

Sex at Midlife and Beyond

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America's Sexual Revolution

A number of converging forces in the 1960s ushered in a counterculture movement that fundamentally altered the social, political, and sexual landscapes of America. These forces included extensive penetration of mass media as both a form of entertainment and information, primarily through television, into the lives of ordinary Americans, women leaving the home and entering the workforce in unprecedented numbers, political activism expressed through civil rights, feminist, anti-war, and gay rights movements, invention of the birth control pill and IUDs, and the evolution and broad appeal of rock 'n roll and its linkage with love, sex, and drugs. One of the historic outcomes triggered by this unprecedented level of societal turmoil, role experimentation, multimedia explosion, and rapid political change was the so-called "sexual revolution" that found expression in many forms, including, the hippie movement, communal experiments, multiple sexual partners, premarital sex as acceptable behavior, rising teen pregnancy and the widespread availability of abortion services, and later, sexually transmitted disease as well as the resurgence and eventual normalization of pornography. Due to generational circumstances and simple timing, leading edge Baby Boomers, those individuals born between 1946 and 1955, were the sharp edge of the sword during these wild, liberating years. Looking back and reflecting on historic times, one might ask about the sexual legacy of the Baby Boomers. Perhaps more importantly and of broader interest, how has sexuality evolved in America some forty years later?

Until fairly recently sex at midlife was not a major research focus, and very little was systematically known about sexual conduct later in life. Based on several recent national surveys (AARP, 1999, 2005; Lindau, Schumm, Laumann, Levinson, O'Muirheartaigh, & Waite, 2007) and the anecdotal perceptions of numerous social commentators there is still a great deal of sex—as well as love and romance--in the lives of aging Baby Boomers (Zilbergeld, 2005; Sills, 2009; Trafford, 2009) and the generation that preceded them. This paper summarizes what we know about sex at midlife and beyond.

Evolving Sexual Attitudes, Values, and Behaviors

Sexual drive and behavior have been important areas of research, and have greatly refined our understanding of intimacy, relationships, and the human sexual response. Beginning with the pioneering scientific work of Alfred C. Kinsey (1948, 1953) and the publication of the sensational Kinsey Reports, we continue to be a bit shocked by both the extent and variety of sexual practices in American society. The research team of William Masters and Virginia Johnson (1966, 1970, 1974, 1979) followed a few year's

later with their defining work on the nature of sexual arousal and orgasm, and the development of a four-stage model of the human sexual response cycle. Despite a host of methodological errors—sample selection, experimenter bias, gender bias—this was groundbreaking research on the physiology of sex that greatly advanced the diagnosis and treatment of sexual dysfunction. Their early-published books were bestsellers, translated into more than 30 languages, and landed the research team on the cover of TIME magazine on May 25, 1970. They are also credited with training 7,000 sex therapists, observing more than 10,000 orgasms in their St. Louis lab, and treating 2,500 "sexually dysfunctional" couples, achieving a remarkable success rate of 80% (TIME, 1979).

Every few years another major study sheds new and more intense light on these and related topics while, at the same time, challenging conventional thinking about sexuality (see Leigh, Temple, & Trocki, 1993; Smith, 1998; AARP, 1999; Laumann, Paik, & Rosen, 1999; AARP, 2005; Mosher, Chandra, & Jones, 2005; Carpenter, Nathanson, & Kim, 2006; Lindberg & Singh, 2008; Laumann, Glasser, Neves, & Moreira, 2009). However, the National Health and Social Life Survey conducted in 1992 (Laumann, Gagnon, Michael, & Michaels, 1994) established new empirical benchmarks and data collection protocols for population research on sexual practices and sexual relationships, number of partners, the rate of homosexuality, formative sexual experiences, sexually transmitted diseases, fertility, cohabitation and marriage. But perhaps the most comprehensive and detailed sexual treatise yet published is a four-volume reference work on human sexuality, organized by country, entitled the **International Encyclopedia on Sexuality** (Francoeur, 1997-2001). An updated and expanded version appeared in 2004 (Francoeur & Noonan, 2004).

