

Sexuality in old age: key issues, gender differences and future proposals

*Sexualidade na velhice: questões-chave, as
diferenças de gênero e propostas futuras*

Noelia Fernández-Rouco
Andrés A. Fernández-Fuertes
Rodrigo J. Carcedo González
Nikki Hatza

ABSTRACT: This work presents a brief overview of some of the most important issues related to sexuality during old age. First, it presents the state of the current situation, in order to later explore some of the elements that have been considered key factors in experiencing sexuality, specifically in this stage of life, while exploring certain needs and difficulties. Similarly, some of the differences between men and women, within this context, are presented. Finally, future proposals aimed at better understanding this topic in old age are presented, with suggestions on how to improve wellbeing and care in regard to sexuality among the aging population.

Keywords: Sexuality; Aging; Old Age; Gender; Needs.

RESUMO: *Este trabalho apresenta uma breve descrição de algumas das questões mais importantes relacionadas com a sexualidade durante a velhice. Primeiro, apresenta-se o estado da situação atual, para depois explorar alguns dos elementos que foram considerados fatores-chave na vivência da sexualidade, especificamente nesta fase da vida, ao explorar certas necessidades e dificuldades. Do mesmo modo, algumas das diferenças entre homens e mulheres, neste contexto, são apresentadas. Finalmente, as propostas futuras que visam a uma melhor compreensão deste tema na terceira idade*

são expostas, com sugestões sobre como melhorar o bem-estar e cuidados em relação à sexualidade da população idosa.

Palavras-chave: *Sexualidade; Envelhecimento; Velhice; Sexo; Necessidades.*

Introduction

The elderly are almost a quarter of the total population in our society, and it appears that this proportion will continue to increase in the coming years. However, there is still little research about development and wellbeing in old age, especially in regard to emotional and relational needs, and, in particular, sexuality in the aging population (Beckman, Waern, Gustafson & Skoog 2008; Herrera, 2003, López, 2012).

We must keep in mind that the meaning of “old age”, as that of “sexuality”, differs depending on historical, political, socioeconomic, cultural, ethnic, familiar and personal contexts. On one hand, the concept of old age is generally used to determine when one has ceased to further develop one’s professional career; additionally, it is commonly associated with the idea of degeneration of the human being, loss of faculties, of deterioration (López & Olazábal, 2006). On the other hand, sexuality — experiences related to being sexual beings — is experienced and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships (Bauer, McAuliffe and Nay, 2007), and, although it is true many myths revolve around sexuality, especially at this stage of life (Alonso Varela, Martínez Pascual, Díaz Palarea & Calvo Francés, 2004; Leyva-Moral, 2008; Vasquez-Bronfman, 2006), among them is the belief that aging individuals are not interested in sex.

Contextualization of sexuality in old age

Within current sociological studies about aging, interpersonal needs related to emotional bonds regain significance, after decades of neglect, as much for their recognized importance to sexuality for these individuals, as for their basic contribution to the quality of life of these human beings (Zanni, Wick & Walker, 2003).

Surely this change is related to the fact that these relational needs are precisely those that we most want to preserve when growing older, perhaps replacing and compensating for others, such as the need for recognition (Steverink & Lindenberg, 2006), because the unmet needs and subsequent suffering produced can be more easily overcome if relational needs are satisfied (Patrick, Canevello, Knee & Lonsbary, 2007). In the words of Villar, Villamizar & López-Chivral (2005), “aging individuals value the emotional aspects of life and personal relationships more so than youths, and, at the same time, they are better capable of regulating their own emotions in a productive way” (p.1 67).

Similarly, studies confirm that in old age sexual activity remains important and that, consequently, there is sexual interest and passion (Gott & Hinchliff, 2003; Gott, 2005; Moriera, Glasser & Gingell, 2005). However, it is possible that older individuals define and express their sexuality in more diffuse and varied ways than younger people (Lindau *et al.*, 2007; Starr & Weiner, 1981). Additionally, the expression of sexual affection is often more focused on achieving quality in sexual relations than quantity.

