

Sexual desire and activity among older men and women

Isabel Piñeiro¹, Marcia G. Ullauri¹, Susana Rodríguez¹,
Bibiana Regueiro², and Iris Estévez¹

¹University of A Coruña (Spain); ²University of Santiago de Compostela (Spain)

Considering that, aging is associated with changes that could significantly affect sexuality, and that individuals over 65 years are a group of great sexual heterogeneity, the main purpose of this work is to explore the differences between older men and women in terms of sexual desire, activity, and practices. This study was carried out through a questionnaire survey in order to analyse the differences between the men and women in terms of sexual activity during the past year, sexual desire and practices. Results show us that sexual activity in general, and the type of sexual practice in particular, as well as the frequency of such practices, reflect relevant differences between older women and men. Specifically, results of this work reveal that there are men who acknowledge a greater concern about the decrease in frequency of sexual practices; however, a significantly more pronounced decrease in the frequency of these practices in the past year occurs among women. Although there may be significant differences in some specific sexual practices and in the level of sexual desire and impulse between men and women, a significant number of men and women are sexually active throughout their old age.

Keywords: Older women and men, sexual activity, sexual practices, sexual desire.

Deseo y actividad sexual en hombres y mujeres mayores. Considerando que la edad está asociada con cambios que podrían afectar significativamente a la sexualidad, y que los individuos de más de 65 años son un grupo de importante heterogeneidad sexual, el propósito de este trabajo es observar las diferencias entre hombres y mujeres mayores en términos de deseo, prácticas y actividad sexual. Este estudio se llevó a cabo mediante la implementación de un cuestionario para analizar las diferencias entre mujeres y hombres mayores de 65 años en base a su actividad, deseo y prácticas sexuales en el último año. Los resultados muestran que la actividad sexual en general y el tipo de práctica sexual en particular, así como la frecuencia de dichas prácticas, reflejan diferencias relevantes entre mujeres y hombres mayores. Específicamente, los resultados de este trabajo revelan que hay hombres que reconocen una mayor preocupación por el descenso en la frecuencia de las prácticas sexuales; sin embargo, es entre las mujeres donde se produce un mayor descenso en la frecuencia de estas prácticas durante el último año. Aunque parecen existir diferencias significativas en algunas prácticas sexuales específicas y en el nivel de deseo sexual entre hombres y mujeres, un número significativo de hombres y mujeres son sexualmente activos durante su vejez.

Palabras clave: Mayores, actividad sexual, prácticas sexuales, deseo sexual.

The absolute number of older people is increasing dramatically worldwide. This is reflected in the Global Report on Ageing and Health of the World Health Organization (WHO) of 2015, which also states that, in many countries, the current rate of population ageing is much greater than in the past. It is expected that between 2000 and 2050, the world population older than 60 years of age will rise from 605 million to 2 billion and will end up representing 22% of the world's population. This phenomenon of population ageing is also beginning to be observed in Latin America. In the year 2015, the population for the continent was estimated at about 620 million inhabitants, with a growth rate of 1.3%, and a fecundity rate of 2.3 children. Life expectancy at birth was 73.3 years, and the proportion of people over 60 reached 10.9% of the total.

Ecuador is no stranger to the reality that we have just described. In the period between 1960 and 1965, life expectancy was about 54.76 years, 53.44 years for males and 56.07 for females, whereas for the period between 2005 and 2010, it increased to 74.63 years, 71.73 years for males and 77.54 years for females. The ageing rate has increased in this country; whereas in 1962, there were seven people over 65 years for every 100 people under 15 years, in 2010, there were 21 people over 65 for every 100 people under 15 years (National Institute of Statistics and Censuses [Instituto Nacional de Estadísticas y Censos, INEC], 2012).

In addition to the decrease in fertility rates, which have gone from 7 to 5 children per woman in many parts of the world, there is another explanatory factor for the ageing world population: the increase in life expectancy. As a result of health, scientific, technological, economic, educational, cultural, and socio-political advances, people all over the world currently live longer. With economic development, improved public health, and reduced infant-juvenile mortality, the mortality patterns in old age have changed; most deaths occur in people over the age of 70, especially in countries with higher incomes (WHO, 2015). Globally, life expectancy will continue to increase and it is expected that, among the 194 countries in the world, 116 will experience significant progress in this line by 2040. It will be by that time when inequalities in life expectancy between countries with different Sociodemographic Index were reduced (Foreman, 2018).

