal: As outlined in previous sections of this paper, sexual arousal (also known as “*turned on*” in some societies and cultures) among older adults is important aspect of sexual pleasure. Unless they are adequately aroused (from foreplay activities), their penis does not get adequately lubricated, and becomes hard enough to penetrate vagina for a prolonged time till they ejaculate (either in their female partners’ vagina, anus, or mouth). In this context, it is important to note that becoming sexually aroused for older men envisages both psychological and physical arousal. Findings of research studies indicate that there are many ways for older adults to stimulate arousal, mainly being two ways: (a) “*foreplay activities*”; and (b) “*use of sex toys*”, including vibrators. Older adults must remember that “*psychological arousal*”, on the one hand, causes a person to want sex; whereas “*physical arousal*” results in physical changes that make it easier for a person to have sex acts. It is reported that older males with arousal difficulties may resolve the issue through (simple) lifestyle changes.²⁰ The key to intervention in

this matter is: communicating more openly with their female partner and sharing sexual desires (at an appropriate time and in a manner that is “*mutually acceptable*”). This intervention works in the long-term, because of the fact that establishing open communication within the framework of sexual relation requires being intimate and close to each other (from the bottom of heart). There are no defined ways for older men to get aroused (and at the same time to sexually stimulate their female partners); it depends on (a) “*personal preferences*”; and (b) “*to what extent they are open to each other to openly express sexual and feelings*”, including “*measures to fulfil the communication gap*”. This is key to enjoying pleasure from sexual acts among older men.

Sexual act can be a regular human activity for older adults who get consent from their female adults. This approach may help treat difficulties in getting (a) sexually aroused, and (b) experiencing adequate pleasure from sexual acts. One should note that sexual arousal involves “*typical experience*”, rather than “*as something dirty or shameful*”.²¹ In order to get aroused (and to sexually arouse their old-aged female partners), at the time of going to the bed (sofa, or any other mutually preferred location), older men, for example, (openly, without hesitation) say these sentences: (1) “*You feel so amazing*”; (2) “*Moan with pleasure*”; (3) “*Your buttocks are great, I feel like penetrating your anus this night*”; (d) “*I love the way you touch me*”; (4) “*You are so incredibly sexy*”; (5) “*I want you*”; (6) “*I want to make you feel good*”; (7) “*You taste so good*”; (8) “*You are the sexiest person I know*”; (9) “*You drive me crazy*”; (10) “*I am so turned on by you*”; (11) “*I love the way you look at me*”; (12) “*I am so lucky to have you*”; (13) “*I need you right now*”; (14) “*Shape of your breasts are amazing*”; (15) “*I feel great when you suck my penis before intercourse*”; (16) “*Tonight, I will ejaculate in your vagina in doggy position*”; (17) “*I cannot stop thinking about you*”; and (18) “*Let us have shower together, being naked, tomorrow morning, with you rubbing my penis with soap water, and me inserting my fingers in your sweet vagina, this will feel make both of us great*”.²¹

For the purpose of getting sexually aroused, meaningful communication is key. Older men should remember that entire sex involves being attuned to their partners’ reactions. Also, it involves considerations for (a) “*respecting boundaries*”, (b) “*understanding and respecting body language during intercourse*”; and (c) “*adjusting words and actions depending on the mood*”. *Importantly*, older adults should also know that since every relationship is unique, they need to explore and find out their own ways in a manner that aligns with: (a) their preferences; and (b) their female partners’ comfort levels, including sexually pleasurable likings. In summary, the power of words and body language signs in the bedroom should must be respected. Inclusion of sexy things (also termed as “*dirty talk*”), within the framework of socially and culturally acceptable norms, during intercourse can enhance the intimacy, passion, and connection between older men and older women. Privacy and mutual trust and respect (including each other’s sexual preference) remain the key factor.²¹

Learning new ways of foreplay: It is of utmost importance for older men to get new insights into foreplay activities. Unlike their adolescent years, they cannot be adequately and easily aroused to make intercourse. There are no guiding and standard rules for foreplay. *However*, foreplay acts will require longer time. Knowing and respecting each other’s preferences also become of significance during old age. For some older men, foreplay may include wide range of activities with their partners. They may prefer kissing sexual zones of their female counterparts. Closely sucking genitals and nipples and other sexual acts in different positions, for example, are something which give them get immense pleasure.