At this stage of life, sexuality often revolves around intimacy and commitment, masturbation, or things like companionship, emotional involvement, admiration, erotic conversations or the use of erotic films and visual materials (Nay, 2004). Sexuality is not so focused on love and physical desires (Stausmire, 2004). At the same time, they have demonstrated a special interest in other sexual activities that do not include intercourse (e.g. caressing, kissing, hugging etc.) and also autoerotic practices (Starr & Weiner, 1981; Vasquez-Bronfman, 2006).

In this way, although a significant number of aging individuals maintain sexual relations, even at 80 and 90 years of age, it is also true that an overall reduction in sexual activity is generally observed as we get older (Lindau *et al.*, 2007). In understanding why this decline occurs, it would be fitting to discuss the differences between men and women. While men seem to be most affected by biological conditions, such as difficulties in getting and maintaining erections, women appear to be more influenced by psychological factors, such as being a woman, while simultaneously experiencing the aging process, and in many cases widowed, which leads to a threefold reason to limit sexual intercourse (Canetto, Kaminski & Felicio, 1995; Freixas & Luque, 2009; Gibson, 1992; Herrera, 2003; Leyva-Moral, 2008). Regardless, it is expected that, with social development and historical and cultural changes, these

differences between the sexes will decrease, as have found authors like Janus and Janus (1993).

However, different studies have found that individuals over fifty years of age, who are single but sexually active, were more satisfied with their lives than those in the same situation but without an active sex life (Brecher, 1984). Despite the increased number of difficulties caused by sexual dysfunctions, sexual interest and sexual activity do not necessarily decrease in old age for all people (Moreira *et al.*, 2005). Even terminally ill people confirm that sexuality is a very important aspect of their lives (Lemieux, Kaiser, Pereira & Meadows, 2004). Add to that the impact of new drugs, such as Viagra, which facilitate erection if there are problems (Potts, Grace, Vares & Gavey, 2006).

In addition, it seems that men, also in old age, are more sexually active than women (Minichiello, Plumier & Loxton, 2004), including when they are single. In this sense, they tend to resort to prostitution services to a greater extent than women (Bauer *et al.*, 2007).

It is important to note here that, although physiological problems may influence sexual behavior, in many cases the solution is not too difficult. The most common complex physiological problems could be those like obtaining and/or maintaining an erection, achieving orgasm or dyspareunia (Alonson Varela *et al.*, 2004; Herrera, 2003), but it is even more difficult to address a conception of sexuality that is overly attached to a performance model, both genital and coital. Moreover, we could also discuss the constant myth equating erection and virility, or the anticipatory anxiety to normal physiological changes that affect sexual response as well. Therefore, psycho-educational interventions should be considered of the utmost importance at this stage of life.

There is no doubt that when sexuality is built upon a vision of sexuality as being youthful, focused on intercourse, genitalia and performance, it makes it very difficult for the elderly to enjoy their sexuality. This model, overly focused on physiological performance, shows that sexuality regresses as the physiological changes of aging appear and become more permanent. However, as was already noted, our aging population continues to have a strong interest in physical contact and sexual intimacy,

desire, attraction, infatuation, affection and sexual activity, which seriously questions this exclusive perception of sexuality.

Key components of sexuality in old age

Different studies on sexuality in old age reveal some of the key elements that influence the way of experiencing sexuality at this stage. Many of them respond to a variety of special and even idiosyncratic factors; however, there is consensus in differentiating between elements of physical influence and those psychosocial ones (Alonso Varela *et al.*, 2004; López & Olazábal, 2006).

The physical elements that regulate sexuality in old age have to do with the physiological changes that accompany the aging process, such as the changes in the production of certain hormones (e.g., androgens and estrogens) or the loss of reproductive capacity in the case of females. However, these biophysiological changes do not necessarily assume a decline in the interest and/or satisfaction in sexual activity. Although, socially, old age is considered to be a period of sexual regression due to these biophysiological changes (Alonso Varela *et al.*, 2004), some studies have found that a significant percentage of aging individuals said that their sex life improved during this period of their lives (Beckman *et al.*, 2008; Freixas, 2006), as many older individuals continue enjoying their sexuality as long as they are able to.

