

A systematic review of sexual health and subjective well-being in older age groups

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ABSTRACT

Objectives. This systematic review aimed at assessing the associations between sexual health and subjective well-being in older age groups (i.e. people aged between 40 and ≥90 years).

Methods. A systematic search was conducted of the Web of Science, MEDLINE, EBSCO, Scopus, SciELO and LILACS (Latin American and Caribbean Health Sciences Literature) databases for studies published until September 2021. Search strings included a combination of terms such as “sexual health” or “sexuality” and “well-being” and terms related to the measures that assess the constructs of interest. This systematic review followed PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Results were grouped into four categories that assess the interplay between sexual health and subjective well-being: cognitive and attitudinal factors, sexual behavior, sexual function and sexual satisfaction. The subjective well-being domains that were analyzed were life satisfaction, positive and negative affect, and psychological well-being.

Results. A total of 15 quantitative studies were reviewed, of which 14 were articles and 1 was a doctoral dissertation. Findings suggest that living a fulfilling sexual life is an essential part of subjective well-being.

Conclusions. This review suggests that programs aiming to promote well-being in older age groups should also encourage a fulfilling sexual life.

Keywords

Aging; sexuality; sexual health; personal satisfaction.

Subjective well-being is defined as “all of the various types of evaluations, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction and work satisfaction, interest and engagement, and affective reactions to life events, such as joy and sadness” (1). The World Health Organization (WHO) and the World Association for Sexual Health acknowledge the important positive influences of fulfilling sexual experiences on well-being throughout the life span, including at older ages (2, 3). Research suggests that sustained sexual desire and being sexually satisfied may contribute to successful aging (4, 5). Older people

not only regard sexuality as an important component of their individual well-being (6) but also sexual expression in older age may be beneficial to physical and mental health (7).

Additionally, subjective well-being potentially acts as a health-protective factor (8, 9). The appraisal of one’s subjective well-being has become a key topic in public policy, with improving a population’s well-being emerging as an important societal goal (8). Research suggests that well-being is particularly important because pleasant experiences, life satisfaction and psychological well-being are related to health and quality of life as people get older (8). Despite the relevance of sexuality

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in older age, there is a lack of systematic research about how sexual health indicators – such as sexuality-related beliefs and attitudes, sexual behavior, sexual function and sexual satisfaction – are associated with subjective well-being. For the purpose of this review, subjective well-being comprises three concepts: evaluative well-being (i.e. an appraisal of whether people are satisfied with their life), hedonic well-being (i.e. feelings such as happiness or sadness) and eudaimonic well-being (i.e. meaning and purpose in life) as proposed by the Organisation for Economic Co-operation and Development's guidelines on measuring subjective well-being (10).

In parallel, sexual health is regarded as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence” (11).

Considering that promoting subjective well-being is emerging as an important societal goal (8) and research indicates that maintaining a fulfilling sexual life has a positive effect on aging (4, 5) and health (7), this systematic review aimed at verifying whether current research answers the following question: Is there a link between sexual health indicators and subjective well-being in older age groups?

METHODS

Data search

This systematic review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (12).

The literature search was conducted in September 2021 using the Web of Science, MEDLINE (PubMed), EBSCO (APA PsycARTICLES and APA PsycInfo), Scopus, SciELO and LILACS (Latin American and Caribbean Health Sciences Literature) databases. Different combinations of search strings were used to increase the number of potential records retrieved. Results were not restricted by year of publication.