Establishing bond in new ways: This refers to situations when older men need to be physically intimate with their older female partners. This requirement does not envisage pleasure from intercourse. In addition to sexual pleasure, they may, during their old age, need enough time for the purpose of finding new ways to have fun together. This is important aspect of positive and pleasurable sexual health during old years. It is advocated that enjoying new experiences and (self-made) experiments in matters on health, *in general*, and sexual health, *in particular*, during old age, have potential to boost activity level, mood, and libido among older men.¹⁹

Sexual health complications faced by older women and measures for addressing them

In this section of the paper, the author attempts to present description on sexual health complications faced by older women and measures for addressing them. It has been reported that prevailing health conditions among older women can prevent them from getting pleasure from intercourse, including foreplay activities. Like older men, older women too are confronted with stress and worry due to medications, surgery, and critical illness. Alcohol consumption and smoking habits also responsible for decreased arousal and pleasure. All these factors together come in the way of intimacy and enjoying a fulfilling sex life during old age. The common changes that takes place in the body of older women are connected with the sex organs; the vagina shortens and become and narrow. Also, the vaginal walls become thinner and stiffer during later stages of life. With aging process, older women experience lack of sexual desire. They are not aroused enough to enjoy sexual acts.²²

Further, analysis of data in this paper indicates that there are other reasons for decline in sex drive and libido; they are associated with “*sexual intimacy*” within the framework of relationships. One such reason for inadequate sexual desire among older women is “*lack of a sexually functional partner*”. Furthermore, age-related changes in sexual and reproductive health become contributory factors. Such changes are (closely) connected with menopause; this situation makes older women experience sexual dysfunction. As outlined in the previous sections of this work, certain medical conditions interfere with sexual function: both among older women and older men. In case of women; ailments, such as diabetes, urinary tract infections, and arthritis, become more common. At the same time, it is of paramount importance to note that changes in the body, resulting from aging process, do not imply that older women should end with sexual activities and pleasure; it is possible to address age-related sexual dysfunctions with interventions. Older women should realize the fact that unlike younger days of life, there is lack of interest in sex during old-age years; after menopause, reduced hormones are produced.²³ Discussion on major changes in the sexual organs of women is presented below:

- a. The tissues around the vaginal opening (including the walls of the vagina) become less elastic and thinner. Also, tissues become inflamed, resulting in irritation and unpleasurable sexual experiences. This happens because production of estrogen (hormone made by the body that helps develop and maintain female sex characteristics and the growth of long bones) is decreased during older years. These changes result in a situation wherein women find pain during sexual activity, involving penetration of vagina by penis.
- b. Vaginal secretions are reduced. This factor is responsible for reduced lubrication of vagina, through foreplay activities, during sexual intercourse.

- c. The acidity of the vagina decreases, making the genitals more likely to become irritated and infected.
- d. With aging process, blood flow to the vagina is reduced. It causes vagina opening to become ‘*shorter*’, ‘*narrower*’, and ‘*drier*’. It is blood vessel disorders that cause reduced blood flow.²³

Another important dimension of sex life of older women is connected with (a) ‘*arousal*’, and (b) ‘*orgasm*’. In this context, it is important to note that the volume and type of stimulation (including time needed) required for orgasm varies from woman to woman. It is common to note that many women can reach orgasm when their clitoris is adequately and aroused stimulated. On the other hand, few women experience orgasm during vaginal intercourse; it is normal. During old age, many women are confronted with “*orgasmic disorders*”. There are situations in which some older women do not have an orgasm, either by arousal during foreplay, or vaginal penetration. Also, there is no orgasm even when they masturbate, and are adequately aroused. This situation is termed as “*arousal disorder*”.²³