Moreover, the existence of other health problems will negatively influence sexual activity and interest (Alonso Varela *et al.*, 2004). Among others, heart problems, rheumatologic problems, depression or cancer produce different negative effects on a person's sexuality, although we must not forget that every sick person still needs sexual affection or pleasurable physical contact.

So far, it appears that the major effects of these conditions impact erection and orgasm. From our perspective — one which understands sexuality as being more broadly defined than simply intercourse, and includes other types of pleasurable physical contact — there would still be multiple ways of enjoying sexuality despite trouble attaining and/or maintaining an erection or achieving orgasm.

Finally, the other most important element has to do with the transmission of sexually transmitted diseases, and especially HIV (Cloud, Browne, Salooja & Malean,

2003). Some authors have identified a decrease in concern for protecting oneself and one's partners from the transmission of these diseases in old age (Bouman, Arcelus & Benbow, 2006; Fonseca Laroque *et al.*, 2011), so it is not uncommon to see unsafe sex practices at this age (Cloud *et al.*, 2003; Holden *et al.*, 2005). Additionally, their perception of a low risk of transmitting these types of infections could cause them to omit regular STD testing (Goodroad, 2003). This final element is as much a concern that affects health and impairment, as it does psychosocial aspects of sexuality in old age, riddled with myths and false beliefs which we will discuss further.

With respect to the psychosocial aspect, a number of elements have proved relevant to sexuality during old age. For example, we know that in some countries, like Spain, despite the variability, older individuals' experiences with sexuality have been unsatisfactory and unfulfilling (Nieto, 1995; Malo, Valls & Pérez, 1988; Vasquez-Bronfman, 2006). One of the major contributing factors was surely the inadequate sexual education based on an erotophobic attitude, focused on procreation, and marriage, to meet the needs of the man and to exist exclusively in a time of youth. This perpetuates the myths and misinformation that hinder, or even prevent, in this case, satisfying experiences of sexuality. Add to that the social perception of old age as asexual, absent of desire and sexual feelings. The sexuality of older individuals has been and continues to be a taboo topic, including among health professionals (Bouman *et al.*, 2006; Herrera, 2003). In this sense, when aging individuals show interest in enjoying their sexuality it is considered perverse, falsely perpetuating an idea that sexual deviance is more common during this stage of life (Gibson, 1992).

On the other hand, the media associates sexuality with physical strength and youth, leaving old age outside those parameters (Minichiello *et al.*, 2005). In this sense, it is insinuated that sexuality can no longer be enjoyed in old age (Bauer *et al.*, 2007), and that it may even be harmful to health, considering the weakness with which old age is associated (Gibson, 1992). It is therefore possible that these social prejudices leave a deep mark on many elderly individuals, causing them to see themselves as undesirable, to rule out the possibility of finding a sexual partner, and, ultimately, to develop a negative image of their own sexuality (Alonso Varela *et al.*, 2004; Freixas & Luque, 2009; Herrera, 2003).

One of the other important elements, in relation to sexuality while aging, is the factor of having or not having a stable partner, making it easier to have and maintain sexual contact when one has a partner (Dello Buono *et al.*, 1998). In our society, it tends to be seen as very positive when aging individuals have lived with a single partner throughout their entire lives; on the contrary, other expressions of sexuality, outside of marriage between two people, are certainly not accepted in the same way (Alonso Varela *et al.*, 2004). From this point of view, single men and women, widowed or couples not united by marriage, especially if their sexual orientation is not heterosexual, are prevented from pursuing or even trying to satisfy their sexual needs of physical contact and intimacy (Freixas & Luque, 2009). Therefore, it is not surprising that the availability of a stable partner, along with a history of good health, are two of the best predictors of sexual satisfaction in old age. Obviously it is necessary to have a sexual partner to satisfy these needs, which, combined with social pressure, falsely assumes marriage to be the best way to meet those needs.

Interestingly, one of the main measures of sexual behavior in the elderly is their children and other relatives (Herrera, 2003). Sometimes these family members hold erotophobic attitudes toward sexuality in old age, and when the elderly express their sexuality in socially unconventional ways (e.g., outside of marriage, with younger people etc.) this rejection tends to be even greater.