The results of these advances have fulfilled not only a quantitative goal of "living more years", but also a qualitative purpose, that is, "living longer and with better quality of life." Thus, if the goal of living for more years compared to previous centuries became a reality in the second half of the last century, in the present century and from different areas (political, sanitary, educational, cultural, etc...), the goal of living a quality life has been achieved. It is not only important to live for many years, but to age satisfactorily and actively. In this way, active ageing becomes a process of optimizing health opportunities and participation in order to improve quality of life as people age. The improvement of physical, social, and mental well-being throughout their life cycle, and

social participation according to the needs, desires, and capacities, providing protection, safety, and adequate care, have become a central objective for older citizens (WHO, 2002).

For many people, sexuality is an essential dimension of such well-being and quality of life. Sexuality constitutes an area of personal growth and fulfillment that contributes to the subjective well-being and the quality of life of older people, helping to delay the decline associated with age. Sex and sexuality are an essential part of the life cycle, and a basic human need of great social relevance (García et al., 2014).

Although in recent decades, there has been a widespread change in attitudes towards sexuality, the social belief that older people have no sexual relationships or desires is strongly rooted in our culture (Walz, 2002). Older people themselves tend to see old age as a period of involution and deterioration in which sexuality and erotic activity is nullified. Traditionally, being older has been related to being sick, to having a disability and/or dependency, and to a stage of physical and psychological decline. Sexuality has been perceived as one of the human dimensions in which this depletion of capacities is experienced, with deterioration in sexual capacity, activity, and desire. However, while the number of investigations on sexual activity in old age is limited, especially in lower-income countries, population surveys show that people often remain sexually active up to advanced ages (WHO, 2015).

Indeed, although different studies (e.g., Domínguez and Barbagallo, 2016; Lindau et al., 2007; Steptoe, Breeze, Banks, and Nazroo, 2013) have shown that sexual interest and activity do diminish over the years, the myth of the asexual older person is totally unfounded, given that many people, especially those between 65 and 70 years of age, continue to engage in regular sexual activity.

In addition to sexual inactivity, the asexuality attributed to older people may also lead to the belief of low or no levels of sexual desire and low desirability to other people. However, various research works indicate that both sexual activity and desire are present among middle-aged men and women and persist into old age (Nicolosi et al., 2004). Likewise et al. (2015) found that the experiences of older people concerning sex and sexual desire are diverse, especially in the case of women. Along the same line, the results of a recent systematic review (Torres and Rodríguez-Martín, 2019), show that perceptions of older people about sexuality are positive and they still want to express sexual desire at this stage of their lives.

In any case, older people continue to have sexual desire and to maintain sexual activity despite a large series of health barriers and other social aspects that could limit or alter their ability to engage in different sexual practices (Bitzer, Platano, Tschudin, and Alder, 2008; Hinchliff and Gott, 2008; Kontula and Haavio-Mannila, 2009; Trudel, Turgeon, and Piché, 2010). In this sense, it has also to be assumed that gender roles and traditional cultural views of sexuality in old age could alter sexual activity and desire at advanced ages (DeLamater, 2012; Drummond et al., 2013; Kontula and Haavio-Mannila,

2009; Lodge and Umberson, 2012; Montemurro and Gillen, 2013). In this sense, Torres and Rodríguez-Martín (2019) found that older people considered as barriers to express their sexual desire the following elements: a) social stereotypes towards sexuality at this vital stage, b) the lack of intimacy and, c) the association of sexuality with sexuality procreation or with the marital obligation.