In addition to above contributing factors, other considerations connected with belief and cultural practices interfere with sexual function. Some older women, for example, have cultural views that sexual desire and fantasy are improper and shameful at an older age. In some societies and cultures, it is still considered downright awkward when older women talk about sexual desires, even with their male counterparts. As against this practice, sexologists and sex therapists recommend that in order to enjoy a happy and healthy sex life (which has been shown to reduce stress and improve heart health), women need to have candid discussions on how to get satisfying pleasure from sexual acts with their partners.²⁴ The fact is that many of the older women are interested in experiencing sexual pleasure. At the same time, they should not assume that sexual dysfunction is normal for older age; this situation is both ‘*preventable*’ and ‘*treatable*’. If needed, they can approach the community sex clinics for treating sexual dysfunction. One important dimension of sexual acts during old age is that the ageing process does not protect older women from sexually transmitted diseases (STDs). They may be at risk for exposed to STDs. Also, they may be infected with HIV (the virus that causes AIDS). Such situations result from “*unprotected sex*”. What is needed is “*safe sex practices*”.²⁵

After presenting description on sexual health complications faced by older women, in this section of the work, attempt is being made to outline interventions that are needed to make the sexual acts pleasurable. It is pertinent to note some of the interventions for enhancing sex life of older men (outlined in previous section) are applicable to older women too. Considerations on aspects like communication, nutrition, exercises, lifestyle practices (including alcohol consumption and smoking), foreplay techniques, and new ways of arousal are applicable to older adults of both sex: men and women. Since these aspects have already been touched upon, the author would not like to further elaborate these issues, it would be repetition. Rather, the author discusses below the intervention areas that are specific to enriching sexual experiences for older women:

Maintaining good sexual stamina: Sexual stamina implies “*ability to stay active longer during sexual acts*”. Older women may experience reduced stamina due to underlying health profile and medications. It is, thus, essential to maintain stamina through lifestyle changes, for instance, by: (a) eating nutritious and balanced food, and (b) engaging in regular exercises. Also, they need to develop positive attitude towards sex.²⁶ All these will enable them regain stamina; they will feel excited when they go to bed to engage in sex with their partners.

In addition, they can self-check and assess about how long they can endure “*feisty sex*” (feeling of the way their vagina can holds on). In order to strengthen their sexual stamina, they need (a) to be fit, and (b) work out.

Experimenting new sexual acts for arousal and intercourse positions: Exploring varying ways of arousal during foreplay is of paramount importance for older women. What worked during younger years may not prove pleasurable when they age. Spending more quality and intimate time together is key for sexual arousal. Older women, in consultation with their partners, can find out what will work best for them. During foreplay, for instance, self-stimulation gives pleasure to some. Equally important is learning to be romantic during sexual acts. They should know what their partners like in matters pertaining to what “*clothes should wear on bed*”, “*who should make beginning*”, etc. *Romantic attraction goes beyond sex*. They should be romantic, with sex appeal, before they decide to engage in sex. Also, they should know what positions during arousal period make them (and to their partners) comfortable: standing positions, or being on their hands and knees.²⁷ Also, they should learn to experiment with different vaginal intercourse positions.

As outlined in previous sections of this work, older women should realise that their bodies start to change with aging. In view of this, certain sexual positions may be painful. Some women find that positions that were comfortable earlier are physically unbearable now. They need to know what position works best for them. Using a pillow under their back in the missionary position, for example, can add comfort for some. Also, positions where they are on top may allow them to control penetration. Some older women, including their partners find standing positions more comfortable.²⁷ However, standing positions may not work in case elderly women (or their male partners) have undergone surgery in the past. More specifically, total knee replacement (TKR: *replacement of parts of injured or worn-out knee joints*) makes standing intercourse positions extremely painful. Again, leaning, bending and lying down during intercourse becomes painful for some, as some of them may experience arthritis, resulting in joint pain and inflammation. Exploring best-(mutually) suited sex positions also becomes important in view of the fact that some older women (or their partners) might have undergone surgeries for treatment of injuries due to fall (which is common due to damage to the bone health during old-age). When going to bed, older women should, thus, take their own time to get ready (physically, mentally, emotionally, and sexually) to enjoy every thrust; they need not be in a hurry. This, in, turn, requires great deal of open communication, mutual understanding, and respect for each other.