This situation can be more complex for people in assisted living facilities. Adding to the challenges that can arise from the organization of the residence are the negative attitudes of the professionals and fellow residents (Alonso Varela *et al.*, 2004; Mahieu, Van Elssen & Gastmans, 2011). Although living conditions have improved markedly, with better hygiene, more resources, opportunities for privacy and other conditions that improve the chances of a better emotional-sexual experience, there are still many older people who find themselves in situations of dependency, which makes it difficult to satisfy their sexual needs (Freixas & Luque, 2009; Mahieu *et al.*, 2011).

Differences in the sex lives of older men and women

In relation to physical and biological factors, the process of aging is different for men and women (Alonso Varela *et al.*, 2004). On one hand, the decrease in estrogen in

women occurs between the ages of 30 and 50, which results in the termination of estrogen production (menopause), indicating the loss of reproductive capacity and could reflect the start of old age. On the other hand, the process in men is more diffuse, progressive and slow, frequently starting in and continuing from the early 30s. However, men do not lose their reproductive capacity.

Similarly, the effects of sex life on old age are also different for men and women. In fact, women, in general, experience greater discrimination and difficulty in meeting their sexual needs (Freixas & Luque, 2009). What's more, the total number of women is higher, thus there is a lower chance of finding a partner. At the same time, the decrease in sexual experiences during marriage mostly affects women. Especially in old age, sexual activity outside of marriage is much more criticized in women than in men. It also appears that the chances of a woman remarrying in old age are less than for men. The vision of beauty as being young also impacts women more negatively than men. This is simply the continuation of the higher pressure women face, with respect to beauty, throughout their lives (Freixas & Luque, 2009).

With respect to female sexuality in old age, it seems that women are less sexually active, take less initiative, express fewer desires etc. than men (Tessler & Gavrilova, 2010). All of this leaves the "control" and satisfaction of women's sexuality in the hands of men (assuming they are heterosexual). As society changes, it is expected that the future generations of aging men and women in our country will change this pattern to a much more equal pattern of action and experience, more satisfying for both.

For males, the partial or total loss of erection seems to be the main difficulty they face in old age. As previously mentioned, not accepting the expected physiological changes of the body, while assuming a vision of sexuality focused on performance, youth, intercourse and genitalia, converts sexuality from a center of enjoyment and pleasure to one of worry and anxiety.

In addition, retirement seems to impact men to a greater degree. Due to the greater integration of men in the working world and values of socialization that place emphasis on the importance societal success, it seems that retirement causes more difficulties for men, especially in those men (and women alike) who have dedicate the majority of their lives exclusively to their work (Hermida & Stefan, 2011). This

situation can lead to a lack of activity, a sense of boredom and alienation that produces physical and psychological deterioration, which can, in turn, affect their sex lives.

Finally, our society stigmatizes the elderly, especially through the adoption of the perception of beauty as youth, which, as a consequence, considers the aging population to be unattractive, affecting their personal self image (Freixas & Luque, 2009). This is also a way of limiting the possibilities of meeting their sexual needs for physical contact, intimacy and pleasure (Herrera, 2003).

Coupled with the stigma attached to sexuality in old age — when it is no longer accepted by social conventions — a double stigma is added for people who are already in a marginalized social situation (Freixas & Luque, 2009, Winterich, 2003). Aging individuals living in poverty, those with mental disabilities, immigrants, prisoners, LGBT individuals etc., are a few of the many examples of those living this multiple layers of stigmatization.

Proposals for the future

Finally, it seems that sexuality in old age is significantly influenced not only by biophysiological aspects, as is commonly thought, but psychosocial aspects as well. Everyone has needs for affection and intimacy throughout our entire lives, including in old age. We need to love and to be loved, to touch and to be touched, to desire and to be desired, and to enjoy the pleasure of intimate contact. However, in our society, prejudices toward the sexual expression of aging individuals continue, as sexuality is often associated exclusively with youth. There is still a clear taboo surrounding this topic. This situation creates many difficulties impeding the ability to live in this regard and fulfill said needs of affection and intimacy.

