Marital Issues & Elderly Sexuality

Dr. Amrita Kanchan, Dr. Nawab Akhtar Khan & Dr. TSS Rao

The Need for Human Intimacy for Most People Lasts Until the EndOf Their Life[1]

Marriage is one of the fundamental aspects ina human relationship. It is adyadicrelationship between husband and wife defined by the status and role of "wife" in reciprocity with the status and role of "husband". Marriage is a universal social institution [2] through which an adult male and an adult female, generally acquire a new status of 'husband' and 'wife'.They play reciprocal roles to meet material, sexual, emotional, psychological and spiritual needs , for their survival. This relationship has both positive and negative sides: the former creates and develops self-esteem, satisfaction, regard for each other, security, sense of integrity and capacity of adjustment, and the latter may develop anxiety, stress, embarrassment, insecurity, aggression and even violence within and between partners, depending on how they relate to each other, how they behave with each other, how they consciously deal with conflicts, misunderstanding and resolution, to what extent their interpersonal needsare fulfilled and their wishto continue or discontinue the relationship. Marriage affects

people's life and well-being.Marital quality and sexuality are interrelated. Couples who are satisfied with their marital relationship and communication tend to be satisfied with their sexuality. Couples tend to develop a more comfortable sexual relationship as they age. Over the years the frequency of intercourse tends to decline, but satisfaction with sexual activity in marriage tends to increase.

Social scientists find that sexual relationship in a marriage can be a microcosm of the relationship as a whole. If marriage is reasonably harmonious and provides partners with a sense of emotional security, the sexual aspect of the relationship often reflects this. Similarly, when a marriage is characterized by conflict, misunderstanding and volatile, angry emotional expression, they are more or less apparent in the sexual interaction between these two people.

Since the world population of thoseaged 65and older is expected to reach nearly 830millionin the next two decades, it is anticipated that there willbe increasing attention to the concerns and desires of olderindividuals. India is poised to become home for the second largest number of older persons in the world. Recent statistics related to elderly people in India,(according to census 2001), showed that as many as 75% of elderly persons lived in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. The growinglife expectancies of people mean that, being 60 today, frequently involves continuing intimate relationships with thefamily of origin. These findings draw our attention to understand various aspects of elderly couples.

Marital satisfaction & health in the elderly

Research indicates that positive marital processes (e.g.marital satisfaction, marital happiness) are beneficial to physical health, whereas negative marital processes (e.g. marital conflict) can have a detrimental impact on physical health across the adult lifespan [3]. Pienta, Hayward & Jenkins[4] found that being married during the retirement years has a wide array of health benefits (in terms of the prevalence of fatal and nonfatal chronic diseases, functional levels, and disability). They also found that married individuals aged 50 years and older reported fewer chronic illnesses, better functional health, fewer nursing home days, and fewer physician visits than widowed individuals in the same age group. A close marital relationshipcan be viewed as a significant interpersonal resource across the adult life span, representing potentially the most intimate type of emotionalsupport throughout the adulthood years. Thus, the nature of the marital relationship overand above the marital status can be expected to contribute significantly tophysical health in the elderly. Levenson, Carstensen & Gottman[5] studied elderly couples in his study, and reported that satisfied husbandsand wives had no significant health problems, but dissatisfiedwives reported more health problems. Prigerson and colleagues[6] found that harmonious marriages of matureadults were linked with lower health care costs than marriages characterizedby discord.

Major marital issues in late life transition

Marital quality over the life course has often been characterized as having a U-shaped curve, whereby marital quality decreases until middle-age, when it undergoes an upswing, and then increases in later life [7,8]. Orbuchand colleagues [8], finds that marital

satisfaction declines approximately till 20 to 24 years of marriage, following which it then begins to increase. By the time marital duration reaches 35 to 44 years, marital satisfaction is higher than during the first four years of marriage [8]. Some suggest that this upswing in marital quality is due to the *empty nest effect*, in which spouse's marital quality increases after their children leave the home, but researchers have not conclusively established the cause for the increase in marital quality in the later years [8]. Lee [9] uses *role strain theory* to suggest that marital quality may improve in later life due to decreased role overload and role strain as older adults launch their children and retire from their jobs, but there is little support for this theory. It is possible that the life transitions in older adulthood do not translate into reduced strain, but rather represent new sources of stress. Later life brings new and possibly unpleasant situations, such as retired spouses re-negotiating their roles in the household, caring for relatives in failing health and economic decisions that come with living on a fixed income.