Being sexually confident: In view of the fact that older women experience reduced sexual desire, they need to be confident that they can actively engage in sexual activities with their male partners. It is important that they learn to relax and feel more secure in themselves; this approach enables them to boost their sexual confidence. Sexual confidence is not only about being ‘good’ in bed. It also includes joyful activities outside the bed. In its true sense, it is subjective, based on personal opinions and feelings, rather than on facts. For instance, people who share sexual jokes, or talk a lot about sex are perceived as “*sexually confident*”.²⁸ Being sexually active requires “*relationship stability*”. It is pertinent to note that established and stable relationships during old-age fosters emotional intimacy and a deeper connection, positively impacting sexual desire. All these together help them develop the sense of confidence during sexual acts.

Self-exploration: It is of utmost importance that older women prioritize self-discovery, involving prioritize their own pleasure. This results in increased sexual ‘*desire*’ and ‘*satisfaction*’. Some older women struggle with understanding their bodies, desires, and boundaries. This (disconnection) results primarily from two reasons, namely, (a) “*lack of awareness*”, and (b) “*shame surrounding sexual pleasure*”.²⁹ Another contributing factor, according to research views of the author of this work, is hectic commitments towards the family responsibilities. One comes across a situation wherein older adults, during their younger years, had no time thinking about their sexual and reproductive health after wedding. Some of them remain committed to responsibilities connected with (a) upbringing of kids, (b) their education, (c) their career development, (d) their wedding, and (e) and other issues linked to household management. This trend is more evident in joint families, with added responsibilities. It is, thus, necessary for older women to understand themselves and their own sexuality, after freedom from commitments and responsibilities. It is equally important for them to recognize the diversity of experiences during old-age. Individual factors are key in shaping sexual desire. In view of this consideration, self-exploration requires: (a) open communication, and (b) positive attitude towards both ‘*aging*’ and ‘*sexuality*’. This approach contributes to healthy and satisfying sexual life.

Relational self-awareness: Happy, mutually enjoyable and healthy sex life during old-age requires intimate relationship. Also, older women need to be committed to practicing relational self-awareness; a concept that envisages paying attention to one’s lifestyle patterns. It is considered as an essential foundation of a healthy intimate relationship because sex is far more than just an act. Especially during old-age, sexual pleasure paves the way towards deepest and strong desire one can experience as human beings.³⁰

Exploring sexual fantasies: Sexual fantasies are normal, there is nothing wrong. There is nothing to be ashamed of sexual fantasies, no matter how taboo or dirty they might seem. They are worth trying in real life during old-age that is accompanied by decline in sexual desire. Most common sexual fantasies are related to: (a) anal or oral sex, and (b) watching pornography (while respecting locally prevailing government regulations).³¹ In addition to being open-minded about trying new ways of enjoying sexual acts, older women should take out time to explore and understand their sexual fantasies. More specifically, they may have specific desires or scenarios they find particularly arousing. They should attempt to engage in talk with their sexual counterparts about their fantasies. Also, if comfortable, they should try to incorporate them to intimate moments during sex.

Prioritizing emotional connection: Sex is considered as ultimate expression of romantic love and intimacy: an emotional roller coaster, or a tension reliever. Also, sex may mean different things to different people; it can even imply different things to the same person at different points of time.³² There are emotions attached to sex. Older women must realize that while physical pleasure (and satisfaction) is crucial, emotional connections are equally important. It has been found that older women often appreciate a deeper, and more meaningful bond that goes beyond the physical aspect of the relationship. They should, thus, invest time in building emotional intimacy. This can be done through (a) “*shared experiences*”, (b) “*meaningful conversations*”, and (c) “*understanding and respecting each other’s feelings*”. Also, they should realize that strengthening emotional connections can enhance overall satisfaction in the bedroom situation.

