Politics of the Aging Body: Sexuality and Health Across the Life Course

Niveditha Menon and Latrica E. Best[1]

Pennsylvania State University

INTRODUCTION

Research on the politics of the body emerged with the understanding of the body as a site through which social phenomena could be understood. This move, made largely through the aid of radical feminism, looked at the body of the woman as a starting point to comprehend larger social structures (Lamb, 2000). For example, research inspired by radical feminism evaluated the pornography industry to examine human sexuality, discussed the nature of care work to understand the marital roles of men and women, and advocated safer birth control and access to abortion in response to the complexity of motherhood. In this way, radical feminists were able to use the body to delineate sites of difference and oppression (Weedon, 1999). More recently, post-modern and post-structural feminists have analyzed the body as a site at which social relations are performed (Weedon, 1999). In fact, according to many feminists, the body is considered a discursive tool (Twigg, 2006; Lamb 2000), and we can view the meanings that are ascribed to a body (whether male, female, or transgendered) as "produced, plural, and ever-changing" (Weedon, p.102). In this context, the meanings of the body not only are defined by the physical meanings that are attached to it, but also are reproduced every day by the context in which the physical body is viewed (Connell, 2001; Katrak, 2006).

In keeping with this theme, we attempt to extend the conversation about the politics of the body by examining how the construction of the body plays out with regard to sexuality and health across three age cohorts. The sexuality of men and women in post-reproductive years has long been characterized by cultural-based stereotypes about the biological deterioration of physiological systems (Sharpe, 2006). This is partly driven by the fact that chronic conditions that negatively affect sexual experience are more likely to manifest in older populations. Given that one's ability to reproduce, coupled with physical (i.e. youthful) vitality, is highly regarded in most societies (Deacon et al., 1995),

[1] Correspondence Address: Department of Sociology and Population Research Institute, The Pennsylvania State University, 211 Oswald Tower, University Park, PA 16802, phone: 814-863-0863, email: nmenon@pop.psu.edu (primary contact), best@pop.psu.edu

older individuals are often viewed as asexual beings because of the declining 'performance' of their physical bodies. Moreover, many older individuals view themselves as asexual, partly influenced by the social discourses of aging around them. Thus, the experience of sexual functioning in a physical body cannot be separated from socio-cultural attitudes and perceptions about the body.

Defining Politics of the Body

A politic of the body, as we understand it, consists of the construction and control of the body through its physical and symbolic expressions and its location in material and social terms (Katrak, 2006, p. 8). The body is a key sociological instrument of study because the body, by its very presence, signifies social history, social discourse, and social practice. Post-structural feminists would argue that even the language used in association with the body gives us an indication of the social location in which the body exists (Weedon, 1999). At the same time, a body is material: it has physical and biological components that interact with the natural environment (Connell, 2001, p. 17). Bodies are intimately connected to the biology of social phenomena in that bodies engage in sex, they reproduce, they fall sick, they age, and they die. Bodies are subject not only to the changes in internal biological processes, but also to the changes in external environmental processes (Johnson, 1999). Thus, bodies act and are acted upon. They are highly interactive and engage with both the social and biological aspects of their own construction. Since biological explanations or social explanations are always privileged over the other, the project of mapping 'physical' experiences onto 'metaphorical' experiences is a critical one that warrants attention. Bodies, therefore, can be a unique tool to understanding, explaining, and exploring different facets of any social phenomenon. In our paper, we use the politics of the body to understand the sexual lives of individuals at different stages of the life course.

The Case of the Aging Body

In examining this politic, we pay special attention to the question of the aging body. Any study of older individuals is essentially the study of the aging body. This is because it is the body of the older person that identifies and places him/her in the

category of the old (Twigg, 2006, p. 45). So, any process related to aging is automatically connected to the construction of the aging body. Most research on the aging body focuses on the physical or psychological decline of the aging body (Mulligan et al., 1988; Corey, 2005). While physicality of the aging body cannot be denied, most bodies are not simply a 'body'. Just like any other physical body, the aging body is also trans-mutable and not only changes with the spatial context, but also changes with regards to various social constructions such as race, culture, and class (Connell, 2001; McNay, 1992). In fact, feminists have argued that the aging body is primarily shaped by culture (Twigg, 2006; Gullette, 2004). Thus, the ways in which we age are not necessarily defined by bodily process, but by the ways in which it is culturally acceptable to age. If we regard the aging body as completely constituted by discourse alone or by biology alone, we exclude the processes that help us understand how these bodies and selves are formed in a dialectical relationship (Twigg, 2006, pg. 49; Scott, 1997). In short, we argue that to understand the politics of aging body, we need to find the middle ground where the discursive and material bodies meet. We concentrate on the sexuality of the body to examine this middle ground. Since sexuality provides individuals a vehicle to express affection, admiration, and affirmation for the body (Pangman & Sequire, 2006), feelings of one's own sexual experience is a logical place to explore the ways in which biology and discourse meet in the aging body.