Although it seems indisputable that sexuality is an important part of people's lives and well-being, research on sexual practices in older people is still scarce. Considering that, aging is associated with changes that could significantly affect sexuality, and that individuals over 65 years are a group of great sexual heterogeneity, the main purpose of this work is to explore the differences between older men and women in terms of sexual desire, activity, and practices

METHOD

Participants

The sample consisted of 200 older people, 100 men and 100 women, residents of the city of Santa Rosa de El Oro (Ecuador), who belonged to the "Association of Retired People and Pensioners of the City of Santa Rosa". The female subsample had a mean age of 71.8 ($SD = 5.52$), ranging between 65 and 91 years. The mean age of the male subsample was 70.7 ($SD = 5.42$), ranging between 64 and 90 years. As it can be seen in Table 1, there were no significant differences in the proportions of men and women in the categorized age ranges regarding economic level, provenance, and area or sector.

On another hand, there were significant differences in the subsamples of men and women in terms of marital status, current partner status, and educational level ($\chi^2 = 43.495$, $p < .001$; $d = 1.02$; $\chi^2 = 29.804$, $p < .001$, $d = 0.78$, and $\chi^2 = 16.157$, $p < .01$, $d = 0.56$, respectively). Thus, whereas 63% of the men were married, only 29% of the women were married. In fact, 39% of the women were widows, compared to only 9% of the men. These differences are congruent with the fact that 67.7% of the men in the sample reported having a sexual partner, whereas 71% of women reported the contrary.

There were also significant differences in the educational level between the subsamples of women and men, such that whereas 45% of the men had completed secondary and/or university studies, only 23.2% of the women had done so (see Table 1).

The differences between men and women are also significant in terms of the existence of previous partners ($\chi^2 = 43.495$, $p < .01$, $d = 0.51$), such that whereas more than 70% of the men had had partners in the past, the percentage of women who had had other partners previously did not reach 50% (see Table 1).

Table 1. Frequencies and proportions corresponding to the interaction between socio-demographic variables and gender

	Total	Men	Women	Statistical significance and magnitude of the differences		
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	χ^2	<i>p</i>	<i>d</i>
Age (years)						
>70	119(59.5)	65(65)	54(59.5)	2.511	.113	--
<70	81(40.5)	35(35)	46(46)			
Economic level						
Medium	125(62.5)	65 (65)	60(60)	.533	.467	--
Low	75(37.5)	35(35)	40(40)			
Sector						
North	159(79.5)	83(52.2)	76(76)	1.806	.405	--
Center	19(9.5)	7(7)	12(12)			
South	22(11)	10(10)	12(12)			
Origin						
Coast	159(79.5)	85(85)	74(74)	3.712	.054	---
Sierra	41(20.5)	15(15)	26(26)			
Area						
Rural	39(19.5)	16(16)	23(23)	1.561	.212	--
Urban	161(80.5)	84(84%)	77(77)			
Marital status						
Married	92(47.2)	63(66.3)	29(29)	43.495	.000	1.02
Single	11(5.6)	9 (9.5)	2(2)			
Common law union	15(7.7)	7(7.4)	8(8)			
Divorced/ separated	29(14.9)	7(7.4)	22(14.9)			
Widowed	48(24.6)	9(9.5)	39(39)			
Partner Status						
With a partner	96(48)	67(67.7)	29(29)	29.804	.000	0.78
Without a partner	103(51.8)	32(32.3)	71(71)			
Educational level						
No studies	50(25.1)	16(16)	34(34.3)	16.157	.003	0.56
Primary	51(25.6)	25(25)	26(26.3)			
Incomplete Secondary	30(15.1)	14(14)	16(16.2)			
Secondary	41(20.6)	24(24)	17(17.2)			
University	27(13.6)	21(21)	6(6.1)			
Previous partners						
Yes	111(58.1)	68(70.1)	43(45.7)	11.636	.001	0.51
No	80(41.9)	29(40)	51(54.3)			

Instruments

The instrument selected to carry out this research was the Sexual Relationships and Activities Questionnaire (SRA-Q; Lee, Nazroo, O’Connor, Blake, and Pendleton, 2016). The original instrument, drawn from other validated instruments (Mitchell, Ploubidis, Datta, and Wellings, 2012; O’Connor et al., 2008; Waite, Laumann, Das, and Schumm, 2009), seeks to ensure gender specificity by presenting one questionnaire for men and another one for women. In total, the men’s scale is made up of 50 items and the women’s scale of 44 items. The men’s scale asks about their erection capacity, and the women’s scale asks about their capacity for sexual arousal. Both versions include items related to orgasm and general sex life in recent months, as well as sexual experiences throughout life.