More recent research using longitudinal data however, suggests that marital quality undergoes a sharp decline in the earliest years, followed by a much smaller, but steady decline throughout the rest of the marriage [10, 11]. Rather, marital happiness either declines continuously over the life course, or undergoes an initial decline in the early years of marriage and then levels out in later life [11].

Previous research on marital quality finds support for the idea that marital quality varies based on life course events such as childbirth and retirement [12]. The life course perspective is important to examine marital quality among older adults, as people undergo numerous life events in their later years. While the majority of older adultsarehappy with their marriage, not all later-life marriages are characterized by a high degree of satisfaction

[13,14]. Major events specific to later life have the potential to be related to marital quality, although little research has examined these factors and results have been inconclusive [15,16]. Life changes at older ages such as retirement, changes in income and wealth, movement of children into and out of the parental household, declining health and care-giving responsibilities represent major life changes which may have ramifications in one's marriage.

Retirement is a psychosocial factor which may be positively related to marital quality in terms of spouses having more time to spend together, as well as less stress and pressure associated with their jobs.However, it may have an emotional impact as well and may permanently alter the dynamics of a marital relationship. It usually means a loss of status and identity, as well as a reduction in income. Many older men experience feelings of "uselessness" and "rolelessness", and depression may ensue. They look upto their wives to help fill the new void. Many women resent their husband's continuous presence and the demands on their time, and frequently the man has to deal with his retirement while his wife continues to work. Often the husband insists that his wife should retire also; if his wife enjoys her work, conflict becomes inevitable [17]. The effects of retirement for marital quality appear to occur in stages; the transition to retirement is initially marked by a "honeymoon phase" in which marital quality rises, followed by a decline in marital quality after one to two years [15].

Financial insecurity is another major factor in marital discord at nearly every stage in the family's life cycle. Such insecurity is especially prominent in the elderly; in addition to their decreased income, health problems may be a financial drain[18]. Both saving and spending decisions in later life are affected by the need for a "nest egg" to last through the later years of life. Living on a fixed

income may present new financial problems for some couples. While increased asset accumulation in later life has been linked to higher marital quality [8], others find that socio-economic status and marital quality are not closely related [19].

In later life, one may be caring for their grandchildren and this may require a considerable source of emotional and physical caregiving work as well as a major time commitment. Research on the relationship between caregiving and marital quality is inconclusive. Women in caregiving roles have lower levels of marital quality, but only when their husbands either do not provide emotional support or interfere with their caregiving[20]. The effects of having grandchildren residing in the household on marital quality has received almost no research attention, although some qualitative work suggests that raising grandchildren is negatively associated with marital quality [21].

Masters and Johnson[22] have pointed out that "mutually stimulating sexual relationships need care and feeling by both partners at any age, but especially in the geriatric years". The need for physical contact, warmth and touching perhaps reaches a peak in this age of loneliness, decreased self-esteem and poor health. The meeting of these needs in an elderly couple certainly transcends traditional sexuality, with its focus on sexual intercourse. The quality of marital life also depends upon the frequency of sexual activity. Marital satisfaction and sexual satisfaction are positively correlated to each other. Conditions such as, deteriorating physical health, depression etc. may reduce the frequency of sexual activity which in turn may influence marital satisfaction.

The psychosocial arena of sex in later life

Erik Erikson's psychosocial theory of development is important and applicable in old age as in earlier life stages. The eighth and final stage in this theory explains the implication of the integrity vsdespair. Where one fails on a continuum between these two poles,it profoundly affects one's adjustment to marriage in later life as well as one's friendship patterns. When an individual moves intothe laterpart of his life with a sense of integrity, for Erik Erikson this implies that they can look back over the course of their entire life and feel that they have always tried to do the best they could with the resources available to them at that time. When people can look back over the course of their lives and feel in all honesty that they have tried to do their best, they age with a sense of integrity and a sense of completeness that comes with it. In contrast, when individuals approach the end of their life feeling that at some point they gave up and stopped trying to do the best they could, they instead age with a sense of despair. They are often bitter, self focused individuals with no real potential for integrity and mutuality in later life. Sense of integrity improves marital satisfaction and in turn sexual satisfaction whereas sense of despair may hamper marital and sexual satisfaction.

