

Sexual libido of the elderly woman: myth of asexual old age

Abstract

The aim of this article is to analyze the scientific evidence that addresses the factors that interfere in the sexuality of the elderly. The search was carried out in pairs, online, including original articles that were in the Portuguese, English or Spanish language and answered the study objective. Had by Database: Medline, Lilacs, CILSAÚDE and BDEF. The selected articles were evaluated for methodological quality by means of two instruments: CASP and the Hierarchical Classification of Evidence. After analysis, 7 articles were included in the review, which discuss the culture of asexuality of the elderly.

Keywords: third age, woman, libido, sexuality, elderly

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Edienne Rosângela Sarmiento Diniz, Gabriele Maria Dantas Diniz, Elizabeth Vasconcelos Trigueiro, Ailza Roque de Brito, Débora Feitosa de França, Maria do Livramento Silva Bitencourt, Aurora Tatiana Soares da Rocha, Sheila Duarte de Mendonça Fernandes, Luciana Lays Vieira Rolim, Ana Paula de Souza Santos, Camila Bento Batista Medeiros, Erivânia Maria da Silva, Alany Bezerra da Rocha Alves, Thais Monara Bezerra Ramos, Gabrielly de Carly Pereira de Carvalho

Universidade Federal do Rio Grande do Norte, Nurses
Researchers in Geriatrics and Gerontology, Brazil

Correspondence: Elizabeth Vasconcelos Trigueiro,
Universidade Federal do Rio Grande do Norte, Nurses
Researchers in Geriatrics and Gerontology, Email
nursing_scientist@hotmail.com

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Introduction

According to the World Health Organization (WHO), by 2025 Brazil will be the sixth country in the world with the largest number of elderly people, currently containing a population of an estimated 15 million people over 60 or exact 60, according to a census by the Brazilian Institute of Geography and Statistics conducted in 2007.¹

With the structuring of modernity and the meaning increased life expectancy of the population arises to the need for discussion of varied themes such as sexuality in the better titled age. Sexuality was once seen as a taboo that begins to be discussed in academic and social circles.

This change is due to the influence of three factors: the sexual life exonerated as a singular function the procreation becoming a source of realization for individuals of diverse ages; the number of people who reach the third age in satisfactory physical conditions obtained an increase, for the sex and the appearance of the AIDS, directing the society to a reflection the sexuality and the need of more information. However, for a significant part of the population, old age is still seen as an asexual phase of life, which in turn causes older people to repress their sexual impulses, especially in women.² A study involving 4,753 Brazilian gynecologists was approached that the decrease in sexual desire was among the main reasons for the search for consultations.

In addition, between 25% and 33% of women between the ages of 35 and 59 express sexual dysfunctions, between 60 and 65 years these percentages vary from 51% to 75%. Before the exhibition, the objective of the present work is to discuss the factors that interfere in the libido of the woman as an elderly person, with specific objectives: to score the anatomical and physiological changes that occur in the body of the elderly woman; reflect on the social and psychological factors that interfere in the sexuality of the same and put solutions to demystify the concept of asexual old age.³

Methods

This work consists of a narrative bibliographical review, having as sources of research: books, articles and scientific journals, which structured the basis for the formulation of ideas according to the construction of the present work, aiming to discuss the subject. Thus, the review consists of: Survey of relevant literature, already published in the area, which serves as a basis for the investigation of the proposed work.

It is not a simple transcription of short texts, but a discussion of the ideas, fundamentals, problems, suggestions of the various pertinent and selected authors, demonstrating that the works have been properly examined and criticized.

For the selection of the articles, we carried out researches in the Scielo database, being used as key words: third age, woman, libido, sexuality, elderly. 50 articles were found, with 10 being selected. However, for the elaboration of the work were used 07, the criteria used for the selection were: access to the whole text; texts in Portuguese and English and texts that approached the proposed theme. In addition, we used 05 books and 01 documented research from the Brazilian Institute of Geography and Statistics.

Results and discussion

Sexual desire or libido is the form of desire that is accompanied in man by the erection and in the woman by lubrication. In addition, sexuality is considered an important aspect in the standard of quality of life for both men and women. According to the World Health Organization (WHO) throughout the climacteric phase, there are anatomical, physiological and psychosocial changes that interfere in an important way in the woman, denouncing the estrogen deficiency and thus configuring the arrival of the elderly.⁴ The woman's life cycle has periods of transition the climacteric structure the same, having as characteristic several metabolic, psychological or social changes.⁵

Stereotypes for the elderly, especially the elderly woman, are not physically attractive, not characterized by sexual interest or are not capable of feeling some kind of sexual stimulus, are still very widespread in today's society.⁶ To this end, even in a society where modern sexuality is exposed in relation to the elderly, it is still seen as a taboo or untouchable subject. Thus, the sexuality of the elderly, in the case in question, of the elderly woman is influenced by anatomical, physiological, psychosocial and cultural factors. Aging to the skin tends to lose moisture and elasticity. Thus, the rigidity reaches the epithelial layer.