Theoretical framework

In this paper, we turn to both the feminist constructionist theory of sexuality and the continuity theory of aging to understand the intersection of discursive and material bodies. According to feminist constructionist theory, the subjective experience of individuals is deeply marked by the construction of gender in their social world (Weedon, 2004; McNay, 1992; Baumeister et al., 2006). Sexuality is not formed or limited solely by the biology of the sex organs, but is negotiated everyday in social relationships. According to feminists, the discursive body is formed by the social and cultural expectations of society (Winn & Newton, 1982). For example, feminists examining menopause in South American and Asia find that, unlike the Western Hemisphere, women *gain* status after they have crossed menopause (Ginsburg & Rapp, 1991; Brown,

1982). Therefore, feminist theories of the body examine the ways in which culture transcribes bodies with social meaning (MacPherson, 1995; Gullette, 2004). Thus, the social rules that govern the sexual lives of older people are primary in understanding any aspect of their sexuality.

Another key to understanding the sexuality of older cohorts is the continuity theory of aging. According to this theory, if older individuals maintain their level of activity in the transition from mid-life to later-life, they are much more likely to live stable and healthy lives (Baumeister et al., 2006). In terms of sexuality, this implies that if individuals retain their sexual identity and activity through their older ages, they are much more likely to have positive affirmations about aging. The continuity theory, therefore, allows for the aging individuals to transpose their individualities onto their changing bodies.

Ageism

The combination of these two theories is particularly important for understanding the aging body because it is often assumed that once the body is aged, it is automatically impaired. Negative reactions, especially within popular media, have rendered the sexual expressions and sexual lives of the elderly invisible. Sex after sixty is often considered a joke, a morbid one at that (Broderick, 1980). These messages have been historically pervasive. For example, Sharpe (2006) illustrates the case of older women who were depicted as witches if they exhibited an interest in sex in their post-reproductive years.

The presence of ageism in the prevalent social discourse is, thus, a critical factor in hindering a healthy sexual life. It is very likely that older individuals themselves internalize many forms of ageism (Sharpe, 2006). Given that (a) sex is continually linked with physical attractiveness and (b) the range of who is physically attractive in any society is fairly narrow in terms of age, it is very likely that older individuals have difficulty re-imagining the desirability of their bodies (Palmore, 1997; Genevay, 1980; Deacon et al., 1995). Women are particularly affected by these internalized attitudes of ageism, given that physical decline (e.g. wrinkles) among women is less desirable than among men (Torrez, 1997; Gott & Hinchliff, 2003; Kingsburg, 2002). When the external validations for feeling attractive are absent, then the deep need for intimacy and affection

also disappear, since both are often closely interconnected (Genevay, 1980). Thus, there are real consequences for this internalization of ageism on the emotional and physical body.

The biological aging body

In addition to the symbolic ways in which older bodies become asexual, there are also physical ways in which aging bodies decline sexually. Sexual functioning among older people can decline because of illness, side-effects of medication, or simply sexual inactivity (Sharpe, 2006, p. 140). Some of the conditions that have a direct impact on sexual functioning are cardiovascular disease, hypertension, neurogenic and vascular changes, endocrine or metabolic disorders such as hyperthyroidism, and multiple sclerosis (Zeiss & Kasl-Godley, 2001; Deacon et al, 1995). The presence of non-fatal chronic conditions such as joint stiffness and arthritis are also equally noteworthy in hindering pleasurable sexual experiences (Zeiss & Kasl-Godley, 2001; Mulligan; 1988). For women, the most common problems that complicate sexual satisfaction are hysterectomies, arthritis, and the use of anti-hypertensive medications (Sharpe, 2006; Torrez, 1997; Johnson, 1998). In addition, the lower life expectancy of men reduces the availability of heterosexual partners for women and homosexual partners for men in later life Also, older people institutionalized in nursing homes and hospice care facilities could, to a certain degree, find that their ability to express themselves sexually is limited (Genevay, 1980). Therefore, maintaining a healthy sexual life is hindered not only by the physical process of aging, but also by the lack of privacy and limited range of partners (Sharpe, 2006).