The search was conducted using the following strings: (i) well-being AND (“sexual health” OR sexuality OR “sexual well-being”) AND (aging OR ageing OR elderly OR “older adults” OR seniors OR geriatrics); (ii) (“satisfaction with life” OR “positive affect” OR “negative affect”) AND (“sexual health” OR sexuality OR “sexual well-being”) AND (aging OR ageing OR elderly OR “older adults” OR seniors OR geriatrics); (iii) well-being AND (GMSEX OR “Global Measure of Sexual Satisfaction” OR SPS OR “Sexual Pleasure Scale” OR NSSS OR “New Sexual Satisfaction Scale” OR ISS OR “Index of Sexual Satisfaction” OR “sexual well-being”) AND (aging OR ageing OR elderly OR “older adults” OR seniors OR geriatrics) AND sexual* AND (function* OR dysfunction*); (iv) (SWLS OR “Satisfaction with Life Scale” OR PANAS OR “Positive and Negative Affect Schedule”) AND (“sexual health” OR sexuality OR “sexual well-being”) AND (aging OR ageing OR elderly OR “older adults” OR seniors OR geriatrics) and (v) (SWLS OR “Satisfaction with Life Scale” OR PANAS OR “positive and negative affect schedule”) AND (GMSEX OR “Global Measure of Sexual Satisfaction” OR SPS OR “Sexual Pleasure Scale” OR NSSS OR “New Sexual Satisfaction Scale” OR ISS OR “Index of

Sexual Satisfaction” OR “sexual well-being”) AND (aging OR ageing OR elderly OR “older adults” OR seniors OR geriatrics).

Eligibility criteria

Studies were eligible for inclusion if their sample included participants aged ≥65 years or participants' mean age was >60 years or analyses were stratified by age; they had an assessment of sexual health (e.g. sexual function, sexual behavior, sexual satisfaction, sexual well-being); subjective well-being was assessed using a validated measure; and the data analysis tested a statistical association between sexual health and subjective well-being. Studies were excluded if they used a non-quantitative evaluation of the dimensions of sexual health and well-being or they were not an original study (e.g. if the study was a review or unpublished dissertation) written in English, Portuguese or Spanish.

Study selection and analysis

After the data search was completed and duplicate records were eliminated, the search results were downloaded into a Rayyan database (<https://www.rayyan.ai/>). The first author (PV) performed the initial screening based on the title, abstract and full text of the document to identify papers that examined indicators of sexual health and subjective well-being. When required, the coauthors (CP, SJS, RG and PN) judged whether to select or discard a paper and resolved any disagreements about inclusion.

Information relevant to conducting a narrative synthesis of the results was retrieved from the studies that fulfilled the eligibility criteria. Specifically, studies were coded according to the year of publication, country where the study was conducted, sample characteristics (e.g. age and gender of participants), study design and the assessment methodology used for both the sexual health and subjective well-being domains.