Intimacy and the elderly

Intimacy and sexuality are basic human needs that are intrinsicto people's sense of self and wellbeing. Intimacy is giving and receiving of love and affection. It involves caring touch, empathic understanding, and comfort in times of need and a feeling of safety in relationships. Sexuality is the feeling of sexual desire, which is expressed through sexual activity. Like intimacy, sexuality is a natural expression of human need. However, for many people

sexuality goes beyond the narrow concept of sexual intercourse, and is bound up with many of the broader expressions of intimacy such as physical closeness, kissing and hugging.

Regardless of age, individuals require companionship, intimacy and love and yetfor older people this intrinsic right is often denied, ignored orstigmatized. There is no clear end to the need for intimacy in the lateryears of life. Social scientists agree that older people are interested in sexuality and intimacy.Most individuals are satisfied with their sexual lives when they were in their 40s, the fact is that 74% of men and 70% of women also report that in late life they are as satisfied as or even more satisfied than they had been in midlife[23]. Recent research suggesting that a high proportion of men and women remain sexually active well into later life refutes the prevailing myth that aging and sexual dysfunction are inexorably linked. When it comes to aging and intimacy, certain negative attitudes, stereotypes, myths, and taboos work against older people who want to continue to have intimate relationships that include physical expressions of love. Sexual thoughts, sexual feelings, and desire persist into advanced age for most individuals. Unfortunately, it is often distasteful for younger adults to think about intimate relationships in others they view as 'too old.' The emotional, mental, spiritual, social, and physical aspects of intimacy are needs that all people have regardless of age.

Sexuality and relationship in later life

Relationship between elderly couples is important because inmany cases, it is difficult to isolate sexual function fromthe relationship. In addition, characteristics of romantic relationshipsthemselves are important determinants of sexual function.Byers [24] found that

sexual satisfaction and relationshipsatisfaction change together. Furthermore, Byers [24] found that changes in intimate communication betweenpartners explained part of the change in concomitantsexual and relationship satisfaction. In addition, relationshipduration may affect sexual frequency. Call and colleagues[25] found that the habituation to sex occurred as relationshipduration increased, resulting in a decline in sexualfrequency. The increase in relationship duration occursat the same time as an individual's age, confounding therelationship between sexual activity and aging. However, sexual frequency decline is not synonymous with a declinein sexual satisfaction. Also, the specific characteristics of an individual'ssexual partner play an important role. Individualpartner characteristics such as physical and mentalhealth status not only impact sexual function in theirown right but also interact with the characteristics of the other partner in the relationship. Asymmetries may existin how partner characteristics, particularly the partner'ssexual function, affect men and women in relationships [26].

While older adulthood may bring some additional aches and pains and a general slowing down of physical functioning, for many people it also brings rewards. For couples who remain within a long term relationship, the opportunities for sexual expression often increase. As pressure from work, children, and fulfilling life's goals wane, there is more time for sharing with a partner. Some people find their sex lives markedly improved by the greater opportunities to explore relaxed and prolonged love making.Intimacy which is a life long need, may find new and deeper dimensions of personal maturity in later years. With age, couples may increasingly emphasize quality rather than quantity of sexual experience. One study of heterosexual men found that, for younger men the amount of sexual activity was important to

their sexual confidence, while for older men it was quality of their encounter that was crucial [27].

Sexual drive can be considerable at any age and for either gender. While the human body has some limits on the maximum age for reproduction, sexual activity can be performed or experienced well into the later years of life. Many older people engage in sexual activities until their eighties or even their nineties.Bretchneider and McCoy [28] studied healthy residents of retirement homes in California and found that 62% of men and 30% of women over 80 had had recent sexual intercourse, while 87% of men and 68% of women had physical intimacy of some sort. Matthias and colleagues [29] found that, of a sample of 1216elderly people in Los Angeles, nearly 30% had participated in sexual activity in the last month and 67% were satisfied with the current level of sexual activity. Helgason and colleagues [30] studied 319Swedish men and found that 46% of the oldest men (70-80 years) reported orgasm at least once a month.

One survey of older adults found that, while sexual frequency declines, enjoyment of sex sometimes increases with age. Many respondents found new techniques for enhancing or maintaining their sexual activity. For example 43% of women and 56% of men provided oral stimulation to their partners. Some used fantasy or sexually explicit materials, others engage in manual and oral stimulation of the breast and genitals, anal stimulation, use of vibrator, various coital positions, sex in the morning or exclusive fondling and cuddling [31].