Despite these constraints, most individuals above the age of 70 report active sex lives, with the average being once per week (Wiley & Bortz, 1996). Even when individuals face changes in their bodies, they report no difference in their sexual satisfaction (Pangman & Seguire, 2000;Wiley & Bortz, 1996). In fact, the level of sexual interest among the elderly is closely related to their previous experience of sexual interest (Sharpe, 2006; Bretschneider & McCoy, 1988). So, it is likely that given that the biological capabilities of sexual drive decline over the life course, individuals start to

reconstruct their sexual desire, sexual interest, and sexual activity in response to these increasing biological limitations (Zeiss & Kasl-Godley, 2001, p. 20).

Resisting dichotomies

Aging bodies are not mute objects of ageist notions of asexuality; they also engage and participate in the creation of these notions. For example, one of the more effective strategies for many older individuals to combat ageism is to 'act' young or to 'appear' young (Westerhof et al., 2003). However, there is also another way in which older individuals deal with the prevailing ageist notions of sexuality. Older adults who have experienced other societal prejudices (when they were young) are more likely to be resistant to internalization of ageism in later life (Sharpe, 2006). Since many older individuals, such as sexual or racial minorities, have had to form their identities in opposition to societal norms, they find ways in which to continue to do so in the face of ageist customs. This finding suggests an alternative solution to the problem of internalized ageism: resisting, recreating, and redefining aging sexuality (McNay, 1992). Given the various ways in which the body is both symbolically and materially connected to the healthy sexual experience of individuals, we use the body as a starting point in our paper on age differences in sexuality.

Research Question

Recognizing that the bodies are not simply discursive or simply biological, we examine how a critical aspect of the body – the sexual body – fits into the aging process of individuals. In order to do this, we examine the life course process of a nationally representative sample. By studying the changing relationships among current health conditions, self perception of the body, and their sexual expression over the life course, we hope to understand the critical factors that influence sexual expression in aging populations.

Previous research on this topic has tended to focus on two primary aspects of sexuality in older populations: (a) the socio-cultural aspects of sex, i.e. the stereotypes and attitudes that shape one's perception of sexual experiences; and (b) the biological aspects of sex, such as the decline in reproductive capabilities and sexual performance.

However, to our knowledge, no research has examined these two components of sexuality together, along with the perception of the body itself, in a nationally representative sample that examines the sexual experience of individuals. We will use national data to examine the relationships between the sexual experience and health conditions of three age cohorts and the self-perception of aging bodies.

We are primarily interested in the ways in which health (both physical and psychological) of the three age cohorts affect their sexual experience. We are also interested in the relationship between the perception of individuals' aging bodies and sexual enjoyment derived from the body. In addition, we want to examine the combined effect of health and perception of the body on sexual satisfaction across the life course, concentrating on the older populations. Specifically, we address the following questions in an exploratory manner:

- What is the relationship between physical health conditions of three age cohorts and their current sexual experience?
- What is the relationship between the psychological well-being of three age cohorts and their present sexual experience?
- What is the relationship between the perception of the body among the three age cohorts of older individuals and their present sexual experience?
- How do physical health conditions, psychological well-being, and perception of the body combine to influence sexual expression across the life course?

DATA & METHODS

To answer these questions, we turn to the initial wave (1995-1996) of the National Survey of Midlife Development in the United States (MIDUS). MIDUS is a nationally representative dataset comprised of a sample of 7,189 non-institutionalized individuals aged 25 to 74. MIDUS over sampled both men and older adults to generate substantial comparisons across age groups and between men and women. This survey provides a wealth of information on demographic and psychosocial factors crucial in understanding the well-being of individuals transitioning into the later stages of the life course. Out of the 3,032 respondents who completed both the telephone and mail components of the

study, our study comprises of 2,894 respondents who provided information regarding their present sexual experience.