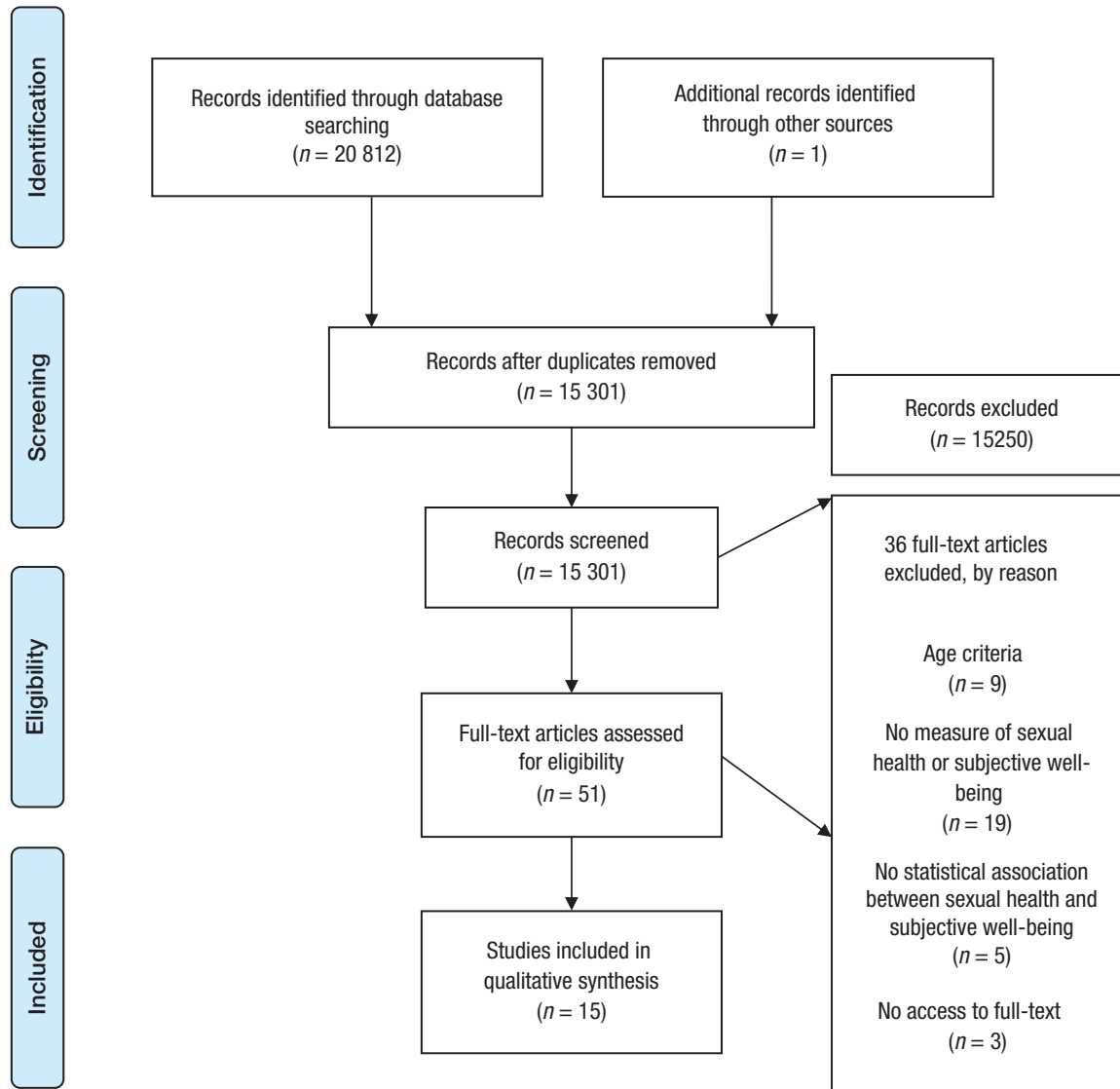
RESULTS

A total of 20 812 publications were identified. One additional publication was retrieved through a manual search of the reference lists. After duplicates were removed, 15 301 records remained to be screened based on their title; 357 records were screened based on their abstract; and 51 of these were included in the full-text screening. The full-text screening of potentially relevant articles assessed against the eligibility criteria resulted in a total of 15 included studies. Figure 1 illustrates the process of data screening and study selection.

All studies included in the review provided quantitative analyses. Sexual diversity was not explicitly defined as an exclusion criterion for study selection, but no information about its assessment was identified in the included studies.

The 15 studies that examined sexual health and subjective well-being in older age groups used a variety of scales and some used more than one: 6 studies used the Satisfaction with Life Scale (13), 6 used the Center for Epidemiologic Studies Depression Scale (14), 2 used Cantril's Ladder (15), 1 used the Life Satisfaction Index-A (16), 1 used the Positive and Negative Affect Schedule (PANAS) (17), 1 used the Ryff Scales of Psychological Wellbeing (18), and 2 studies used other measures. Study characteristics are described in Table 1.

FIGURE 1. Flowchart of study screening and selection



Source: Figure prepared by the authors, according to PRISMA guidelines (12).

