The Little Blue Pill and the Rise in STI's among the Elderly

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STI's have been a serious issue for decades. Countless efforts to improve sexual health have attempted to reach people all over the world. However, the one demographic that has yet to be bombarded with sexual heath campaigns is the elderly. Generally, there is a widespread assumption that the elderly simply are not at risk for contracting STI's. The elderly are left in the dark when it comes to understanding sexual health practices and the risks of being sexually active. In recent years, people are living longer and engaging in intimate relationships partly in thanks to the miracle pill Viagra. This article looks at the facts regarding STI trends among the elderly. There is no refuting that efforts need to be aimed at curbing this unfortunate trend. This is a call to action for both research and awareness to help this population evade the harmful STI's that have plagued our society for years.

[1] Sexually active senior citizens have been a topic that is rarely addressed in our social world. It is not a thought that one wants to mull over in any critical sort of way. It is just too far of a stretch for us to imagine, or even to want to imagine for that matter. We are comfortable believing the elderly are nonsexual beings who along with disengaging from society have also disengaged from intimate relationships. We as a society have come to embrace a more open attitude about sexuality in general, but when it comes to the elderly we choose to hold on to a Victorianesque ideology that has contributed to a rise in STI's and HIV among the elderly. This specific age group is looked upon as being out of the loop when it comes to safe sex practices. Another major contribution to this situation is the growing popularity of the miracle pill Viagra. Both the high use of pills like Viagra and the limited attention given to the sexual activity of the elderly has put the demographic at a high risk for contraction of an STI.

The U.S Center for Disease Control reports that individuals age fifty and older represent more than ten percent of total AIDS cases in the United States and that HIV cases are increasing among individuals in their sixties and seventies. During the last decade HIV

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cases have risen five hundred percent among senior citizens. Currently, twenty seven percent of individuals living with AIDS are age fifty and older (cdc.gov). These numbers are in direct conflict with our naively held stereotypes of the elderly and sexual behavior. Take the case of retirement community The Villages in Orlando Florida. In 2006 news broke of a significant number of the elderly having contracted a sexually transmitted infection (local6.com). A gynecologist near the community reports that she has "treated more cases of herpes and HPV in the retirement community than she did in the city of Miami" (local6.com). Such cases are too significant for us to just ignore. Action needs to be taken in order to control the spread of these diseases.

Researchers and health care professionals have attributed this rise of STI cases in this demographic to two main factors: rise in Viagra use, and lack of education regarding safe sex issues. In an article in AARP magazine, Susan Jacoby expounds on the subject of Viagra. Jacoby points out that the Baby Boom generation is a product of "radically changing sexual mores" and that these changing norms have been perpetuated in older age by the use of Viagra (2005). The once held notion of aging has been directly challenged via the use of this little blue pill. Jacoby reports that the number of men who have tried or used Viagra has doubled since 1999 (2005). It is now time for a cultural shift in our thinking and planning when it comes to this demographic. Dunn and Cutler refer to a study conducted by the NCOA (National Council on the Aging) that reports forty eight percent of older adults as being sexually active, with individuals in their sixties (71% of men and 51% women) being sexually active, individuals in their seventies (57% men and 30% women) being sexually active, and individuals in their eighties (25% men and 20% women) as being sexually active (2000). These statistics confirm that elderly couples are human beings with sexual needs. Their behavior places them at a risk of contracting a life threatening disease.

Now that we have confirmed the fact that the elderly population is at risk of contracting STI's, let us focus on the subject of sex education for older adult. Dunn and Cutler open dialogue pertaining to this subject. They point out that, "because many older adults are sexually active, and more will become sexually active, new treatment modalities, safe sex information and council will be essential" (Dunn and Cutler 2000). They also point out the importance of health care professionals being open and honest in screening procedures including asking questions about sexual history and current activity and being a direct resource for HIV and STI education for the elderly (Dunn and Cutler 2000). For many elderly individuals the idea of sex education is not something ingrained in their minds as it has been with subsequent generations. In addition, they have surpassed the child bearing years and feel no need to use condoms. Widows are back in the dating scene and possibly having inter-course with a man, who may have engaged in risky sexual behavior. All of the risks surrounding STI's and HIV in the younger generations are exactly the same in older generations. Yes, this means we need to include the elderly in such risk factors as