Sexual Experience

Perhaps one of the strengths of using the MIDUS dataset is its extensive assessment of sexual experience, relative to other health-focused datasets, within a nationally representative sample. Our primary dependent variable, present sexual experience, is measured as a self-rated, sexual satisfaction scale ranging from 0 to 10 (0 being the worst possible situation and 10 being the best possible situation). Respondents were asked to rate past, present, and future sexual experience in three separate questions. Additional questions regarding sexual orientation, the number of sex partners, and the frequency of sex over the past year are all included in these analyses. Apart from the physical experience of sex, we are also interested in the autonomy that individuals exert over their sexual life. We capture this aspect of sex with the following questions:

(1) "How would you rate the amount of control you have over the sexual aspect of your life these days?" (0-10, 0=none and 10=very much)
(2) "How much thought and effort do you put into the sexual aspect of your life these days?" (0-10, 0=none and 10=very much)

Indicators of Health

We incorporate both physical and psychological well-being into our analyses. As previously discussed, the symptoms and accompanying medication associated with many chronic conditions often produce both biological and psychological hindrances in sexual relationships. In order to capture the prevalence of chronic diseases, we implement a summary scale (0-29) to determine the number of chronic conditions respondents report out of a possible 29 ailments. People were asked whether they have experienced or been treated for conditions such as asthma, thyroid disease, diabetes, and hypertension over the last 12 months.

We utilize three indicators to assess psychological well-being. Two six-item scales were used to construct measures of positive and negative affect (Mroczek and

Kolarz, 1998; Greenfield and Marks, 2004). For positive affect, respondents were asked how frequently in the past 30 days they had felt : (1) cheerful, (2) in good spirits, (3) extremely happy, (4) calm and peaceful, (5) satisfied, and (6) full of life. In turn, negative affect is depicted as how frequently respondents felt: (1) so sad that nothing could cheer them up, (2) nervous, (3) restless or fidgety, (4) hopeless, (5) that everything was an effort, and (6) worthless. Responses for each item ranged from 1 = all of the time to 5 = none of the time. We reverse coded and summed the items for each construct so that higher scores are indicative of either more negative or more positive affect. Both positive and negative affect scales have acceptable alphas (α=0.92 and α=0.87, respectively).

Self-Perception of the Body

Drawing upon the diverse indicators of self-assessments, we examined four items pertaining to how individuals perceive changes in their bodies: (1) Physical fitness, (2) physique, (3) energy levels, and (4) weight, based on Rossi's (2002) self-rating of body changes. Given the high correlation between physical fitness and physique, we only integrate two items pertaining to perception of the body. These items assess how individuals would rate whether their present energy level and weight is better, worse, or the same as it was five years ago.

Analytical Framework

Ordinary least squares (OLS) regression models were used to analyze our four research questions. We begin by examining a simple baseline regression model assessing the association between present sexual experience and socio-demographic and sexual history characteristics. The second model evaluates the relationship between present sexual experience and the summary score of the number of chronic conditions, while accounting for the socio-demographic and sexual history variables (Model 2). Next, we examine present sexual experience in the context of one construct of psychological well-being: negative affect (Model 3). Then, we examine another construct of psychological well-being: positive affect (Model 4). In order to establish the relationship between present sexual experience and self-perception of the body, we include the self-

comparisons of energy and weight change (Model 5). Our final model assesses how these measures of health, psychological well-being, and self-perception of the body combine to impact present sexual experience (Model 6). We also examined gender interactions with physical conditions and perception of the body. These interactions were not significant and are not presented in these analyses. Since we are interested in examining how the association between sexual experience and well-being vary by age, we conduct these models separately for individuals in young adulthood (ages 25-34), middle adulthood (ages 35-64), and older adulthood (ages 65-74). These age partitions are based on previous psychological literature focusing on distinct definitions of adulthood (Schaie and Willis, 1996; Willis and Reid, 1999; Mroczek, 2002).

RESULTS

Our sample is predominantly female, white, married, and has completed high school (Table 1). We use both income and assets across three age groups to measure socio-economic status to account for older individuals' lack of income. In our sample, over half of individuals aged 65-74 have no yearly income, whereas the same individuals have a larger percentage of assets totaling $100,000 or more. With regards to sexual characteristics of the population, present sexual satisfaction and expectation for future sexual satisfaction declines across cohorts. Control over sex and effort put into sex also declines with each cohort. With regards to frequency of sex, a smaller percentage of older individuals engage in sex weekly compared to younger individuals. On average, individuals in our sample have experienced two to three chronic conditions over the past year. With regards to perception of the body, over 50% of individuals aged 65 to 74 perceive no change in their weight over the past five years. However, almost half of this age cohort reports a reduction in their current energy levels as compared to five years ago.