Main findings

Results from the studies included in this review suggest that sexual health is significantly linked with subjective well-being in older age groups. The findings can be grouped into four categories: (i) studies concerning cognitive and attitudinal factors related to sexuality and subjective well-being, (ii) studies concerning sexual behavior and subjective well-being, (iii) studies concerning sexual function and subjective well-being and (iv) studies concerning sexual satisfaction and subjective well-being. Results are discussed separately by category

Cognitive factors and subjective well-being

In a study of men aged between 70 and 94 years, participants answered the question “How important is sex in your life now?” (19). Most indicated that sex was no longer important,

with a minority of participants stating that sex still remained a very important aspect of their lives. These results varied by age, with younger participants tending to report that sex was more important than the older participants did. Regarding the relationship between importance of sexuality and life satisfaction, results pointed to the absence of a significant association ($P > 0.05$) (19).

Research looking at the role of sexual attitudes and knowledge about sexuality on life satisfaction in men and women aged >65 years revealed that sexual attitudes were more positive among younger participants, and among those who had a high school degree or higher educational level and among those who lived with their partner. The same applied to knowledge about sexuality: scores were higher for these same groups of participants, particularly for men (20).

In terms of the relationship between sexual attitudes and knowledge and life satisfaction, there were significant

TABLE 1. Summary of studies included in the review that analyzed sexual health and subjective well-being

Study author, year (reference number)	Country	No. of participants	Sample	Age range (years)	Gender	Study design	Measures		Statistical analysis	Results
							Sexual health	Subjective well-being		
Austrom et al. 2003 (30)	USA	1 237	Community	61 to 100	Physicians: 95% men	Longitudinal	Sexual satisfaction	Self-reported life satisfaction	Logistic regression	S
Buczak-Stec et al. 2019 (31)	Germany	12 105	Population-based	40 to 95	47.7% women	Longitudinal	Sexual satisfaction	SWLS PANAS	Linear fixed-effect regression	S
Eckhouse 2018 (21)	USA	4 601	Population-based	51 to 74	First wave: 54% women	Longitudinal	Frequency of sexual activity Sexual satisfaction	Ryff Scales of Psychological Wellbeing	Hierarchical multiple regression	S
Freak-Poli et al. 2017 (23)	Netherlands	2 373	Population-based	65 to 98	58.9% women	Cross-sectional	Frequency of sexual activity Frequency of physical tenderness	CES-D Cantril's Ladder (Cantril Self-Anchoring Striving Scale)	Logistic regression	S
Jackson et al. 2019 (24)	England	5 831	Population-based	>50	55.2% women	Cross-sectional	Decline in sexual frequency and function	CES-D SWLS	ANOVA	S
Karraker et al. 2011 (26)	USA	1 786	Population-based	57 to 72	48.5% women	Cross-sectional	Frequency of sexual activity	Happiness (1 item)	Ordinary least squares regression	S
Lee et al. 2016 (25)	England	4 296	Population-based	50 to ≥90	50.3% women	Cross-sectional	SRA-Q	CES-D SWLS	Multiple linear regression	S
Lee et al. 2016 (29)	England	6 201	Population-based	50 to ≥90	55.7% women	Cross-sectional	SRA-Q	CES-D	Logistic regression	S
Liu et al. 2019 (27)	USA	1 768	Population-based	62 to 90	50% women	Longitudinal	Frequency of giving and receiving oral sex	CES-D	Actor-partner interdependence model	S
Lu et al. 2020 (28)	China	1 267	Community	50 to 70	Men	Cross-sectional	IIEF-5 IELT PEDT	SWLS	ANOVA	S
Park et al. 2016 (20)	Republic of Korea	571	Community	65 to ≥90	51.8% women	Cross-sectional	ASKAS	SWLS	Pearson's correlation Hierarchical multiple regression	S
Schafer et al. 2013 (32)	USA	1 648	Population-based	30 to 74	47% women	Longitudinal	Sexual satisfaction	Life satisfaction (1 item)	Fixed-effects regression	S for men NS for women
Skatacka and Gerymski 2019 (22)	Poland	83	Community	60 to 81	60.2% women	Cross-sectional	Frequency of sexual activity Types and numbers of intimate activities Sexual satisfaction	SWLS	Spearman's Rho Multiple linear regression	S
Thomas 1991 (19)	England	46	Community	70 to 94	Men	Cross-sectional	Importance of sexuality	Cantril's Ladder (Cantril Self-Anchoring Striving Scale) LSI-A	Pearson's correlation	NS
Thompson et al. 2011 (33)	USA	1 235	Community	60 to 89	Women	Cross-sectional	Sexual satisfaction	CES-D	Multiple linear regression	S