multiple sex part-ners, sex with high risk populations such as prostitutes. We cannot ignore this population because we want to hold back on our thoughts about sexually active elderly in order to avoid being uncomfortable. What we should be un-comfortable with is “an estimated 30,000 men and women were 45 or older at the time of their HIV diagnosis. Americans 45 or older accounted for thirty percent of all those diagnosed with AIDS in 2002 who had been infected through heterosexual sex” (Gottesman 2005).

Dr. Adam Zweig attributes the rise of HIV/AIDS in the older population using two explanations. “First, people are now living longer with HIV. Second, there is an increase in risky sexual behavior (such as not using condoms). There’s been so much success treating the infection, the fear factor is gone” (Gottesman 2005). Such statements by noted professionals reiterate the im-portance of education in safer sex practices. These disparities could be attributed to a cohort effect. Many now widowed or single older adults were monogamously married during the first AIDS crisis withholding the mentality that they were immune to this disease by being heterosexual and married. Today, newly single or widowed men/women in their older years still carry the mentality that they are immune and untouchable when it comes to contracting sexually transmitted diseases.

There is a greater health concern with the elderly and STI’s, but for HIV in particular. Zelenetz and Epstein draw attention to the fact that “The elderly are at risk for HIV infection and carry a high mortality if diagnosed… 37% of individuals 80 years and older have been reported to die within a month of diagnosis” (1998). They confirm that both normal aging aspects such as changes in the immune system functioning and poor nutrition among this population contribute to the pro-gression of the disease. Gottesman also directs attention to the fact that many HIV medications exacerbate other chronic ailments such as liver problems, diabetes, and high blood pressure (2005). This stresses the importance of health care professionals, social workers, and other professionals who work with the elderly to take seriously screening and education on HIV.

Research has shown that there is a significant increase in total knowledge scores after AIDS education sessions are held among elderly groups (Rose 1996). Rose conducted research on a total of 458 older people at 28 senior meal sights. A pre and post questionnaire judged on an eight point Likert scale was administered before and after an AIDS awareness seminar (Rose 1996). Rose’s results also garnered data that points to a disparity between knowledge of con-traction and knowledge of who is at risk; “the 458 older people surveyed were fairly knowledgeable about AIDS but generally did not believe themselves susceptible to the disease” (1996). Findings such as this point to a gap in previous research most likely due to an age, period, cohort effect juxtaposed with the perpetuation of cultural stereo-typical ideology. Research in this area of gerontology must be taken seriously and further discussed in order to help those with advanced HIV, those susceptible to HIV, and subsequent generations. We must first and foremost remember we do not have a cure for HIV despite the fact

that medical advances have improved the quality of life for those infected. Anybody is susceptible to this disease by practicing certain risky behaviors regardless of age, race, ethnicity, gender, or sexuality. These risky behaviors must now be thought of in terms of a population that was self reported to have been under the impression that they were not at risk and also thought of in terms of society as a whole in the way of the elderly being nonsexual beings.

All of the literature reviewed for this analysis seems to point to an obvious need for further research in this area of gerontology as well as a need for a shift in cultural perspectives when it comes to sexual activity in the later years. A revamped Health Behavior model and a harm reduction approach may prove beneficial in combating what could grow into a veritable scourge in our society. Research shows improvement in the knowledge/behavior associated with risk taking after proper education by professionals (Rose 1996). This serves as valid and reliable proof for the need for institutionalized educational campaigns. Organizations such as AARP and DHHS could be an excellent catalyst for such a campaign in the form of PSA's and educational propaganda geared toward a growing demographic; the elderly. Those in the field of gerontology research, on a theoretical level, could consider such risk taking and HIV prevalence in formation of theories that could then trickle down to those in the applied professions to center their training. HIV and STI's are now relevant factors in society's construction of the retirement years much in the same way they became constructions to younger generations as they pertain to a healthy sex life.

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