Being married is no guarantee of a satisfying sexual relationship, particularly as aging progresses. Sometimes it may reduce the sexual intimacy in couples. One partner's sexual interest may lag

behind the others. A woman who finds that her sexual needs are greater than those of her husband may find it quite difficult to seek more frequent sexual activity with him, particularly if the pattern of male initiation has been long established. Misunderstanding about altered patterns of sexual response may give rise to difficulties. A woman may misinterpret her partners slower erectile and ejaculation responses as a sign of waning interest or rejection. Similarly, a man may believe that reduced vaginal lubrication is a sign that his partner is less aroused by him than she used to be [32].

Older people may however redefine their sexual and affectionate relationships. Non sexual closeness to the partner can offer affectionate physical contact, emotional closeness, intellectual stimulation and opportunities for socializing.

Physical changes impact sexuality

Aging is constantly associated with changing biological selves and the effects these bodily changes may have on person's physical and emotional health. There is an increased likelihood of marital dissatisfaction among couples in which one or both partners have a serious health problem. If one partner is ill the other's mobility and chances for satisfaction outside the home are greatly reduced. The illness of a partner who has been dominant in the relationship is likely to upset the equilibrium of the marriage. A common situation is when an authoritarian man who has served as a father figure to his wife suddenly becomes ill and is in need of care. His wife cannot now be expected to take on a role she does not want and has never felt capable of fulfilling. She feels abandoned, angry and helpless, while her husband feels impotent and depressed.

Wives in this situation may become hypochondriacal, stop functioning and may turn to alcohol or drugs[33].

A number of diseases have a major impact on sexuality in women. The disease that most alters a woman's selfimageis breast cancer. Up to 40% of women with breastcancer have a reduction in their sexual activity [34]. The effect of breast cancer on sexuality is highlydependent on the relationship the woman has with herpartner. Menopauseis another condition which may reduce sexual desires; hormonal changes may trigger bodily changes that maydirectly impact a relationship. As estrogen wanes, sex may become painful and a woman may shy away fromintimacy. She may self-doubt her appearance.Self perception is often a measure of arousal in their partner as some kind of validationof their attractiveness. At midlife and beyond, the psychological impact ofone's bodyimage becomes an important componentof how the person see's himself/herself and how he/she see'stheir valuein a relationship. So, physical changes can affect one's willingnessto participate in a sexual relationship, with the result thatone may deny sexual activity [33].

In some exceptional cases physical changes may bring enhancement in sexual functioning. McCall [35] study reports that postmenopausal women associate more cues of love/emotional bonding as compared to premenopausal women. One explanation for the finding may be related to the fact that,postmenopausal women may encounterfewer daily demands (e.g., attaining financial stability,meeting career goals, children living athome, etc.) as compared with premenopausalwomen, and this may allow for more of a focus onher relationship. Consistent with this explanation, Foerster[36] found that all of thewomen in her study reported that the quality of their sexuality had actuallyimproved

with age. Inparticular, aspects of improved quality included adeepening of intimacy within romantic relationships, an increased focus on sensuality (includinga broader appreciation of activities beyond sexualintercourse), and increased time to enjoy sexbecause of fewer work and familial demands.

Issues of elderly gay/lesbian couple

The older gay and lesbian adults over 60are generally an invisible group that is hidden. The reason for this is today's generation over 60grew up during time periods in which they were told that being gay or lesbian was illegal, immoral, sinful, or simply wrong. For these reasons, amajority of these individuals kept their sexuality secret and even today many very old gay men and lesbians do not define themselves as lesbians or gay.Older gay men arestigmatized as lonely, depressed, oversexed, and living a life without the traditionalsupport of family and friends. Older lesbians are often depicted as unattractive,unemotional, and lonely. It is observed that aging concernsof lesbians and gay are primarily the same ones concerning most aging adults -loneliness, heath care, employment, housing, and long term care. However, there are many uniqueissues facing the elderly gay and lesbian population. Some issues are identified asof particular concern for the older gay or lesbian.

Often gay/lesbiansare less likely to have strong family support systems in place to have relatives to care for them during aging. They are twice as likely to enter old age living as a single person; and two and a half times more likely to live alone. Because institutionalized homophobia as well as cultural discrimination and harassment still exist, they are less likely to access health care,

housing, or social services or when they do, find the experience stressful or demeaning[37].