[INSERT TABLE 1 HERE]

Demographic and Sexual History

Gender plays a role in the sexual satisfaction of individuals in middle and older adulthood (Table 3 and 4). Women between the ages of 35 and 64 are less likely to

experience sexual satisfaction than their male counterparts (-0.24*). The opposite relationship is true for women aged 65 to 74 (0.50**), where women are more likely to report pleasurable sexual experience. This finding is supported by feminist family literature, which reports less life satisfaction in the areas of overall happiness, psychological well being, sexual satisfaction, and personal fulfillment among married women (Bernard, 1975; Gove, 1972; Lee et al., 1991). The difference in sexual satisfaction between these two cohorts is possibly a reflection of the greater likelihood of being married in middle adulthood. Education for older adults does not have an impact on sexual satisfaction (Table 4). However, for young and middle- aged adults, higher levels of education signify lower levels of sexual satisfaction. Highly educated young and middle-aged adults are likely to juggle different social roles and responsibilities, such as work, family, and children. These daily stressors could lead to less time and effort spent on sexual satisfaction (Wethington et al., 2004; Marks et al., 2004).

In the older age cohorts, past experience is a predictor for present sexual experience (Table 4). In addition, future expectation of sexual fulfillment also influences present sexual satisfaction (Table 4). When individuals have good sexual experience, they are also likely to have greater sexual expectations for the future (Sharpe, 2006; Bretschneider & McCoy, 1988). We also find that all individuals are likely to have greater sexual satisfaction if they exert some effort. Control over sexual experience does not seem to be an essential aspect of sexual satisfaction for the oldest cohort. For younger cohorts, control over sexually fulfilling life yields greater sexual satisfaction (0.28*** and 0.26***, respectively(=). Given physical, financial, and other constraints, control over sexual experience is not likely to be an important construct for sexual satisfaction for the oldest cohort.

With regards to number of sex partners, fairly different patterns emerge for the three cohorts. For the youngest cohort, the number of sex partners does not seem to predict sexual satisfaction (Model 2). For ages 35 to 64, men and women who have had four or five sex partners in the past year tend to experience greater sexual satisfaction (0.69**). For the oldest cohort, individuals who have had six or more partners report more sexual satisfaction than any other group (4.27**). Frequency of sexual contact does

not differ across the three age cohorts. All individuals are likely to experience more sexual satisfaction if they have sex at least once or twice a month.

Physical Bodies: Cohort Differences in Physical and Psychological Health

When we take into consideration the physical health of individuals in predicting sexual satisfaction, we find no significant association between the number of chronic conditions and sexual satisfaction in the older ages (Table 3 and 4). Surprisingly, chronic conditions have a negative effect on sexual satisfaction in the youngest cohort (-0.07**). We argue that the rigidity of sexual norms affects the younger adults more than older adults. Therefore, younger adults who are afflicted with chronic health conditions find it harder to sustain a desirable sexual experience (Milligan & Neufeldt, 2001).

For all the cohorts, positive affect significantly influences sexual satisfaction (Model 4). When individuals are cheerful, affirmative about life, and hopeful for the future, they are more likely to experience sexual satisfaction. Negative affect, however, seems to influence only young and middle-aged cohorts (-0.06*** and -0.04***, respectively). When the young and middle-aged individuals feel dejected, depressed, or hopeless about their life, they are less likely to experience sexual satisfaction. This is not true for the oldest adults, for whom feeling unhappy or bleak about their life does not influence pleasurable sexual experience (Table 4).

Discursive Bodies: Cohort Differences in Self Perception of Body

For the middle-aged and oldest cohort, the two different constructs of self-perception of the body – energy levels and weight – influence sexual satisfaction differently. Among the oldest ages, perception of one's energy levels does not affect sexual satisfaction, but perception of one's weight does. If individuals aged 64 to 74 perceive their current weight to be worse than five years ago, they experience lower levels of sexual satisfaction (-0.64*). For middle-aged individuals, perception of energy levels is more critical than perception of weight (Table 3). Middle-aged individuals experience lower levels of sexual satisfaction if they feel that their energy levels are lower than five years ago (-0.25**). In contrast, self-perception of weight change does not influence sexual

satisfaction for the second cohort. Therefore, the different dimensions of perception of the body have different effects on sexual satisfaction for each cohort.

