

Sexual Myths and Misconceptions

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Sexuality is a complex and multi-dimensional concept covering the desire for sex, the sexual act and values, and beliefs about sex^[1]. Sexuality also involves the whole experience of a person's sense of self, and includes a person's ability to form relationships with others, feelings about themselves, and the impacts of the physiological changes of ageing on their sexual functioning^[2,3,4]. Sexual desire is an innate urge of all creatures, including humans. The pleasures derived from it provide some of the most delightful joys of which the man can be part. That it should be ignored or become a boring act, just for the purpose of progeny is not only a tragedy but also the gross denial of the life force. Love is a divine energy that creates life; accept it with joy, acknowledge its sacredness and embrace it with a positive mind^[5].

Many sexual myths and stereotypes work against older people and challenge whether the expression of sexuality in old age is appropriate.^[6] The notion that sexuality is a lifelong process goes contrary to the thinking of some elderly people, their children, and health care providers^[7]. Despite studies reporting that older people can be potentially sexually active into later life,^[8] the society

still continues to devalue older people's sexuality with humor, ridicule and distaste^[9]. Kass theorized a *Geriatric Sexuality Breakdown Syndrome* through which elderly people internalize the negative attitudes to which they are exposed and perceive themselves as nonsexual.^[10] Masters and Johnson discovered that "human sexual response may be slowed by the aging process, but it is certainly not terminated." Several recent reports indicate that the majority of women and nearly all men from 50-80 are still interested in sex. These studies also confirm that the majority of the elderly are capable of engaging in and enjoying sex. Physiological changes can affect the sexual response of men and women and may inhibit or enhance sexual function as people age.^[11,12] Although physiological changes dictate that we make certain adaptations to our lovemaking styles, the elderly also have some advantages: with greater sophistication, better communication without fear of rejection, more willingness to experiment, decreased inhibitions, improved sexual responsiveness and proficiency as a lover.^[13] Many of the sexual problems faced by the young resolve naturally with age. Performance anxiety, premature ejaculation and many other common sex problems occur less frequently in the elderly.^[14]

Some of our most cherished sex beliefs are myths, especially about aging; though we as a society at present have access to much more realistic information about sexuality than any society in history, considering the technological advances.

The first myth is that the quality of sex declines for both as they age. Sex does change as we age and it is for good. Men and women are still alive and sexy at 50, 60 and beyond; with more confidence and experience. Couples at 50 are on the threshold of a richer and fuller sex life than they may have enjoyed in the past. As long as we don't lose our zest for life, we don't lose our lust for lovemaking

either.^[15] As we age together as a couple, liking usually deepens. The dance of life becomes more congenial and expectations more realistic. At 50 we can be bold and tender lovers, unafraid of our passion and our lover's desires. A man may not have a hard erection at 50, but he is capable of sustaining it longer and use partial erection to stimulate the partner, slowly building up the sexual response and lift her to orgasm even before intercourse. Older men crave for warmth, intimacy and sensuality in sex that women may have waited all through the years. Able to use a range of touch and sensation beyond the friction of head of penis, sex becomes a whole-body experience. A change in hormonal balance in women in the late third and early fourth decade ,increases their libido, sexual assertiveness and initiative & ability to have orgasms. In their 50s a couple gets matured emotionally and are able to share an intimate sexual relationship. ^[13]Around 75% of men remain sexually active in their seventh decade^[16]. Good health and an interested and an interesting partner, and a loving relationship with mutuality of interests, and regular sexual activity can result in a gratifying life even into the 80s.^[17]

The second common misconception is that erection problems are inevitable and incurable without medical intervention.^[13] Elderly males believe that they should get an erection as hard as it was when they were 19, interpreting natural physiological changes as problems or over-reacting at times to an occasional failure to get an erection. By the fourth decade all males would have had at least one episode of an erectile failure, none the less, they fear that it would become a regular occurrence. This fear would add-on to the stressful lives of the individuals, with added pressure of sexual performance, leading to avoidance of sex. Acts like not putting sexual pressure on the spouse, suspending performance criteria,

decreasing tension in our lives and intimacy are some aspects to be remembered.