From our point of view, it is essential to encourage aging individuals to satisfy their emotional and sexual needs adequately, with the freedom and the right to enjoy the pleasure, tenderness, communication and sexual affection consistent with personal and social health needs during old age.

To us, it seems absolutely necessary to encourage professionals and institutions to take into account sexual needs as an important aspect of personal fulfillment, while

simultaneously reducing the institutional and social barriers, in order to promote better understanding and greater tolerance by children, families and the general population.

It is also necessary to continue working with older people themselves, raising awareness and normalizing sexuality during this stage of life, and providing resources (i.e. private spaces) that enable the successful and healthy expression of sexuality.

Moreover, in addition to further study of sexuality in old age, there is a clear lack of research in relation to diverse forms of experiencing sexuality at this point in the life cycle. If the study of sexuality in old age was not a topic of interest until recently, the study of diverse experiences of sexuality at this stage of life is almost nonexistent. It is essential to dedicate efforts to learning to improve the situation of older LGBT individuals, or people with disabilities or with any of the factors that further hinder sexual expression during this stage.

References

Aguilera, C. (2005). Sexualidad y Alzheimer. Retrieved in 29 Nov., 2007, of: http://www.humanizar.es/formacion/img_do.

Alonso Varela, J.M, Martínez Pascual, B., Díaz Palarea, M.D. y Calvo Francés, F. (2004). Factores biológicos, psicológicos y sociales de la sexualidad en los ancianos. *Revista Multidisciplinar de Gerontología*, 14(3), 150-157.

Bauer, M., McAuliffe, L. y Nay, R. (2007). Sexuality, health care and the older person: An overview of the literature. *International Journal of Older People Nursing*, 2, 63-68.

Beckman, N., Waern, M., Gustafson, D. y Skoog, I (2008). Secular trends in self-reported sexual activity and satisfaction in Swedish 70 year olds: cross sectional survey of four populations, 1971-2001. *British Medical Journal*, 337(a279), 1-7.

Blank, T. O. (2004). *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company.

Bonita, R. (1998). Women, Aging and Health: Achieving Health across the Lifespan. Ginebra, Organización Mundial de la Salud. Retrieved in 29 Diciembre, 2007, of: <http://www.who.int/hpr/ageing/publications.html>.

Bouman, W. P., Arcelus J. y Benbow S. M. (2006). Nottingham Study of Sexuality and Ageing (NoSSA I). Attitudes regarding sexuality and older people: a review of the literature. *Sexual and Relationship Therapy*, 21, 149-161.

Brecher, E.M. (1984). *Love, sex and aging: Consumer Union report*. Boston (EUA): Little Brown & Co.

Canetto, S.S., Kaminski, P.L. y Felicio, D.M. (1995). Typical and optimal aging in women and men: Is there a double standard? *International Journal of Aging and Human Development*, 40, 1-21.

Cloud, G.C., Browne, R., Salooja, N. y McLean, K.A. (2003). Newly diagnosed HIV infection in an octogenarian: the elderly are not 'immune'. *Age and Ageing*, 32, 353-354.

Dello Buono, M., Zaghia, P.C., Padoania, W., Scocco, P., Urciuolia, O., Pauroa, P. y De Leoa, D. (1998). Sexual feelings and sexual life in an Italian sample of 335 elderly 65 to 106-year-olds. *Archives of Gerontology and Geriatrics*, 26(1), 155-162.

Fonseca Laroque, M., Affeldt, A.B., Habekost Cardoso, D., Lobato de Souza, G., da Glória Santana, M. y Lange, C. (2011). Sexualidade do idoso: comportamento para a prevenção de DST/AIDS. *Revista Gaúcha de Enfermagem*, 32(4), 774-780.

Freixas, A. (2006). *Demà més. Dones, vides i temps*. Barcelona (España): Institut Català de les Dones.

Freixas, A. y Luque, B. (2009). El secreto mejor guardado: la sexualidad de las mujeres mayores. *Política y Sociedad*, 46(1), 191-203.

Gibson, H.B. (1992). *The Emotional and Sexual Lives of older People: A Manual for Professionals*. Nueva York (EUA): Chapman and Hall.