Integrating Discursive and Physical Bodies

When we examine the collective influence of physical and psychological well-being and self perception of the body on sexual satisfaction for the oldest adults, we find that positive affect continues to have a small, but significant impact on sexual satisfaction (0.09***). Individuals aged 65 to 74 who feel cheerful or hopeful about their lives are more likely to experience sexual satisfaction. Negative affect, on the other hand, seems strangely related to sexual satisfaction. After controlling for physical well-being and self perception of the body, it appears that feeling dejected and hopeless about the future improves sexual satisfaction for the oldest cohort (0.07*). Given that positive and negative affect are connected but separate constructs of psychological well-being (Mroczek, 2004; Mroczek & Kolarz, 1998), we argue that when put together in a model, they sometimes lead to unexpected and often misleading results.

Perception of the body continues to have an influence on sexual satisfaction for the oldest adults. After controlling for demographic and sexual history characteristics, as well as physical and psychological well-being, the oldest cohort experiences lower levels of sexual satisfaction if they perceive their weight to be worse than it was five years ago (-0.65**). This finding runs fairly true to our expectations. We argue that the perception of one's own body is a crucial factor in feeling (un)desirable for the oldest cohorts. So, it comes as no surprise that the perception of one's weight, a key idea in our society's concept of desirability, plays a role in sexual satisfaction.

An important demographic characteristic that influences the oldest cohort is gender. After controlling for sexual history, physical and psychological well-being and perception of the body, women are much more likely to experience sexual satisfaction as compared to men (0.66***). The reasons for this finding are complex and varied. One of the possible explanations has to do with men's changing definitions of sexual fulfillment. The sexuality of men's bodies is often tied directly to the physical functioning and performance of their sex organ. Since the bodies of aging men experience more 'visible' sexual impairments, they are more likely to be psychologically affected by the lack of

physical prowess (Sharpe, 2005; Milligan & Neufeldt, 2001**)**. Thus, the definition of sexual satisfaction, derived both from cultural and biological reasons, could be part of the reason for the discrepancy of gender. Without further investigation, the exact reasons for this difference cannot be established. Also, as discussed earlier, women aged 65 to 74 may find it difficult to foster sexually healthy relationships with men, given the lower life expectancy of males.

Other key indicators of sexual satisfaction are sexual history characteristics. Past sexual experience and future expectations of sexual experience has a positive impact on current sexual experience. For the oldest cohort, effort put into sexual activity results in higher levels of sexual satisfaction (0.09*). Individuals who have had six or more partners a year (3.98**) or had sex more than once a month experience more sexual satisfaction. Therefore, sexual behavior and history has an important impact on present sexual experience for the oldest cohort.

Sexual behavior and history also has an impact on sexual experience for the middle-aged cohort. Two of the prominent predictors of current sexual satisfaction in this cohort continue to be past sexual experience and future sexual expectations (0.05** and 0.34 ***, respectively). In addition, effort taken to ensure sexual pleasure, frequent sexual encounters as well control over sexual experience are related to higher levels of sexual satisfaction. Other important predictors of sexual satisfaction in this cohort are positive affect (0.04***) and demographic characteristics such as marital status (0.60***) and socioeconomic status (-0.26* and -0.50*). Self-perception of the body or physical health has no impact on sexual experience of individuals aged 35 to 64. Therefore, for the middle-aged cohort, present sexual satisfaction seems to be primarily related to the particular sexual characteristics of the age cohort, rather than perception of their body. This holds true for the youngest cohort as well.

The strongest predictors for individuals aged 25 to 34 are future expectations of sexual satisfaction, control over sexual aspects as well as effort put into sex. Being married or having frequent sex more than once a month or week also has a positive impact on sexual satisfaction (0.51**, 1.60***, and 2.85***, respectively). When we examine the combined impact of physical and psychological health and perception of the body on sexual satisfaction, we find that there is no relationship among these constructs

for the youngest cohort. Similar to the middle-aged cohort, the sexual satisfaction of the youngest cohort is more closely tied to the particular sexual history and behavior of the individuals.

DISCUSSION AND CONCLUSIONS

The two main findings of the paper that are pertinent to our research question are: (a) self perception of the body, along with sexual history and gender, influences sexual satisfaction for the oldest population, and (b) sexual history, and *not* perception of the body, is the primary predictor of sexual satisfaction for younger cohorts. These findings illustrate three important aspects of sexuality of the aging body. First, an individuals' construction of their sexuality and satisfaction is molded by their particular sexual behavior, their expectations for the future, as well as the effort that they invest in creating a sexually fulfilling life. Therefore, each individual's sexual satisfaction, to a large degree, rests on their self-concept and agency. Second, the concept of the body is critical to understand sexuality among the older population. Given that the perception of weight is critical for sexual satisfaction *only* for the oldest cohort, we argue that the most important way to engage the discursive and biological elements of sexuality in aging communities is through the examination of the body. Third, gender plays a central role in the construction of the aging sexual body. Since bodies are shaped by gender norms, exploring the changing aging body must incorporate sophisticated ways of examining gender and the power relationships that encompass gender.