The alteration in the reproductive system of the woman influences the desire and also the frequency of sexual relations. Estrogen deficiency causes a narrowing of the vagina, a loss of elasticity of the tissues, a decrease in pubic hair, and a decreased volume of lubrication of the vagina during sexual arousal. In menopause, the woman can accuse urogenital dysfunction due to atrophy of epithelial tissue, vessels and muscles as a consequence of estrogen deficiency, in view of the main symptom for these dysfunctions, urinary incontinence, which affects 25% of these women.

The sexual libido is inserted in the psychosomatic reality, which insists on hormonal organicity.⁷ The biochemical eclosion of desire intertwines circumstantial and emotional conditions; the countless stimuli of desire are peculiar to each subject. With respect to the touch of the whole body, the tactile stimuli especially related to the erogenous parts, the visual (nudity, clothes and decorations), the auditory (perfumes), and the cognitive (fantasies, memories).⁸ These so-called body changes directly affect female self-image, favoring a brief lower self-esteem and loss of sexual desire. Hormones have a strong influence on libido, where the levels of cautious estrogens determine and retain the direction, frequency and interest of sexual contacts.

Women's testosterone levels vary according to their age, where the peak is reached in the primary reproductive years and then over the years they decrease. This fact is considered important in that testosterone and sexual desire are related, that is, the higher the level of testosterone, the greater the libido, fantasies, sexual desire and orgasms. In this way, the reason for the decrease in sexual pleasure during menopause and senility is explained in part.

A study approach by Oliveira, et. al. in the city of Aracaju (SE) with 21 women of equal age or above 50 years showed that the index of active sex life after menopause. Of the 21 interviewees, 71% stated that they had an active sexual life, but 29% said they did not have sex. Among women who did not have an active sex life, there were several explanations about the fact: disinterest 10% (2), shame 10% (2), fear 5% (1), family embarrassment 16% (3), not feeling 16% (3), partner problems 11% (2), and other reasons 32% (6).

Thus, the study shows that the percentage of women with active sex life after menopause is very small, this is due in large part to reduced sexual desire, which is very common in this phase of life, being related in some cases to the psychological and physiological aspects.⁹ So a saying is put that "grow old as one has lived".

It is prevalent and elevated the involvement of psychopathological disorders in the elderly, such as Depression or Anxiety Disorders and the existence of frequent stressors in old age, such as loss of spouse, socioeconomic status or the presence of health problems in the family, also contributes to a variety of difficulties in sexual activity and interest.⁸ In addition to this, society also ends up not contributing to

the fact that older women can freely express themselves in their entire sexuality, or because of the strong cultural negativism with regard to sex in old age, that is, in the reflection of a simple attitude of rejection of the individual by the fact of being an elderly person, which ends up taking for himself the negative cultural stereotype of the elderly person as an invalid asexual.

Society usually measures sexual activity according to intercourse and, as the frequency with which it occurs since it is lower at the better age, many older people progressively opt for abstinence. For the majority of the elderly the family has a significant weight in relation to sexuality, since it can become the inhibiting cause of their feelings.¹⁰⁻¹³

Although not all women are negatively impacted by climacteric hormonal changes, these changes, added to those of aging, tend to overwhelm this stage of life. Men with advanced age present as main sexual complaint difficulties with orgasm and with the erection, related to the biological alterations. On the other hand, the female population does not associate satisfaction or lack of sexual interest with biological aspects, but with the quality of the love relationship, which values the biopsychosocial factors in the understanding of the sexual satisfaction of the elderly woman.¹⁴⁻²¹

Conclusion

Given what has been put forward and exposed, it is pertinent to return to the attention to the third age mainly in the questions that concern sexuality. Public policies aimed at the elderly should consider the physiological and psycho-sociocultural changes, demystifying structured concepts of prejudice and oppression, which, moreover, it is important to carry out sex education programs aimed at the competent public the elderly, because sexual interest of them is broader than one might think or imagine. As mentioned above there are women who have reduced sexual desire after menopause. That fact, it is important to question whether this loss is real, surreal or just an untruth to end their sex life that was unsatisfactory. If before the menopause the woman had sexual pleasure, she will continue with regular sexual activity.

Moreover, it is not proven that sexual intercourse becomes unsatisfactory even after the climacteric, of course in cases where there was pleasure before. The front of this situation is the learning in the aging with quality, perceiving the modifications of the organism as something natural and expected that does not prevent or prevent the healthy and pleasant exercise of the sexuality in the old age.

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Conflicts of interest

No conflict of interest has been declared by the author.

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