ANOVA: one-way independent analysis of variance; ASKAS: Aging Sexuality Knowledge and Attitude Scale; CES-D: Center for Epidemiologic Studies Depression Scale; IELT: self-estimated Intravaginal Ejaculatory Latency Time; IIEF-5: International Index of Erectile Function; LSI-A: Life Satisfaction Index-A; NS: not significant; PANAS: Positive and Negative Affect Schedule; PEDT: Premature Ejaculation Diagnostic Tool; S: statistically significant; SRA-Q: Sexual Relationships and Activities Questionnaire; SWLS: Satisfaction with Life Scale.

Source: Table prepared by the authors.

associations between sexual attitudes and life satisfaction ($r = 0.121$, $P < 0.01$) and between knowledge about sexuality and life satisfaction ($r = 0.144$, $P < 0.01$) (20).

Sexual attitudes and knowledge emerged as significant dimensions when analyzing the predictive value of different

factors on older adults' life satisfaction. In the general model, for both men and women sexual knowledge had a significant association with life satisfaction ($\beta = 0.11$, $t = 2.17$, $P < 0.05$). When accounting for gender differences, results indicated that for men sexual attitudes significantly predicted life satisfaction

($\beta = 0.16, P < 0.05$), while for women sexual knowledge emerged as a determining factor ($\beta = 0.17, P < 0.01$) (20).

Sexual behavior and subjective well-being

A portion of studies included in this review analyzed the association between the frequency of sexual activity and subjective well-being. Of the seven studies that addressed sexual behavior and frequency of sexual activity, only one did not provide a definition of sexual activity, instead measuring the frequency of sexual activity by using the question, "During the past 12 months, about how often did you have sex with your spouse or partner?" (21). Most studies provided a description of sexual activity or listed different sexual activities, including or differentiating physical tenderness (e.g. fondling, caressing, kissing).

In a community-based study, Skalacka and Gerymski (22) showed that not only was the frequency of sexual activity ($r_s = 0.44, P < 0.05$) linked with life satisfaction but the variety of sexual behaviors ($r_s = 0.43, P < 0.05$) was also linked. Freak-Poli and colleagues (23) showed that after controlling for a set of demographic and health-related covariates, the frequency of sexual activity was linked with life satisfaction in partnered participants ($P < 0.001$). For unpartnered participants, physical tenderness was linked with life satisfaction ($P < 0.05$) (23). A study that stratified analyses by gender and age highlighted that a 1-year decline in the frequency of sexual activity negatively affected life satisfaction in women ($P < 0.001$) aged 60–69 years ($F_{1,897} = 5.57, P = 0.019$) (24). In a population-based study, women ($b = -1.14, P < 0.01$) and men ($b = -1.00, P < 0.05$) who indicated they had infrequent sexual activity or no sexual activity during the past month had less satisfaction with life (25).

In terms of the interplay between sexual behavior and affect, the frequency of sexual activity was linked with positive affect ($P < 0.001$) (23). A 1-year decline in the frequency of sexual activity was linked with negative affect in both men and women ($P < 0.001$) (24). A nationally representative study that stratified analyses by age found that for both men ($F_{7,912} = 5.89, P < 0.001, R^2 = 0.04$) and women ($F_{7,858} = 8.03, P < 0.001, R^2 = 0.06$), the frequency of sexual activity is positively linked with happiness when compared with results from a younger age group (26). In a population-based dyadic study that focused on the influence of a specific sexual behavior, receiving oral sex was linked with positive affect through the respondent's appraisal of relationship quality (27). Specifically, when the female partner reported higher levels of relationship quality, she and her male partner were more likely to be happier ($\beta = 0.482, P < 0.001$ for the effect on the actor; and $\beta = 0.085, P < 0.05$ for the effect on the partner) (27). In contrast, when the male partner indicated a higher-quality relationship, he was more likely to report higher levels of happiness ($\beta = 0.365, P < 0.001$), but his partner was not (27).