In fact, one of the limitations of this study is that it does not adequately engage in the power analysis of gender that is critical in understanding politics of the aging body (Foucault, 1978). For example, wrinkles or graying of hair have different social messages for men and women, and therefore different social consequences (Twigg, 2006). So, a study that uses gender as a focal point to examine politics of the aging sexual body will give us a better understanding of the discursive, social, and biological aging process. In addition, a more comprehensive measure of perception of the body would also aid us in exploring the different facets of the construction of the discursive and biological body. For example, perceptions regarding the utility or desirability of the body would enable us to fully capture the ways in which aging individuals view their own bodies.

Another limitation of the study is that it does not include longitudinal data. In order to understand the construction of the aging body through the life cycle, we need to capture the aging *process*. This is not available in a cross-sectional dataset. Longitudinal data will allow us to better answer how the biological and social forces interact with the aging body since it takes into consideration the passage of time. The MIDUS dataset also suffers from a lower number of individuals at the highest ages.

Despite the constraints and limitations of the study, we attempted to engage three facets of the construction of the aging body – the biology of the body, the sexuality of the body and the self-perception of the body. As stated earlier, we wanted to examine the combined influence of the biological factors and discursive factors on sexual experience of the elderly. We found that the ways in which aging individuals construct their sexuality and construct their own bodies are influential in understanding their sexual experiences. Based on these findings, we argue that social theory of aging cannot ignore the centrality of the sexual body as a physical and metaphorical site in aging populations. We must take the symbolic meanings and material consequences of the body into consideration if we hope to understand and potentially transform the politics of the aging body.

BIBLIOGRAPHY

Barford, A., D. Dorling, G.D. Smith, and M. Shaw. 2006. "Life Expectancy: Women Now on Top Everywhere." *British Medical Journal* 332(7545):808.

Baumeister, R.F., J.K. Maner, and C.N. DeWall. 2006. "Theories of Human Sexuality." Pp. 17-35 in *Sex and Sexuality Volume 1*

Sexuality Today: Trends and Controversies, edited by R.D. McAnulty and M.M. Burnette. Westport, CT: Praeger Publishers.

Bernard, J. 1975. "Comments on Glen's Paper titled "The contribution of marriage to the psychological well-being of males and females." *Journal of Marriage and the Family* 37(3):600-601.

Bretschneider, J.G.and N.L. McCoy. 1988. "Sexual interest and behavior in healthy 80- to 102-year-olds." *Archives of Sexual Behavior* 17(2):109-129.

Brim, O.G.C.D.R., and Ronald C. Kessler. 2004. "How Healthy Are We? A National Study of Well-Being at Midlife." in *The John D. and Catherine T. MacArthur Foundation Series on Mental Health and Human Development*. Chicago: The University of Chicago Press.

Broderick, C. 1980. "Sexuality and Aging: An overview." in *Sexuality and Aging*, edited by R.L. Solnick. California: The University of Southern California.

Brown, J. 1982. "Cross-cultural perespectives on middle-aged women." *Current Anthropology* 23(2).

Cannon, K.L., and R. Long. 1971. "Premarital Sexual Behavior in the Sixties." *Journal of Marriage and the Family* 33:36-49.

Clayton, R.R., and J.L. Bokemeier. 1980. "Premarital Sex in the Seventies." *Journal of Marriage and the Family* 42:759-775.

Crimmins, E.M., J.K. Kim, and A. Hagedorn. 2002. "Life with and without Disease: Women experience more of both." *Journal of Women and Aging* 14(1/2):47.

Deacon, S., V. Minichiello, and D. Plummer. 1995. "Sexuality and Older People: Revisiting the assumptions." *Educational Gerontology* 21:497-513.

DeLamater, J., and P. MacCorquodale. 1979. *Premarital Sexuality: Attitudes, Relationships, Behavior*. Madison: University of Wisconsin Press.

Foucault, M. 1978. *The History of Sexuality: An Introduction*. Hardmonsworth: Penguin Publications.

Genevay, B. 1980. "Age kills us softly when we deny our sexual identity." in *Sexuality and Aging*, edited by R.L. Solnick. California: The University of Southern California Press.