A third myth which usually bothers the elderly is that if a woman is not lubricated sufficiently or a man does not get an erection immediately, he or she is not aroused. Sexual arousal may not immediately manifest into physical changes. Moreover as an individual ages erections take a little longer to achieve and may be less firm^[9]. In older women, the physiological effects of aging on sexual function like decreased vaginal lubrication are primarily caused by decreased amounts of circulating estrogen after menopause and not due to lack of desire. For many women, these changes associated with menopause are more than offset by the freedom to explore and enjoy sexual activity without the worry of becoming pregnant.^[18] Hormone Replacement therapy and use of lubricants is definitely helpful in females, if painful intercourse is due to lack of lubrication.

Fourthly, is the misbelief that once a man is no longer aroused by the mere sight of his wife, he will have difficulty making love to her. The older a man gets, arousal requires more tactile stimulation.^[14] This doesn't mean that he is not aroused or is not interested.

The fifth myth is that female desire declines dramatically after menopause. However, many women report an increased sexual desire after menopause. Sixth: There is a common misconception that men peak in their teens. Men achieve a harder and quicker erection in their late teens, than they ever will again in their lives. A man cannot be said to have peaked unless he is able to develop a sexual intimacy and ability to satisfy his partner which is highly unlikely at age 19.^[13]

Seventh, eighth and ninth myths are that women peak in their 30s, that youthful orgasms are more intense and orgasms attained through masturbation are more enjoyable. For most women, sexual responsiveness does improve in their 30s but it doesn't plateau or decrease;^[14] it keeps on growing with age. Also the capacity to have orgasms is not diminished with age. Women's confidence in love making and ease with their bodies continues to grow throughout life.^[13] Masters and Johnson found that orgasms attained through masturbation were more intense but that does not mean that they are more enjoyable.^[17]

Ninth and tenth on the list are: Sex has to end with orgasm and people with Cardiovascular morbidity or other problems should avoid sexual activity altogether. In a study conducted at Boston's New England Deaconess Hospital, which included 1600 people, found that the risk of a myocardial infarction during sex was roughly equal to getting out of bed in the morning. Moreover the risk was greater in an extramarital relationship where the stress levels are higher. Sexual activity can trigger the onset of MI. However, the relative risk is low, and since the absolute hourly risk of MI is extremely low, the absolute risk increase caused by sexual activity also is extremely low (1 chance in a million for a healthy individual). Moreover, the relative risk is not increased in patients with a prior history of cardiac disease and regular exercise appears to prevent triggering. These findings should be useful for counseling patients and decreasing the fear of sexual activity that often prevents complete rehabilitation from cardiovascular disease.^[19,20]

Eleventh and Twelfth are the common misbeliefs that vaginal intercourse is the only kind of sex that counts and that oral sexual activity is only for the young. That intercourse equals sex is a

modern western concept. Kama Sutra, the ancient fourth century work compiled by Vatsyayana, is an extensive treatise on the on the art of making love, accepting and including without inhibitions, physical and mental pleasures as an integral part of human existence. Although popularly known to the world for its erotica, the treatise is about more than sexuality-it is an integration of the spiritual and sensual values of ancient India.^[5] *Loveplay* is the correct term encompassing all the ways men and women have of giving each other sexual pleasure. Most of us know as teenagers the importance of foreplay in the form of touching, kissing and caressing to sexually arouse a women;^[13] and by midlife a man craves for the same as much as a women does, requires it for erection and may sometimes be satisfied with oral or manual lovemaking and even intercourse that does not end in ejaculation.

The man who fulfils himself in terms
Of religion, money, and love,
Now and forever attains happiness,
Both in this world and up above.
Happiness comes from doing what you please,
Without worry, without care,
Without any concern about what might happen
Now or then, here or there.
Strive for the rewards of all three ideals,
All of them have something just for you;
If not all three, then settle for two, and if not two,
Then one , if it's love, will do.

- Auddalaki [5]

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