We used the translation carried out by the Research Group on Educational Psychology (GIPED) of the University of A Coruña (Spain). In this translation, we adapted the original items, targeting the British population, to Spanish-speaking population.

In accordance with the objectives established in this work, only issues related to sexual activity, impulse or desire, and type and frequency of sexual practices were used. Specifically, to explore older men's and women's sexual desire or impulse in the last month and compared with a year ago, the following three questions were used:

How often did you think about sex over the past month? The response scale is a 7-point Likert type scale, ranging from 1 (Not at all) to 7 (More than once a day).

Thinking about the past month, have you been concerned about your level of desire and sexual impulse? Responses are rated on a 5-point Likert type scale ranging from 1 (Not concerned) to 5 (Extremely concerned).

Compared to one year ago, has your sexual desire or impulse changed? Responses are also rated on a 5-point Likert type scale from 1 (Has increased a lot) to 5 (Has decreased a lot).

To determine the sexual practice of the sample in the past year, we used the following item:

In the past year, have you engaged in any sexual practice (coital sex, masturbation, touching, or stroking)? In this case, we used a dichotomous response scale (yes/no), which we coded as "sexual practice yes", in case of activity, or "sexual practice no", in case of sexual inactivity

To determine the type of sexual activity engaged in by sexually active samples, we estimated the following three items with reference to the past month:

During the past month, how many times have you had or tried to have sex (vaginal, anal, or oral sex)?

Apart from the times you tried to have coitus, during the past month, how often did you engage in other sexual practices (kisses, caresses, and touching)?

How often did you masturbate in the past month?

The three questions were rated on a 5-point Likert-type scale ranging from 1 (None) to 5 (More than once a day).

Finally, we also explored the perceived change in the frequency of these sexual practices compared with the past year, the concern about the sexual activity referred to the past month, and the current satisfaction with the frequency of the activity, through the following three questions:

Compared to one year ago, has the general frequency of your sexual practices changed? The response scale is a 5-point Likert type scale ranging from 1 (Has increased a lot) to 5 (Has decreased a lot).

Thinking about the past month, have you been concerned about the frequency of your sexual practices (coital sex, kissing, caressing and touching, and masturbation)? This was also rated on a 5-point Likert scale ranging from 1 (Not at all concerned) to 5 (Extremely concerned).

How do you feel about the frequency of your sexual practices? This was rated on a 3-point scale ranging from 1 (Not frequent enough) to 3 (Too frequent).

Procedure

The direction of the Association of Retirees and Pensioners of the City of Santa Rosa (El Oro, Ecuador) initially signed an informed consent, and we proceeded to inform the participants of the objectives of the research, the confidentiality and ethical treatment of the data. After verifying compliance with the inclusion criteria, the self-report instrument was presented, and the general instructions for its completion were read aloud. Participants were expressly informed at this time that they could leave the investigation freely at any time.

The questionnaire was answered individually, anonymously, and voluntarily. The investigators were present during the administration of the tests in order to clear up any doubts that could arise and verify the participants' independent administration. The surveyors assisted participants with difficulties.

Ethical approval: All procedures performed in this studies involving the participants were in accordance with the ethical standards of the institutional (University of A Coruña Ethical Comitee) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Statistical analysis

To analyze the differences between the men and women of the sample, we carried out chi-square tests of differences between proportions for subsamples of the same size. This statistic was also used to study significant sex differences in terms of sexual activity during the past year. It includes the *d* index proposed by Cohen (1988) to estimate the magnitude of the differences found. The normality in the distribution of the responses in the subsamples of men and women was analyzed with the Kolmogorov-Smirnov or the Shapiro-Wilks statistic, as a function of sample size. Due to the characteristics of the variables, the Mann-Whitney U-test was used to analyze the differences between men and women in sexual desire and practices

RESULTS

Firstly, we present all the results concerning sex differences in sexual desire and impulse. After establishing, the sexual activity of the men and women of the sample, the differences in type and frequency of sexual practices between sexually active men and women was explored.