Around the same time, sexologists Francoeur, Koch, and Weis (1998) attempted to both reveal and explain the rapid sexual changes occurring in U.S. culture. **Sexuality in America: Understanding Our Sexual Behavior and Values**, consisting of scholarly contributions from thirty-three experts, presented a “panoramic mosaic” of American sexuality in terms of its continuing evolution and expression. The book covered religious, ethnic, and gender factors, sexual knowledge and education, heterosexual and homosexual behaviors, sexually transmitted disease, sexual dysfunction, and many other related topics. Here are some excerpted summary findings, observations, and conclusions:

- Changing demographics in America, including the “graying” phenomenon, along with more varied lifestyles, women working outside the home, popularity of cohabitation, and the growing disconnection between child-rearing and married life have all contributed in altering fundamentally the experience of sexuality. At the same time, media representations (primarily TV) and institutionalized values of American sexuality remain largely stereotypical and have not kept pace with the reality of people’s private lives.
- While heterosexual marriage is still the dominant pattern for sexual relations in the U.S., a sizable percentage of Americans depart from this norm and engage in non-

marital sexual expressions—premarital, extramarital, same-gender, and unconventional sexual behaviors.

- Premarital virginity has largely disappeared in the U.S., dropping to about five percent since the 1950s (Finer, 2007).
- Sexual expression has become increasingly complex and diverse, and is best described as a “gender rainbow,” “gender flavors,” or “gender landscapes.”
- Gay men and lesbian women are the last large minority group in America and are waging a major campaign for legal recognition and protection.
- There have been many points of sexual conflict in America, with special interest groups imposing their moral standard on the general citizenry through social purity movements throughout our collective history. Dramatic recent examples include various iterations of “Comstock Laws” that have attempted to restrict access to information and services related to birth control and abortion (e.g., Communications Decency Act of 1996), an aggressive and well-supported Pro-Life (anti-abortion) movement throughout the country, federal funding of abstinence-only youth education under the Bush Administration, and a general decline in government funding for sexuality research. In some parts of the country school boards have abandoned sex education or postponed it until later grades despite the fact some young girls begin puberty by age 8 (the third grade). Nevertheless, the general trend has been toward greater openness and more discourse and information about sexuality, more sex education in schools, greater treatment of sexual issues and activities in video, music, and print media, more visibility and acceptance of homosexuality, and a greater percentage in society of unmarried adults who are pursuing non-traditional lifestyles while remaining sexually active

It has become abundantly clear that America’s values and practices related to sexuality are far from fixed or static, and even today continue to evolve in public, in the media, in the bedroom, and in many other forms of expression. Of immediate interest, however, is a researchable question: how does sexuality change as we grow older? What can and should older adults expect in terms of a continuing interest in sexual activity, general sexual satisfaction, and the health impacts of aging on sexual performance? To answer these questions, we turn first to two surveys commissioned by the American Association for Retired Persons (AARP).

Sex at Midlife

In 1999, and as a follow-up survey in 2004, AARP surveyed the sexual attitudes and activities of about 1,682 adults 45 years in age and older (AARP, 1999, 2005). The study revealed a great deal about Boomers in the 45-59 age but fewer details for adults later in life. The design of the study, the use of mailed questionnaires to participants rather than personal interviews and health/sexual histories, limited the reliability of the results somewhat but later research has largely confirmed the accuracy of most these data. A third study, published in 2010, repeated many of the same questions but employed a

different kind of sampling process, producing some data artifacts which were at variance with the research literature (AARP, 2010). Because the three studies may not be comparable, only the major findings from the 1999 and 2004 research reports are summarized here:

Sexual Frequency and Satisfaction

For a vast majority of those in this study, sex occupied an important place in their lives and was viewed as a critical part of good relationships. Approximately one-third of the respondents, and half of those with regular sexual partners, had sexual intercourse at least once a week, usually in the evening or late night. Slightly more than half engaged in sexual touching or caressing. Two-thirds kissed or hugged their partner on a regular basis. Oral sex (in the 45-49 age range, was reported by 24 percent of both genders) and self-stimulation (in the 45-49 age range, was reported by 55 percent of males and 16 percent of females) were not as prevalent as sexual intercourse. But only half participating in the study reported they were satisfied with their sex life, with men slightly more dissatisfied than women.