These individuals also tend to have less money, worse health and they are much more likely to be alone in comparison to heterosexual people. There are several reasons for this but the main one is discrimination in the form of shunning from family, friends, and/or coworkers.Gay men and lesbians often make less money or lose their jobs due to their sexual orientation. Often they are passed over for promotions that go to straight people.Due to the issues at work gays and lesbians get smaller paychecks, which make it harder to plan for retirement. They also are not able to get the same level of quality healthcare as those in higher positions. This also means smaller pensions to live on later in life. This can affect partners as well since the laws in most states do not support gay marriage or common law living between same sex couples. These partners will not have access to the same benefits when their loved one dies either.Often, partners are not allowed to visit their loved ones in the hospital, not allowed to participate in health care decisions of their life-partner, are not allowed to live together in retirement facilities, or are even barred or excluded from funeral arrangements. This discounting of primary relationships can have a tremendous, painful effect on the gay men or lesbians involved.

Aging gay and lesbian individuals, however, may face more difficult financial problems than their heterosexual counterparts who have the benefit of legal marriage.A gay or lesbian retiree who is not legally married can only receive social security at a singleperson's rate, even though social security benefits and other retirement funds, if present, areoften needed to support both partners in a same-sex relationship. When one of the members of

asame-sex couple dies, the survivor is greatly disadvantaged compared to a heterosexual widowor widower: Social Security payments stop, retirement plan benefits are heavily taxed, andsurvivors must pay estate tax on inherited homes, even if jointly owned.

Older gay men and lesbians are also concerned about housing. Often the stigma alone of being gay, lesbian keeps the elderly out of retirement homes and those that do get in are often shunned and treated with disrespect.

In conclusion, Aging is an inevitable major life transition characterized by major psychosocial issues such as changing employment patterns and retirement, care giving for grandchildren, navigating a changing economic situation, transitioning to an empty nest, deteriorating physical health etc. These life changes may bring subtle changes in one's self perception and influence marital quality of the individual.Marital quality in turn may influence the frequency and quality of sexual activity. There is also a paucity of research examining possible consequences of marital quality forolder adults.Although marital quality has received much research attention, most prior research focuses on the predictors of marital quality in the general population, orin the early years of marriage and across the transition to parenthood. Little research has focused onmarital quality in later life, and how circumstances in later life may be related to marital and sexual quality. This indicates the need for extensive study in this direction.

References:

1. Kuhn, D. Intimacy, sexualityand residents with dementia.Alzheimer's Care Quarterly, 2002; 3, 2, 165–76.

2. United Nations.*Patterns of First Marriage: Timing and Prevalence*. New York, 1990.

3. Kiecolt-Glaser, J. K., & Newton, T. L. Marriage and health: His and hers. Psychological Bulletin, 2001; *27,* 472-503.

4. Pienta, A. M., Hayward, M. D. &Jenkins, K. R. Health consequences of marriage for theretirement years. Journal of Family Issues, 2000, 21, 559-586.

5. Levenson, R.W, Carsrensen, L.L &Gottman, J.M. Long Term Marriage: Age, Gender and Satisfaction. Psychology and Aging, 1993; 8: 301-313.

6. Prigerson H., Maciejewski, P. &Rosenheck, R. Preliminary explorations of the harmful interactive effects of widowhood and marital harmony on health, health service use, and health service costs. The Gerontologist, 2000, 40, 349-357.

7. Schumm, W. R., &Bugaighis, M. A. Marital quality over the marital career: Alternativeexplanations. Journal of Marriage and the Family, 1986; 48, 165-168.

8. Orbuch, T. L., House, J. S., Mero, R. P., & Webster, P. S. Marital quality over the lifecourse. Social Psychology Quarterly, 1996; 59, 162-171.

9. Lee, G. R. Marital satisfaction in later life: The effects of nonmarital roles. Journal of Marriage and the Family, 1988b; 50, 775-783.

10. Glenn, N. D. The course of marital success and failure in five American 10-year marriage cohorts. Journal of Marriage and the Family, 1998; 60, 569-576.

11. VanLaningham, J., Johnson, D. R., & Amato, P. Marital happiness, marital duration, and the U-shaped curve: Evidence from a five-wave panel study. Social Forces, 2001; 78, 1313-1341.

12. Adelmann, P. K., Chadwick, K., &Baerger, D. R. Marital quality of Black and White adults over the life course. Journal of Social and Personal Relationships, 1996; .13, 361-384.