Desire and sexual impulse in older men and women

Considering the non-normality of the distribution of sexual desire and impulse in the populations of men and women (see Table 2), the Mann-Whitney *U*-test was used to estimate the differences in terms of the frequency of thinking about sex, concern about sexual desire or impulse, and variation in impulse over the last year.

Table 2. Normality of the variables used to measure sexual desire and impulse in the sample of men and women

		Kolmogorov-Smirnov		
		Statistic	df	<i>p</i>
How often did you think about sex over the past month? ⁽¹⁾	Men	.122	99	<.001*
	Women	.362	100	<.001*
Thinking about the past month, have you been concerned about your level of sexual desire and impulse? ⁽²⁾	Men	.299	99	<.001*
	Women	.487	100	<.001*
Compared to a year ago, has your sexual desire and impulse changed? ⁽³⁾	Men	.220	99	<.001*
	Women	.308	100	<.001*

⁽¹⁾ 1 = not at all, 2 = once in the last month, 3 = two or three times in the last month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day

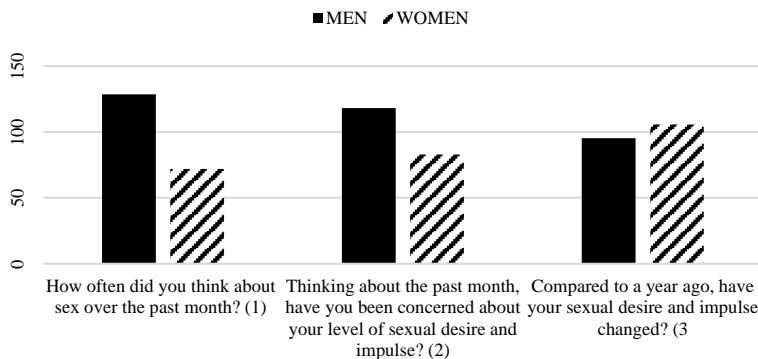
⁽²⁾ 1 = not at all, 2 = a little, 3 = moderately, 4 = quite a lot, 5 = extremely

⁽³⁾ 1 = it has increased a lot, 2 = it has increased moderately, 3 = it has not increased or decreased, 4 = it has decreased moderately, 5 = it has decreased a lot.

* all *ps* < .001

The Mann-Whitney *U*-test revealed differences in the frequency with which men and women thought about sex in the past month ($z = -7.237, p < .001$). According to our results, men thought about sex, fantasized or wanted to have sex significantly more than the women of the sample during the past month (see Figure 1).

Figure 1. Average range in sexual impulse and desire of men and women



⁽¹⁾ 1 = not at all, 2 = once in the last month, 3 = two or three times in the last month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day

⁽²⁾ 1 = not at all, 2 = a little, 3 = moderately, 4 = quite a lot, 5 = extremely

⁽³⁾ 1 = it has increased a lot, 2 = it has increased moderately, 3 = it has not increased or decreased, 4 = it has decreased moderately, 5 = it has decreased a lot

Likewise, there is evidence of sex differences in the *level of concern about the sexual impulse or desire* during the past month ($z = -5.230, p < .001$), showing that women were less concerned about their level of sexual desire than men (see Figure 1). With regard to the change in sexual desire compared to one year ago, the differences did not reach significance ($z = -1.360, p = .174$) although women may tend to report a greater decrease in sexual desire than men do (see Figure 1).

Sexual activity of the sample of men and women

The analysis of results revealed significant sex differences in the sample's sexual activity during the past year ($\chi^2 = 27.925, p < .001, d = 0.81$). Only 21 of the 100 women, compared to 57 of the 100 men surveyed, reported having engaged in some sexual practice (coital sex, masturbation, touching or caressing) over the past year. We will now present the type of sexual practices and their frequency in the sexually active groups of men and women.

Type of sexual practice

The distribution in the populations of the variables used to observe the type of sexual practice in the sexually active sample was shown to be non-normal (see Table 3). In this case, we used the Shapiro-Wilk test, given the size of the sample of sexually active women.