As expected, a number of differences in sex attitudes and behaviors existed across the racial/ethnic groups. Whites were more likely than other groups to oppose sex among unmarried people, while African-Americans were more inclined to agree that sex was a duty to one's spouse or partner. Only half of African-Americans reported they had a regular sexual partner, compared to roughly two-thirds for all other groups--Whites, Hispanics, and Asians.

Whites and Asians had similar levels of sex life satisfaction but Hispanics reported the greatest overall satisfaction with their sex life, slightly greater, while Asians were the least likely to say they are extremely satisfied.

Health and Sex

Health status clearly affects sexual satisfaction, with physically active, healthy adults more likely to be sexually satisfied than those with a medical condition or taking prescription drugs for some condition. Health conditions that often affected sexual activity include high blood pressure, high cholesterol, arthritis or rheumatism, back problems, diabetes, depression, and among men, impotence. Thirty-one percent of male respondents reported they were moderately or completely impotent, and 17 percent said they had actually been diagnosed with erectile dysfunction/impotence.

Gender and Sex

Men and women, regardless of age, have different attitudes about sex and differ in their behaviors. For example, men think of sex and engage in sexual activities more frequently

than women. Men were also more likely than women to have tried a variety of sex-related activities, including watching adult films with their partner (in the 45-49 range, 44 percent of males and 43 percent of females), going to strip clubs (in the 45-49 range, 31 percent of males and 12 percent of females), having sex in a public place (in the 45-49 range, 27 percent of males and 21 percent of females), taking erotic photos/videos (in the 45-49 range, about the same for both genders at 15 percent), and engaging in sex outside of marriage (without spousal consent - in the 45-49 range, about the same for both genders at 9 percent). Men, about 22 percent across all age groupings, were also more likely to use an array of medicines, hormones, and other treatments to enhance their sexual performance.

The frequency of erotic thoughts, dreams, and fantasies also varied, with 86 percent of males and more than 40 percent of females in the 45-59 age range reporting such thoughts at least once a week. On a basis of more than once a day the percentages dropped to 30 percent of males and 5 percent of females engaging in erotic thoughts.

Age and Sex

Baby Boomers aged 45-59 were generally more sexually active than those 60 and older. For these relatively younger individuals, sexual activity played an important role in their relationship and apparently impacted their quality of life. They had sexual thoughts more often, and engaged in sexual activities much more frequently than their older counterparts. However, in the 45-59 age range, about 3 percent of males and 10 percent of females stated they would be quite happy never having sex again. After age 60, the percentage of women expressing this sentiment rose to 18 percent, and after age 70 jumped to 31 percent.

Sex with Partners

Adults 45 years in age and older who had a regular sexual partner have vastly different attitudes than those who do not have one -- not only about sex but also toward their outlook on life. Partnered respondents in this survey were more satisfied sexually and tended to be more optimistic about their current and future situations. This was true for all respondents, regardless of gender or age. Sex played a more critical role in their relationship and quality of life, and they were more tolerant of sexual relationships among unmarried people.

Half of the respondents in the study said they would either try a sex-related activity if asked by their partner, or ask their partner to try one or more of the following activities: Watching adult films with their partner was the most frequently mentioned sex-related activity respondents were willing to try, followed by using sex toys and engaging in erotic notes or e-mails, while cross dressing was the least frequently mentioned. Men were generally more open than women to the possibility of trying sex-related activities,

such as those noted above, watching adult films with their partner, using sex toys, exchanging erotic notes or e-mails, phone sex. Younger women were generally more receptive than older women to sex-related activities, including the ones just mentioned.