Paying attention to body language: One of the key considerations in experiencing satisfying and pleasure sexual acts among older women sexually is being attuned to their body language (including understanding and responding to body language of their male sexual partners). They should, thus, pay close attention to their reactions, and non-verbal signals during intimate sexual moments. This enables them to (better) understand (a) what they enjoy, and (b) what makes them uncomfortable.³³ In view of the description presented above, older women should remember the fact that their bodies and minds undergo many changes over the years. These changes affect their sex life. It is, thus, essential to have different outlook to the entire range of sexual activities, starting from 'foreplay' till 'orgasm'.³⁴ Within the framework of relationship, non-sexual touch ("being within partner's personal space without any touching involved") is also integral aspect of joyful and satisfying sex life.

Practical and viable non-medical interventions for increasing pleasure from sexual acts among older men and women

Pleasure is a fundamental aspect of a safe and healthy sex life. During old-age, however, both males and females experience decline in sexual desire due to multiple factors (which have been extensively debated in previous sections of this work). Also, description on what older men and older women should do to enhance experience and pleasure resulting from sexual acts has been presented. In this section, the author attempts to look into what (non-medical) additional interventions are needed by partners (of both sex: males and females) for the purpose of increasing sexual pleasure. To begin with, the author of this work says that one advantage of sexual activity during old age is that neither of partners (older male and female) need to take precautions to avoid pregnancy. This consideration paves the way to enjoy sex without fear of getting pregnant. However, older men may need to use condom to prevent transmutation of STDs and other sexually transmitted infections. For the purpose of increasing sexual pleasure, older men and women may consider paying (increased) attention to following interventions.

Experimenting with comfortable sexual positions: Older adults must remember that go-to sexual positions, that worked earlier, may not give same excitement and pleasure anymore. Rather, they should try new positions that are best-suited to them (in view of their overall health parameters), and they are mutually comfortable with. Also, they should focus on the pleasurable sensations, without experiencing aches or pains.³⁵

Considering age-appropriate erotica: This is another important consideration. If older men and women attempt to try younger erotica, they will be "more disappointed", rather than "getting sexually aroused". It is recommended by sex therapists that they may consider watching "age-appropriate porn" (including "reading erotic magazines and books"). For increasing pleasure, this intervention works, since (many) older adults are already aware (and self-conscious) about how they are limited by the aging process (that involves illness and resulting consequences, like pain, and inability to perform pleasurable sexual acts they used to enjoy previously).³⁵ In this very context, the author of this work categorically says that while accessing porn and sexually explicit books, older men and women must exercise caution. There are three important considerations: (a) *respecting locally prevailing government regulations*: in some countries, rules do not allow accessing porn web sites; (b) *not accessing porn in public domain*: if rules permit accessing porn, it

should not be viewed in public, viewing porn contents in public places is considered legally unethical in some countries; and (c) *privacy at home*: if viewing porn is allowed, they must ensure that no one else is around.

Talking to partner if sex drives are mismatched: This is important consideration for experiencing pleasurable sex: This is important consideration for experiencing pleasurable sex: It is common among older men and women to have "mismatched sex drives". They, in such situations, need to openly talk to each other about what is important to them sexually at the given time of point. It is recommended that they try to come to a compromise in order to meet both of their sexual needs and desires. One partner, for example, may want to focus more on intimacy in a sexual relationship, while other may have desire to concentrate on the erectile aspects of sexual activity. In real life situation, this happens, not only during old-age, but also in adolescent years. More specifically, in case of older adults, 'intimacy' and 'pleasure' can be experienced in many ways other than intercourse. Stated differently, male may ask his partner "what she wants", and he can tell her "what he wants". They may want consider experimenting with manual and oral sex in order to meet each other's sexual needs. *Importantly*, as outlined in previous sections of this work, efforts are needed to be open in talking, openness in communication is key.³⁶