13. Cooney, T. M., & Dunne, K. Intimate relationships in later life: Current realities, futureprospects. Journal of Family Issues, 2001; 22, 838-858.

14. Kaufman, G., & Taniguchi, H. Gender and marital happiness in later life. Journal of Family Issues, 2006; 27,735-757.

15. Davey, A. &Szinovacz, M. E. Dimensions of marital quality and retirement. Journal of Family Issues, 2004;25,431-464.

16. Umberson, D., Williams, K., Powers, D., & Chen, M. D. As good as it gets? A lifecourse perspective on marital quality. Social Forces, 2005; 84,487-505.

17. Solomon, K.The masculine gender role and its implications for the life expectancy of older men. Journal of American Geriatric Society,1981;29: 297-301

18. Vines, N.R. Adult unfolding and marital conflict. Journal of Marital&Family Therapy, 1979;5-14.

19. White, L., & Keith, B. The effect of shift work on the quality and stability of maritalrelations. Journal of Marriage and the Family, 1990; 52, 453-462.

20. Suitor, J. J. Family caregiving and marital satisfaction: Findings from a 1-year panel study of women caring for parents with dementia. Journal of Marriage and the Family, 1994; 56, 681-690.

21. Jendrek, M. P. Grandparents who parent their grandchildren: Effects on lifestyle. Journal of Marriage and the Family, 1993;55, 609-621.

22. Master, W.H, & Johnson, V.E Sex and the aging process. Journal of American Geriatric Society,1981; 29: 385-390.

23. Giorgianni,S.J, Grana, J. &Sewell. S.Intimate Relationships: A Vital Component of Health. The Pfizer journal,2000; Vol. 4.

24. Byers, E.S.Relationship satisfaction and sexual satisfaction: a longitudinal study of individuals in long-term relationships. Journal of Sexual Research, 2005; 42:113–118.

25. Call, V., Sprecher, S. & Schwartz, P. The incidence and frequency of marital sex in a national sample. Journal of Marriage & Family, 1995; 57:639–652.

26. Lindau, S.T., Schumm, L.P. &Laumann, E.O., et al. A study of sexuality and health among older adults in the United States. Northern England Journal of Medicine , 2007; 357:762–774.

27. Sinclair I. and Williams J. Elderly people: coping and quality of life. The kaleidoscope of care: a review of research on welfare provision for elderly people. London: HMSO, 1990. 67-86.

28. Bretchneider, J. & McCoy N. Sexual interest and behaviour in healthy 80-102 year olds. Archive of Sexual Behaviour. 1988; 17: 109-29

29. Matthias, R.E., Lubben, J.E., Atchison, K.A. & Schweitzer, S.O.Sexual activity and satisfaction among very old adults: results from a community-dwelling Medicare population survey. Gerontologist, 1997;37: 6-14.

30. Helgason, A.R., Adolfsson, J., Dickman, P.et al.Sexual desire, erection, orgasm and ejaculatory functions and their import-ance to elderly Swedish men: a population-based study. Age Ageing, 1996; 25: 285-91.

31. Brecher, E.M Sexual behavior In old age; little Brown; Boston.

32. Goldstein,S. &Preston,J. (1984). Marital therapy for the elderly. Canadian Medical Association Journal, 1984; vol. 130: 1551-1553.

33. Renne ,K.S Correlates of dissatisfaction in marriage. Journal of Marriage& Family, 1970; 32: 54-67

34. Kaiser, F.E. Women's health issues. The Medical Clinics of North America, 2003; 87: 11-13.

35. McCall, K. &Meston, C. Differences between Pre- and Postmenopausal Women in Cues for Sexual Desire. Journal of Sexual Medicine, 2007; 4: 364–371

36. Foerster. G.P. The relationship between body image and sexuality for women in their sixties: A qualitative study. Dissertation Abstract International, 2002; 62: 4252.

37. Cassell, H. LGBT Health Care Movement Gains Momentum. Bay Area Reporter, 2007; Vol. 37; 42: 10-20.

Dr. Amrita Kanchan
Lecturer, Dept. of Psychology
AIISH, Mysore

Dr. Nawab Akhtar Khan
Lecturer,Dept. of Psychiatry
JSS, Medical College, Mysore

Dr. TSS Rao
Prof and head of the department,
Dept. of Psychiatry
JSS, Medical College, Mysore