Goodroad, B.K. (2003) HIV and AIDS in people older than 50: a continuing concern. *Journal of Gerontological Nursing*, 29, 18-24.

Gott, M. (2005). *Sexuality, Sexual Health and Ageing*. Berkshire: Open University Press.

Gott, M. y Hinchliff, S. (2003). How important is sex in later life? The views of older people. *Social Science and Medicine*, 56, 1617-1628.

Herrera, A. (2003). Sexualidad en la vejez: ¿mito o realidad? *Revista Chilena de Obstetricia y Ginecología*, 68(2), 150-162.

Hermida, P. y Stefan, D. (2011). La jubilación como un factor de estrés psicosocial. Un análisis de los trabajos científicos de las últimas décadas. *Perspectivas en Psicología*, 8(1), 101-107.

Holden, C.A., McLachlan, R.I., Cumming, R., Wittert, G., Handelsman, D.J., de Krester, D.M. y Pitts, M. (2005). Sexual activity, fertility, and contraceptive use in middle-age and older men: men in Australia, Telephone Survey (MATeS). *Human Reproduction*, 20, 3429-3434.

Janus, S.S. y Janus, C.L. (1993). *The Janus report on sexual behavior*. Nueva York (EUA): John Wiley & Sons, Inc.

Lemieux, L., Kaiser S., Pereira, J. y Meadows, L.M. (2004). Sexuality in palliative care: patient perspectives. *Palliative Medicine*, 18, 630-637.

Lindau, S.T., Schumm, L.P., Laumann, E.O., Levinson, W., O'Muircheartaigh, C.A. y Waite, L.J. (2007). A study of sexuality and health among older adults in the United States. *The New England Journal of Medicine*, 357(8), 762-774.

López, F. (1995). *Necesidades de la infancia y protección infantil I. Fundamentación teórica, clasificación y criterios educativos de las necesidades infantiles*. Madrid (España): Ministerio de Asuntos Sociales.

Fernández-Rouco, N., Fernández-Fuertes, A.A., González, R.J.C. & Hatza, N. (2013, fevereiro). Sexuality in old age: key issues, gender differences and future proposals. *Revista Temática Kairós Gerontologia*, 16(1), "Eroticism/Sexuality and Old Age", pp.141-154. Online ISSN 2176-901X. Print ISSN 1516-2567. São Paulo (SP), Brasil: FACHS/NEPE/PEPGG/PUC-SP

- López, F. (1997). Afecto y sexualidad. *En*: Gómez-Zapiain, J. (Ed.). *Avances en sexología*, 23-62. Bilbao (España): Servicio Editorial de la Universidad del País Vasco.
- López, F. (1999). *La inocência rota. Abusos sexuales a menores*. Barcelona (España): Océano.
- López, F. (2002a) ¿Cómo ser pareja y no perecer en el intento? *Em*: Fernández, P. y Ramos, N. (Coords.). *Corazones inteligentes*, 315-339). Barcelona (España).
- López, F. (2002b). Los afectos y la sexualidad en la vejez. *Esto y Más. Revista sobre estomías*, 1, 16-19.
- López, F. (2012). *Sexualidad y afectos en la vejez*. Madrid (España): Pirámide.
- López, F. y Olazábal, J. (2006). *Sexualidad en la vejez*. (2ª ed.). Madrid (España): Pirámide.
- Leyva-Moral, J. (2008). La expresión sexual de los ancianos: una sobredosis de falsos mitos. *Index de Enfermería*, 17(2), 124-127.
- Malo, C., Valls, J.M. y Pérez, A. (1988). *La conducta sexual de los españoles*. Barcelona (España): Ediciones B.
- Mahieu, L., Van Elssen, K. y Gastmans, C. (2011). Nurses' perceptions of sexuality in institutionalized elderly: A literature review. *International Journal of Nursing Studies*, 48, 1140-1154.
- Minichiello, V., Plummer, D. y Loxton, D. (2004). Factors predicting sexual relationships in older people: an Australian study. *Australasian Journal on Ageing*, 23, 125-130.
- Moreira, E.D., Glasser, D.B. y Gingell, C. (2005). Sexual activity, sexual dysfunction and associated help-seeking behaviours in middle-aged and older adults in Spain: a population survey. *World Journal of Urology*, 23, 422-429.
- Nay, R. (2004). Sexuality and older people. *En*: Nay, R. y Garratt, S. (Eds.). *Nursing Older People: Issues and Innovations*, 276-288. (2ª ed.). Marrickville: NSW.
- Nieto, J.A. (1995). *La sexualidad de las personas mayores en España*. Madrid (España): Imserso.
- Organización Mundial de la Salud (1977). *Clasificación internacional de enfermedades: manual de la clasificación estadística internacional de enfermedades, traumatismos y causas de defunción*. Ginebra (Suiza): OMS.
- Organización Mundial de la Salud. (2002). *Informe mundial sobre la violencia y la salud*. Ginebra (Suiza): OMS.
- Patrick, H., Knee, C.R., Canevello, A. y Lonsbary, C. (2007). The role of Need Fulfillment in relationship functioning and Well-Being: A Self-Determination theory perspective. *Journal of Personality and Social Psychology*, 92(3) 434-457.
- Potts, A., Grace, V.M., Vares, T. y Gavey, N. (2006). 'Sex for life'? Men's counter-stories on 'erectile dysfunction', male sexuality, and ageing. *Sociology of Health and Illness*, 28, 306-329.