Only one study addressed the relationship between sexual behavior and eudaimonic subjective well-being (21). Results indicated that the frequency of sexual activity added to the prediction of change in psychological well-being (R^2 change = 0.002, $P = 0.03$). However, including the frequency of sexual activity did not increase the variance explained in psychological well-being (21).

Sexual function and subjective well-being

This review found relationships between sexual function and subjective well-being in older age. A population-based study

found a significant association between sexual desire and life satisfaction in men ($P = 0.012$), suggesting that men who had reduced sexual desire also reported lower life satisfaction (24). Lee and colleagues (25) found a consistent pattern of associations between sexual function and life satisfaction among women. For instance, women with difficulties in arousal and desire were more prone to report lower levels of life satisfaction ($b = -1.14, P < 0.01$). By comparing men with and without declines in sexual function, a study revealed that men with erectile or orgasmic complaints reported being less satisfied with their life ($P < 0.001$) (28).

Findings also suggested an association between sexual function and affect. Both men and women who reported a loss of sexual desire tended to have higher levels of negative affect ($P = 0.001$) (24). Results from a study of partnered older adults pointed out that men with orgasmic difficulties ($b = 0.25, P < 0.05$) or severe complaints about orgasmic and erectile dysfunction ($b = 0.41, P < 0.001$) had higher levels of negative affect, regardless of their frequency of sexual activity (25). In a different study, Lee and coauthors also found evidence of an interplay between erectile difficulties and negative affect, even after controlling for the effects of age and self-rated health [Exp(B) = 2.71 (95% confidence interval [CI]: 1.38 to 5.34, $P < 0.01$)] (29). For women, having a medium level of sexual desire and a low frequency of sexual activity was linked with negative affect ($b = 0.44, P < 0.01$) (25).

Sexual satisfaction and subjective well-being

A set of studies included in this review examined the associations between sexual satisfaction and subjective well-being. Findings from a cross-sectional study suggested that sexual satisfaction is positively correlated with life satisfaction ($r_s = 0.55, P < 0.05$) (22). Prospective research supports these results: a prospective study on the predictors of life satisfaction among retired physicians and their spouses found that increased sexual satisfaction after retirement was related to higher levels of life satisfaction [Exp(B) = 1.45 (95% CI: 1.09 to 1.94), $P < 0.05$] (30). Similarly, a longitudinal population-based study showed that for both men and women sexual satisfaction predicted life satisfaction ($\beta = 0.08, P < 0.001$) (31). In contrast, a different prospective study with a nationally representative sample that stratified analyses by age revealed gender differences in how sexual satisfaction influenced life satisfaction. For men, results were consistent with the preceding findings, since sexual satisfaction was linked with life satisfaction ($\beta_{FE} = 0.14, P < 0.001$). For women, sexual satisfaction was not relevant to their overall satisfaction with life ($\beta_{FE} = 0.09, P > 0.05$) (32).

A significant association between sexual satisfaction and positive affect ($\beta = 0.04, P < 0.001$) was found (31). Sexual satisfaction was also linked with negative affect but only for men ($\beta = -0.04, P < 0.05$) (31). A negative correlation between sexual satisfaction and negative affect was also found for both men and women in a community-based study ($t = -2.88, P < 0.01$) (33).

One study analyzed the predictive role of sexual satisfaction on eudaimonic subjective well-being. Results suggested that sexual satisfaction is a determining factor for psychological well-being (R^2 change = 0.02, $P < 0.001$), explaining an additional 3% of variance (21).