Table 3. Normality of the variables used to measure the type and frequency of sexual practice in the sample of sexually active men and women during the past year

		Shapiro-Wilks		
		Statistic	df	p
During the past month, how many times have you had or tried to have sex (vaginal, anal, or oral sex)? ⁽¹⁾	Men	.916	56	< .001
	Women	.853	20	< .01
Apart from the times you attempted coitus, during the past month, how often did you engage in other sexual practices (kissing, caressing, and touching) ⁽²⁾	Men	.934	56	< .01
	Women	.924	20	.119
How often did you masturbate in the past month? ⁽³⁾	Men	.628	56	< .001
	Women *	---	---	---

⁽¹⁾1 = not at all, 2 = once during the past month, 3 = two or three times during the past month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day.

⁽²⁾1 = not at all, 2 = once during the past month, 3 = two or three times during the past month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day.

⁽³⁾1 = not at all, 2 = once in the past month, 3 = two or three times in the past month, 4 = once a week, 5 = two or three times a week.

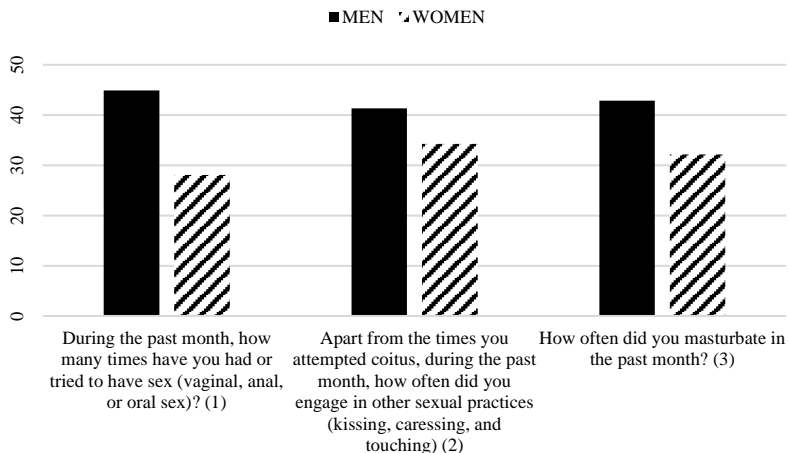
* Omitted, as it was constant in the sample of sexually active women.

As we can see in Figure 2, there were differences between sexually active men and women with regard to their sexual practices.

Specifically, the Mann-Whitney test showed that, without reaching statistical significance, the sex differences in terms of sexual practices consisting of kisses, caresses, and touching ($z = -1.230, p = .219$), with the men claiming *more coital, anal, or oral sex* during the past month ($z = -2.942, p < .01$). On another hand, whereas just one of the

sexually active women of our sample reported having masturbated once during the past month, more than 30% of the men acknowledged *masturbating* sometime during the past month ($z = -2.441, p < .05$) (see Figure 2).

Figure 2. Average range of sexual activity of men and women



⁽¹⁾1 = not at all, 2 = once during the past month, 3 = two or three times during the past month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day

⁽²⁾1 = not at all, 2 = once during the past month, 3 = two or three times during the past month, 4 = once a week, 5 = two or three times a week, 6 = once a day, 7 = more than once a day

⁽³⁾1 = not at all, 2 = once in the past month, 3 = two or three times in the past month, 4 = once a week, 5 = two or three times a week.

Frequency of sexual activity

The examination of the normality of the variables used to evaluate the frequency of sexual activity of the sample of sexually active men and women again revealed non-normal distributions (see Table 4).