Sex Among Single, Older Women

There are also special challenges for single women in our society. About 36 percent of women in the 20-44 age range are single. However, nearly 60 percent of African American women in this age range are single, compared to 32 percent of white and Hispanic women. Single women are more likely to have had two or more sexual partners in the past year. Among sexually active women, the likelihood of having no health insurance is also greater for cohabitating (25 percent) and other single women (21 percent) than married women (12 percent). These findings suggest single, sexually active women may be less able than married women to obtain needed sexual and reproductive health services (Lindberg & Singh, 2008).

It is also clear aging affects the sexual lives of heterosexual women earlier and more adversely, beginning at age 50, than it affects the sexual lives of heterosexual men. Women were more than twice as likely as men to have had no partners (21.8% vs. 9.7%, respectively) over a 12-month period, whereas men were almost three times more likely than women to have had multiple partners (14.8% vs. 5.0%, respectively). The proportion of men and women with no sexual partners increases with age, while the proportion reporting two or more partners decreases. In an attempt to account for these marked gender differences in sexual activity, particularly after age 55, it has been suggested by some researchers that both ageism and sexism in American society currently promote a view of older women as undesirable or inappropriate sexual partners, even among women themselves. At the heart of these late life patterns of sexual activity are also educational attainment, beliefs about sexuality, and higher male mortality rates, which disproportionately limits the availability of sexual partners for older women (Carpenter, Nathanson, & Kim, 2006).

Sex After Age 60

What happens further out, after age 65, 75, 80? Data from a 2006 study (Lindau, Schumm, Laumann, Levinson, O'Muirheartaigh, & Waite, 2007) found that many older adults were sexually active but women less likely than men to have a spousal or other intimate relationship and therefore to be as sexually active. Perhaps as expected, sexual problems were more frequent among older adults, but such problems were seldom discussed with their personal physicians.

Unlike many other sex surveys, this particular study used a national probability sample of 3005 adults in the 57 – 85 age range only. The research focus was the prevalence of

sexual activity, behaviors, and problems among this cohort, and the association of these variables with age and health status. Professional interviewers conducted in-home interviews with each participant, and collected complete marital/cohabitation and sexual histories along with anthropometric measurements: blood, salivary, and vaginal mucosal specimens, physical function, and sensory function. Here are the detailed findings:

Sexual Activity

The likelihood of being sexually active declined steadily with age and was uniformly lower among women than among men. The major reasons for being active later in life were positively associated with being in a marital or intimate relationship, and being in “very good” or “excellent” health as opposed to “poor” or “fair” health. At any given age, women were less likely to be in a marital or other intimate relationship, and this difference increased dramatically with age. These gendered patterns might become even more pronounced if rates of marriage and remarriage continue to decline in America, especially among older women (Carpenter, Nathanson, & Kim, 2006),

The overall percentages of older adults in spousal or intimate relationships who were sexually active were surprisingly high. In the youngest age group (57-64), 84 percent of males and 62 percent of females were sexually active (with over 63 percent of males and females reportedly having sex 2-3 times per month), while in the middle age group (65-74), 67 percent of males and 40 percent of females were sexually active (with over 65 percent of males and females reportedly having sex 2-3 times per month). Fifty-eight percent of sexually active respondents in the youngest-age group reported engaging in oral sex, as compared with 31% in the oldest age group.

The frequency of sex was lower among those who were 75 to 85 years of age than among younger persons. However, even in this oldest-age group, 54 percent of sexually active persons reported having sex at least two to three times per month, and 23 percent reported having sex once a week or more.

Among those who were not in a relationship, only 22 percent of men and 4 percent of women reported being sexually active in the previous year.