Set aside time for sex: As people grow older, the stress resulting from illness and pressures of everyday life often create a barrier to sex. Unlike younger days, they need more time for arousal and experiencing pleasure from sex (that they want). More specifically, in today's world situation, older adults, although free from family and other responsibilities, are occupied in connection with dealing with financial burden; costs towards medical treatment keep increasing with each passing day. Again, emergence of Internet, digital technology (including smartphones) have made life more complicated. Even older adults have to put in more time over smartphones, laptop, and other electronic devices for purchasing food products, medicines, etc. As a result, they are left out with inadequate or no time to relax and rest. It is, thus, important that both older men and older women set aside time to nurture the relationship and foster ongoing intimacy. When this happens, they can enjoy a healthy intimate relationship well into their 70s and 80s.³⁶

Need for person-centered care (PCC) programs: In view of complications elderly people face in matters pertaining to sexual health, it is recommended that health care providers and community sex clinics should design and implement "tailored-made intervention programs". *Importantly*, they play a significant role in assessing and managing pathological aging changes. Since each individual older adult is encountered with 'specific' and 'unique' (his/her) difficulties in getting joy and pleasure from sexual acts, closer look at each aspect is needed. Intervention of this type has potential to improve the sexual health among older adults. In this context, there is need for person-centered care (PCC) programs. Such programs should be operationalized at national, sub-regional and local levels. In the PCC settings, the focal point should be moving towards (long-term) "home and community-based care". Community-based sex clinic personnel can play an integral role in the implementation of PCC programs.¹⁶

Conclusion

This review paper (based on secondary data) described the fact that many elderly people can enjoy an active sex life with

precautions (interventions). In conclusion, analysis of data suggests that meaningful sexual activity is considered as an aspect that paves the way towards 'health' and 'wellbeing' of individuals during their old days. In fact, it correlates with enhanced enjoyment of life for older adults. It is in view of these considerations that sexual acts are associated with greater enjoyment of life in older adults.¹⁸ Understanding sexual activity of older adults requires deeper insight into physical, mental and emotional aspects of health, in its totality. Prioritizing sexual wellness should be priority for aged people in order to lead fulfilling and satisfying lives. By understanding their challenges and implementing strategies to overcome them, they may continue to enjoy intimacy and connection with their partner as they age. They must understand the fact that it is never too late to (a) "embrace their sexuality", and (b) "pursue a satisfying and vibrant sex life". At the same time, it is equally important for them to consult sexologists for successfully addressing specific health concerns that may affect their sexual health.¹

In terms of policy-level implications, the findings of this research work provide significant insight into strategic measures that senior citizens can take, in their personal capacity (without external intervention) for the purpose of enjoying pleasure and enjoyment (to the highest levels) resulting from sexual intercourse and other sexual acts (like foreplay). It also offers required interventions by sexual health clinics for the purpose of enabling elderly people enjoy sexual acts (during later years of their life span). With respect to further studies, the author suggests that long-term research studies, based on primary data, be undertaken by involved academic stakeholders to find out "renewed measures to facilitate older adults enjoy increased pleasure from sexual intercourse". The findings of such studies should aim at suggesting (practical) measures (interventions) that may be beneficial for sex educators (and other involved stakeholders) to address queries of geriatric patients in matters connected with pleasure and enjoyment resulting from sexual activities. Further studies should come with (possible) measures for adequately addressing sexual difficulties faced by older adults. This aspect becomes more important in view of the fact that "satisfying sexual activities have potential to help older people (of both sexes) live more fulfilling lives, accompanied by better quality of life during older stages of life cycle". Another consideration is that addition of new partners has implications for risk of STIs.³⁷ The bottom line is that both elderly men and women should (mutually) strive to try (a) "a new sexual position", and (b) "find new ways of connecting romantically and sexually that best suits them".

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Conflicts of interest

The author declared that there are no conflicts of interest.

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