Table 4. Normality of the variables used to measure the frequency of sexual activity in the sample of sexually active men and women

		Shapiro-Wilks		
		Statistic	df	p
Thinking about last month, have you been concerned about the frequency of your sexual practices (coital sex, kissing, stroking and touching, and masturbation)? (2)	Sexually active man	.730	54	< .001
	Sexually active woman	.508	20	< .001
How do you feel about the frequency of your sexual practices? (1)	Sexually active man	.722	54	< .001
	Sexually active woman	.738	20	< .001
Compared to a year ago, has the general frequency of your sexual practices changed?	Sexually active man	.869	54	< .001
	Sexually active woman*	.779	20	< .001

⁽¹⁾ 1 = Not at all concerned, 2 = a little concerned, 3 = moderately concerned, 4 = very concerned, 5 = extremely concerned

⁽²⁾ 1 = not sufficiently frequent, 2 = adequate frequency, 3 = too frequent

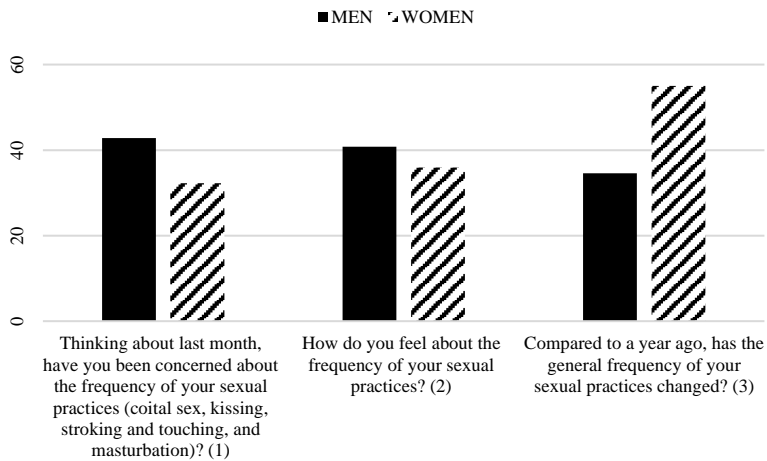
⁽³⁾ 1 = it has increased a lot, 2 = it has increased moderately, 3 = it has not increased or decreased, 4 = it has decreased moderately, 5 = it has decreased a lot

* Omitted, as it was constant in the sample of sexually active women

The Mann-Whitney U-test revealed significant differences in the frequency of sexual practices and in the concern about the decrease in frequency between sexually active men and women ($z = -3.739, p < .001$, and $z = -2.085, p < .05$, respectively).

As can be seen in Figure 3, even though the women reported a more pronounced decrease in the frequency of their sexual practices in the past year, the men were more concerned about the frequency of their sexual practices in the past month. We note that there were no differences in the estimation of the adequacy of the frequency of sexual activity ($z = -1.009, p = .313$).

Figure 3. Average range of sexual activity of men and women



- ⁽¹⁾ 1 = Not at all concerned, 2 = a little concerned, 3 = moderately concerned, 4 = very concerned, 5 = extremely concerned.
- ⁽²⁾ 1 = not sufficiently frequent, 2 = adequate frequency, 3 = too frequent.
- ⁽³⁾ 1 = it has increased a lot, 2 = it has increased moderately, 3 = it has not increased or decreased, 4 = it has decreased moderately, 5 = it has decreased a lot.

DISCUSSION AND CONCLUSIONS

As in previous works, our results refute the pervasive cultural myth of asexual old age. Men and women continue to be physiologically capable of functioning sexually in old age, although sexual interest and activity decline with age in older.

Although low interest in sex is often associated with older people (Walz, 2002), the results of this study show that, despite sex differences, older people continue to maintain some sexual activity. Effectively and in line with previous works (e.g., Dominguez and Barbagallo, 2016; López, 2005), more than half of the men surveyed have engaged in some sexual practice in the past year, whereas fewer than one in four women acknowledge having engaged in some sexual practice during this period. As suggested by Lindau et al. (2007), although, in general, sexual activity may decline

consistently over time; older women have significantly less sexual activity than older men do. It should be noted here that the proportions of sexual activity of older men and women are very similar to those found by Palacios et al. (2012), with higher percentage for male samples than those found in a previous work with Spanish samples (Rodríguez-Llorente et al., 2018).

The impact of age on the availability of sexual partner may be a particularly important variable to explain sexual activity in female samples. Precisely the variable age in the structure of beginning of marital relations—men generally marry younger women, together with an earlier death rate among men, could condition sexual activity in women's old age.