The prevalence of masturbation among older adults was lower among respondents at older ages in the 75-85 year range and generally higher among men than among women. Fifty-two percent of men and 25 percent of women with a spousal or other intimate relationship reported masturbating in the previous 12 months, as compared with 55 percent of men and 23 percent of women not in a relationship. Poorer health was also associated with a lower likelihood of masturbation among women. For males, the frequency of masturbation by age in the previous 12 months was 63 percent (57-64 age range), 53 percent (65-74 age range), and 28 percent (75-85 year range). For females, the frequency was 32 percent (57-64 age range), 22 percent (65-74 age range), and 16

percent (75-85 year range).

Among those older adults in a relationship who had been sexually inactive for 3 months or longer, the most commonly reported reason for sexual inactivity was the male partner's physical health. A total of 55 percent of men and 64 percent of women reported this reason for their lack of sexual activity. Overall, women were more likely than men to report lack of interest as a reason for sexual inactivity; this was especially true among respondents without a current relationship (51 percent of women vs. 24 percent of men).

Interest in Sex

Interest in sex declines with age, but unsubstantially until the later years. In the oldest-age group (75-85), 41 percent of the adults rated sex as being "not at all important," as compared with 25 percent in the middle group (65-74) and 15 percent in the youngest group (57-64). Those who were not sexually active were also more likely to give this answer (48 percent, as compared with 5 percent of the adults who were sexually active). Women were more likely to rate sex as being "not at all important" (35 percent, as compared with only 13 percent of men).

Sex and Health

This study demonstrated that sexuality was closely linked to health at older ages, more so for men than for women. Persons in good physical health were more likely to have a spousal or intimate relationship and were also more likely to be sexually active with their partner. Consistent with previous research, this study reported that diabetes was positively associated with difficulty with erection and with a lower prevalence of sexual activity with a partner and as well as masturbation. Over 20 percent of both males and females rated their personal health as fair or poor across all age categories, jumping to over 30 percent in the later years (75-85). Hypertension and arthritis were the most frequently reported health conditions, followed by diabetes. Physical health was more strongly associated with many sexual problems than was age alone.

Sexual Dysfunction

Previous research has linked sexual dysfunction to poor health. Approximately half of all adults in this study reported having at least one bothersome sexual problem, and almost one third reported having at least two sexual problems. Likewise, the percentage of men who avoided sex due to their own sexual problems in the 57-64 age range was 22 percent, 30 percent in the 65-74 age range, and 26 percent in the 75-85 age range. For women, sexual avoidance due to one or more problems was 34 percent in the 57-64 age range, 31 percent in the 65-74 age range, and 23 percent in the 75-85 age range. Here is a detailed breakdown of reported sexual problems:

Sexual Problem	Age Group			Self-Rated Health Status		
	57-64 yrs.	65-74 yrs.	75-85 yrs.	Excellent/ Very Good	Good	Fair or Poor
• Difficulty achieving or maintaining erection	31%	45%	44%	31%	41%	50%
• Difficulty with lubrication (women)	36%	43%	44%	38%	33%	52%
• Climaxing too quickly (men)	30%	28%	21%	28%	27%	29%
• Inability to climax						
Men	16%	23%	33%	17%	22%	29%
Women	34%	33%	38%	31%	35%	42%
• Pain during intercourse						
Men	03%	33%	01%	02%	03%	05%
Women	18%	19%	12%	16%	15%	28%
• Sex not pleasurable						
Men	04%	07%	05%	04%	05%	09%
Women	24%	22%	25%	19%	25%	38%
• Performance anxiety						
Men	25%	29%	29%	23%	33%	31%
Women	10%	13%	10%	08%	14%	17%
• Avoidance of sex due to sexual problems						
Men	21%	30%	26%	20%	23%	44%
Women	34%	31%	23%	30%	28%	42%

Respondents who rated their health as being fair or poor had a higher prevalence of several problems, including difficulty with erection or lubrication, pain, and lack of pleasure. Women with diabetes were less likely to be sexually active than women without diabetes.