DISCUSSION

This review focuses on an essential but overlooked area of health care: sexuality and sexual health in older age groups and their associations with subjective well-being. This review sought to determine whether there is a link between indicators of sexual health and subjective well-being; the studies included in this review suggest that different indicators of sexual health are markers for factors of subjective well-being in older age groups. Even though two studies found no significant correlations between the importance of sexuality (19) or sexual satisfaction (32) and life satisfaction, the remaining studies consistently revealed significant associations between sexual health and subjective well-being.

More specifically, maintaining an active, satisfying and fulfilling sexual life as people age is positively linked with life satisfaction (22-25, 30, 31, 33). Negative mood or affect appears to be associated with a lower frequency of sexual activities, having more sexual complaints and lower sexual satisfaction (24, 25, 27, 33), but positive states are related to engaging in diverse sexual interactions (23, 26, 27). In the interplay between sexual health-related cognitions and attitudes and subjective well-being, findings point out that having a more positive attitude towards sexual expression in older age and being aware of how sexuality may change with age might contribute to life satisfaction (20). A particularly interesting finding was that eudaimonic well-being was predicted only by sexual satisfaction rather than the frequency of sexual activity (21). Such results highlight the importance of having a positive approach towards sexuality in older age. For instance, WHO's definition of sexual health (11) suggests focusing on well-being in relation to sexuality instead of on the absence of sexual dysfunction (34).

Finally, a note on the existing literature. Studies included in this review consider older age groups rather than exclusively analyzing relationships between these domains in the older population (aged > 65 years). Although prospective and population-based studies were identified (21, 25-27, 29, 31, 32), research that addresses sexual health and subjective well-being in older people was mostly cross-sectional. This review showed that there are few studies focusing on this association among older people. This is particularly noticeable in the lack of studies that include sexually diverse older populations and the lack of studies conducted in low- and middle-income countries. The use of different measures to assess sexuality and the subjective well-being domains limits the conclusions that can be drawn from the studies. Further research should focus on the underlying mechanisms that contribute to maintaining and achieving sexual health in older age, and differences that influence subjective well-being. Cohort studies can clarify how sexual health changes as people age and to what extent these changes impact subjective well-being while accounting for potential generational effects, as well as for change and stability in sexual and well-being outcomes. Dyadic studies can contribute to understanding how differences and similarities between older partners' sexual health indicators interact with different domains of subjective well-being. Analyzing the interplay between these domains in sexually diverse groups of older adults can shed light on how these domains relate to one another, providing representative findings on the relationship between sexual health and subjective well-being in older people.

Notwithstanding, there are some limitations to our review. The first consists of the exclusion of other components of well-being. Subjective well-being is one of many components of wellness

(8). The exclusion of other dimensions, such as quality of life or physical and mental health, may have limited not only the number of studies included in this review but also the drawing of more complex conclusions. Moreover, even when studies were longitudinal and population-based, they were mostly correlational, which limits our ability to establish causal associations. This is particularly evident in studies looking at the interplay between sexual function and subjective well-being (24, 25, 28, 29). The absence of a temporal relationship between variables makes it difficult to establish sexual function as a cause of different levels of subjective well-being – that is, this relationship might work in the opposite direction, with sexual complaints emerging as a result of variations in life satisfaction or affect.

Even so, to the best of our knowledge, this is the first systematic review that specifically focuses on indicators of sexual health and their interplay with subjective well-being in older age groups. A major concern in public health is how to maintain and promote people's well-being as they age (8). Also, person-centered approaches are preferred for monitoring and assessing worldwide outcomes, as well as informing global health policy-making (35). Thus, systematizing evidence on the relationship between sexual health and subjective well-being in later life has become particularly relevant.