When we focus on the specific type of sexual practice carried out over the past month, our results show that, although among sexually active populations there may be no differences in kissing, caressing, or touching, the frequency of vaginal, anal, or oral relations and masturbation may be different in men and women (Palacios et al., 2012; Waite et al., 2009). Specifically, Palacios et al. found that the most common sexual practices among older people were kisses and hugs, followed by vaginal intercourse, with a higher prevalence of masturbation among men (Waite et al., 2009). Our results show that, in fact, whereas 25% of the men have sex (vaginal, anal, or oral) weekly, more than 70% of the sexually active women report monthly sexual intercourse. Similarly, whereas only 1 out of 21 sexually active women claimed to have practiced masturbation, 25% of the men had masturbated between one and three times during the past month.

The results of this work, on another hand, reveal a significantly more pronounced decrease among women than among men in the frequency of sexual practices in the past year. However, men acknowledge more concern about this decrease in frequency (Rodríguez-Llorente et al., 2018).

As we have tried to show, sexual activity in general, and the type of sexual practice in particular, as well as the frequency of such practices, reflect relevant differences between older women and men. These differences could also be seen in the beliefs and attitudes towards sexuality and, specifically, in interest in sex (see Lauman et al., 2006). In the current generational cohorts of older people, the weight of sociocultural determinants—social taboos, stereotypes, marital status, etc. may still be important and critically influence older people's interest and expectations about sexual activity, with specific connotations in the case of the female cohorts. On another hand, men and women are faced with stereotypes about their sexual functioning and about what is the "proper" sexual activity in old age, which could affect their interest in sexual activity and practice.

The attitude towards sexuality has undergone a major change in society in general since the 1960s. The consideration of sexual desire experienced in the "wrong stages of life," such as childhood or old age, as a sexual deviation is far away (Von Krafft-Ebing, 1886). In the present work, we wished to determine the characteristics and potential

differences between men and women regarding sexual desire or impulse. Overall, our results suggest that older women are less concerned than men about their level of sexual desire, and think about sex significantly less than men.

Women's greater sexual inactivity is surely associated with their low sexual fantasizing and greater unconcern about the lack of sexual desire. Finally, as opposed to the results of the work of Lee et al. (2016) or of Rodríguez-Llorente et al. (2018), the level of sexual desire during the past year may remain relatively stable in both samples (Palacios et al., 2012; Papaharitou et al., 2008). As stated by Bobes et al. (2000), sexual desire may tend to be better preserved than sexual activity throughout life in both sexes.

To conclude, we can assume that sexual desire, pleasure and capacity can last a lifetime. Although there may be significant differences in some specific sexual practices and in the level of sexual desire and impulse between men and women, a significant number of men and women are sexually active throughout their old age. Professionals working with older populations should pay attention to attitudes towards sexuality and their contribution to quality of life and emotional well-being (Lee et al., 2016), especially among female cohorts. In this sense, the differential incidence of social barriers related to sexuality in older people and those referring to female sexuality should be explored in the future. In addition, in the specific case of health professionals, the challenge is to recognize the importance of sexuality in old age, through a fluent and effective communication with older people about their concerns about their sex life (Bauer et al., 2016).

Although the results of the study seem robust, they should be taken with some caution due to certain limitations of the nature of the data in the study, the sample used, or the measuring instrument. This investigation is cross-sectional, which seriously compromises any causal inference. It would be interesting to perform longitudinal studies with follow-ups that would allow observing the explanatory potential of attitudes towards sex and sexual desire on sexual activity and practice and to determine the extent to which evolutionary changes in sexual activity can be assumed.

Another limitation has to do with the sample used in this study. We admit that the results obtained could vary appreciably if the sample had been obtained randomly and was representative of the population from which it comes. Using small convenience samples can only be justified by the difficulty of accessing self-reported information about a clearly sensitive topic.

Finally, data collection was carried out by self-reports. Although this methodology is commonly used in psychology, and is possibly essential to measure thoughts and behaviors that are otherwise hardly observable, it is necessary to replicate the findings using complementary strategies and measuring resources (of various types). In addition, the variables in this study were evaluated by a relatively small set of items, which can compromise the robustness of these measures. This type of measures based on

self-reported information can be highly subjective in older populations, assuming that their perception of reality may not be completely accurate.

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