- Sosa, M., Navarro, M.C., Limiñana, J.M., Wagner, A., Guerra, J.M., Reyes, A., López, P. y Hernández, D. (1994). Edad de presentación de la menopausia en la mujer canaria. *Revista de Sanidad e Higiene Pública*, 68(3), 385-391.
- Starr, B. y Weiner, M.B. (1981). *Sex and Sexuality in the Mature Years*. Nueva York (EUA): Stein & Day.
- Stausmire, J.M. (2004). Sexuality at the end of life. *American Journal of Hospice and Palliative Care*, 21, 33-39.
- Steverink, N. y Lindenberg, S. (2006). Which Social Needs are important for Subjective Well-Being?. What happens to them with Aging? *Psychology and Aging*, 21(2), 281-290.
- Tessler, S. y Gravitova, N. (2010). Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *British Medical Journal*, 340, 1-11.
- Vasquez-Bronfman, A. (2006). *Amor y sexualidad en las personas mayores. Transgresiones y secretos*. Barcelona (España): Gedisa.
- Villar, F., Villamizar, D.J. y López-Chivrral, S. (2005). Los componentes de la experiencia amorosa en la vejez: personas mayores y relaciones de pareja de larga duración. *Revista Española de Geriatria y Gerontología*, 40(3), 166-177.
- Ward, R., Vass, A.A., Aggarwal, N., Garfield, C. y Cybyk, B. (2005). A kiss is still a kiss? The construction of sexuality in dementia care. *Dementia*, 4, 49-73.
- Winterich, J.A. (2003). Sex, menopause, and culture. Sexual orientation and the meaning of menopause for women's sex lives. *Gender & Society*, 17(4), 627-642.
- World Population Prospects (2002). El envejecimiento de la población mundial, Visited 29 Nov., 2007; from: <http://www.conapo.gob.mx/publicaciones/enveje2005/enveje01.pdf>.
- Zanni, G.R., Wick, J.Y. y Walker, B.L. (2003). Sexual health and the elderly. *The Consultant Pharmacist*, 18, 310-322.

Received on 11/01/2012

Accepted on 11/02/2012

Noelia Fernández-Rouco – Assistant Professor. Faculty of Education. Department of Education. U. of Cantabria (UNICAN/Spain).

E-mail: noelia.fernandezrouco@unican.es

Andrés A. Fernández-Fuertes – Associate Professor. Faculty of Education. Department of Education. U. of Cantabria (UNICAN/Spain).

Rodrigo J. Carcedo González - Associate Professor. Faculty of Psychology. Department of Evolutionary Psychology and Department of Education. U.of Salamanca. (USAL/Spain).

Nikki Hatza – Fulbright Scholar, Spain. B.A. Women’s Studies; B.A. Spanish; B.A. International Studies (USA).