Conclusions

The aim of this systematic review was to determine whether current research answers the following question: Is there a link between sexual health indicators and subjective well-being in older age groups? Current research on the relationship between sexual health and subjective well-being in older age groups suggests that living a fulfilling sexual life is an essential part of subjective well-being. Nonetheless, additional evidence is required to understand how sexual health affects subjective well-being in older age in a more generalizable manner, including among those aged >65 years and sexually diverse. As global health policy prioritizes the relevance of promoting well-being in older age by implementing a person-centered approach, the inclusion of sexual health as an intervention tool may be particularly relevant. In conclusion, findings from this review suggest that programs that aim at promoting well-being may benefit from encouraging a fulfilling sexual life in older age.

Authors' contributions. All authors conceived the original idea for the review. PV collected the data. PV, CP and PN analyzed the data. All authors interpreted the results. PV wrote the paper. All authors reviewed the paper, and all authors reviewed and approved the final version.

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Salud sexual y bienestar subjetivo en grupos de mayor edad: revisión sistemática

RESUMEN

Objetivos. El objetivo de esta revisión sistemática es evaluar las asociaciones entre salud sexual y bienestar subjetivo en grupos de mayor edad (es decir, personas entre 40 y 90 años o más).

Métodos. Se realizó una búsqueda sistemática en las bases de datos Web of Science, MEDLINE, EBSCO, Scopus, SciELO y LILACS (Literatura Latinoamericana y del Caribe en Ciencias de la Salud) de estudios publicados hasta septiembre del 2021. Las cadenas de búsqueda incluyeron una combinación de términos como “salud sexual” o “sexualidad” y “bienestar” y términos relacionados con las medidas que evalúan los constructos de interés. Esta revisión sistemática siguió las directrices PRISMA (sigla en inglés de elementos de referencia para publicar revisiones sistemáticas y metaanálisis). Los resultados se agruparon en cuatro categorías que evalúan la interacción entre la salud sexual y el bienestar subjetivo: factores cognitivos y actitudinales, comportamiento sexual, función sexual y satisfacción sexual. Los dominios de bienestar subjetivo analizados fueron la satisfacción vital, el afecto positivo y negativo y el bienestar psicológico.

Resultados. Se revisaron 15 estudios cuantitativos en total: 14 artículos y 1 tesis doctoral. Los resultados indican que experimentar una vida sexual satisfactoria es una parte esencial del bienestar subjetivo.

Conclusiones. Esta revisión sugiere que los programas destinados a promover el bienestar en los grupos de mayor edad también deben fomentar una vida sexual satisfactoria.

Palabras clave Envejecimiento; sexualidad; salud sexual; satisfacción personal.

Revisão sistemática da saúde sexual e do bem-estar subjetivo em faixas etárias mais velhas

RESUMO

Objetivos. Esta revisão sistemática teve como objetivo avaliar as associações entre saúde sexual e bem-estar subjetivo em faixas etárias mais velhas (ou seja, pessoas com idade entre 40 e 90 anos ou mais).

Métodos. Foi realizada uma pesquisa sistemática nas bases de dados Web of Science, MEDLINE, EBSCO, Scopus, SciELO e LILACS (Latin American and Caribbean Health Sciences Literature) para estudos publicados até setembro de 2021. Os termos de busca incluíram uma combinação de termos como “saúde sexual” ou “sexualidade” e “bem-estar”, e termos relacionados às medidas que avaliam os construtos de interesse. A revisão sistemática seguiu as diretrizes PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). Os resultados foram agrupados em quatro categorias de avaliação da interação entre saúde sexual e bem-estar subjetivo: fatores cognitivos e atitudinais, comportamento sexual, função sexual e satisfação sexual. Os domínios de bem-estar subjetivo analisados foram satisfação com a vida, afeto positivo e negativo, e bem-estar psicológico.

Resultados. Foram revisados 15 estudos quantitativos, sendo 14 artigos e uma tese de doutorado. Os resultados sugerem que viver uma vida sexual plena é uma parte essencial do bem-estar subjetivo.

Conclusões. Esta revisão sugere que os programas destinados a promover bem-estar nas faixas etárias mais velhas também devem incentivar uma vida sexual plena.

Palavras-chave Envelhecimento; sexualidade; saúde sexual; satisfação pessoal.