Fourteen percent of men and 1% of women reported taking prescription or nonprescription medication or supplements to improve sexual function in the previous 12 months. Overall, only 38% of men and 22% of women reported having discussed sex with a physician since the age of 50.

Summary of Sex at Midlife and Beyond

Older adults are sexually active, particularly those in spousal or other intimate relationships. This is true for Baby Boomers, individuals now between the ages of 46 and 65 years in age, as well as their parents now in their 70s, 80s, and 90s. The prevalence of sexual activity is lower for women overall, and declines with age for both genders. There

are also special challenges for older single women in our society that work against finding suitable sexual partners. However, a substantial number of older men and women engage in vaginal intercourse, oral sex, and masturbation even in the eighth and ninth decades of life.

About half of adults in the 45-49 age range report sexual frequency of at least once a week, with the percentage dropping a little for those in the 50-59 age range. However, kissing or hugging and sexual touching or caressing are the most frequently mentioned sexual activities, while masturbation and oral sex are the least frequent activities. The numbers are higher in all age ranges and activity categories for adults in partnered relationships, as is general satisfaction with life and an appreciation for the central role sex plays in high quality adult relationships.

Sexual frequency for adults in relationships between the ages of 65 and 75 are also surprisingly high—about 65 percent of both men and women report having sex *at least* 2-3 per month. The relative frequency of sexual activity does not drop off substantially until after age 75. This robust level of activity seems to persist among those in the 57-74 age range despite the report of bothersome sexual problems, such as, difficulty in achieving or maintaining an erection (31 percent of males 57-64, 45 percent of males 65-74), lack of interest (28 percent of males 57-74, 40 percent of females 57-74), difficulty with lubrication (36-43 percent of females 57-74), inability to climax (in the 57-64 age range, 16 percent of males and 32 percent of females), and anxiety about performance (25-29 percent of males 57-74, 10-13 percent of females 57-74). About one quarter of sexually active older adults with a sexual problem report avoiding sex as a consequence.

Men and women, regardless of age, have different attitudes about sex and differ in their behaviors. For example, men think of sex and engage in sexual activities more frequently than women. Men are also more likely than women to have tried a variety of sex-related activities, including watching adult films with their partner, going to strip clubs, having sex in a public place, taking erotic photos/videos, and engaging in sex outside of marriage without spousal consent. Men are also more likely to use an array of medicines, hormones, and other treatments to enhance their sexual performance.

The frequency of erotic thoughts, dreams, and fantasies also vary, with 86 percent of males and more than 40 percent of females in the 45-59 age range reporting such thoughts at least once a week. Overall, women are more likely than men to report lack of interest as a reason for sexual inactivity. Lack of interest is especially true among adults not in a current relationship (51% of women vs. 24% of men).

Health status clearly affects sexual satisfaction, with physically active, healthy adults more likely to be sexually satisfied than those with a medical condition or taking prescription drugs for some condition. Health conditions that often affect sexual activity include high blood pressure, high cholesterol, arthritis or rheumatism, back problems,

diabetes, clinical depression, and among men, impotence. Across all age groups—57-64, 65-74, 75-85--the most commonly reported reason for sexual inactivity for those in relationships is the male partner's physical health; 55% of men and 64% of women report this reason for a lack of sexual activity.

Sexual problems are widespread in contemporary society and are influenced by both health-related and psychosocial factors. Physical, social/emotional, and relationship factors all have a significant impact on the prevalence of one or more sexual problems, but these vary by gender, age, and demographic group. In addition, increasing age is more consistently associated with sexual problems among men, particularly erectile dysfunction (Laumann, Nicolosi, Glasser Paik, Gingell, Moreira, & Wang, 2005). Sexual problems, however, are more common among women than men. (Laumann, Paik, & Rosen, 1999). Underscoring the public health implications of sexual dysfunction, only 38% of men and 22% of women report having discussed sex with a physician since the age of 50.

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