Ginsburg, F.and R. Rapp. 1991. "The politics of reproduction." *Annual Review of Anthropology* 20:311-343.

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

Gove, W.R. 1972. "Sex, Marital Status, and Suicide." *Journal of Health and Social Behavior* 13(2):204-213.

Greenfield, E.A.and N.F. Marks. 2004. "Formal volunteering as a protective factof for older adults' psychological well-being." *The Journals of Gerontology* 59B(5):S258-S264.

Gullette, M.M. 2004. *Aged by Culture*. Chicago, IL: University of Chicago Press.

Hillman, J. 2000. *Clincial perespectives on elderly sexuality*. New York: Kluwer Academic.
Hillman, J.L.and G. Stricker. 1994. "A Linkage of Knowledge and Attitudes toward Elderly Sexuality: Not necessarily a uniform relationship." *The Gerontologist* 34(2):256-260.
Johnson, B.K. 1998. "A correlational framework for understanding sexuality in women age 50 and older." *Health Care for Women International* 19:553-564.
Katrak, K.H. 2006. *Politics of the Female Body: Postcolonial women writers of the Third World*. New Brunswick, NJ: Rutgers University Press.
Keyes, C.L.M. 2005. "Chronic Physical Conditions and Aging: Is mental health a potential protective factor?" *Ageing International* 30(1):88-104.
Kingsberg, S.A. 2002. "The Impact of Aging on Sexual Function in Women and their Partners." *Archives of Sexual Behavior* 31(5):431-437.
Lamb, S. 2000. *White Saris and Sweet Mangoes: Aging, Gender and Body in North India*. Berkeley, CA: The University of California Press.
Lee, G.R., K. Seccombe, and C.L. Shehan. 1991. "Marital Status and Personal Happiness: An analysis of trend data." *Journal of Marriage and the Family* 53(4):839-844.
MacPherson, K.I. 1995. "Going to the source: Women reclaim menopause." *Feminist Studies* 21(2).
Marks, N.F., L.L. Bumpass, and H. Jun. 2004. "Family Roles and Well-being during the Middle Life Course." in *How Healthy Are We? A National Study of Well-being at Midlife*, edited by O.G.C.D.R. Brim, and Ronald C. Kessler. Chicago, IL: The University of Chicago Press.
McNay, L. 1992. *Foucault and Feminism: Power, Gender, and the Self*. Boston, MA: Northeastern University Press.
Mcoczek, D.K.and C.M. Kolarz. 1998. "The effect of age on positive and negative affect: A developmental perespective on happiness." *Journal of Personality and Social Psychology* 75:1333-1349.
Milligan, M.S.and A.H. Neufeldt. 2001. "The Myth of Asexuality: A survey of social and empirical evidence." *Sexuality and Disability* 19(2):91-109.
Mroczek, D.K. 2004. "Positive and Negative Affect at Midlife." Pp. 205-227 in *How Healthy Are We? A National Study of Well-being at Midlife*, edited by O.G. Grim, C.D. Ryff, and R.C. Kessler. The University of Chicago Press: Chicago, IL.
Mulligan, T., S.M. Retchin, V.M. Chinchilli, and C.B. Bettinger. 1988. "The role of aging and chronic disease in sexual dysfunction." *Journal of American Geriatric Society* 35(6):520-524.
Palmore, E.B. 1997. "Sexism and Ageism." Pp. 3-13 in *Handbook of Women and Aging*, edited by J.M. Coyle. Westport, CT: Greenwood Press.
Pangman, V.C.and M. Seguire. 2000. "Sexuality and the Chronically Ill Older Adult: A Social Justice Issue." *Sexuality and Disability* 18(1):49-59.
R.W.Connell. 2001. "Bodies, Intellectuals and World Society." in *Reframing the Body*, edited by N. Watson and S. Cunningham-Burley. New York, NY: Palgrave Publications.
Radloff, L.S. 1977. "The CES-D Sacle: A self-report Depression scale for Research in the General Population." *Applied Psychological Measurement* 46:437-443.

Robinson, I., K. Ziss, B. Ganz, S. Katz, and E. Robinson. 1991. "Twenty Years of the Sexual Revolution, 1965-1985: An Update." *Journal of Marriage and the Family* 53:216-220.

Ryff, C.D.and B.H. Singer. 2003. "The role of emotion on pathways to positive health." in *Handbook of affective sciences*, edited by R.J. Davidson, K.R. Scherer, and H.H.Goldsmith. New York: Oxford Universityh Press.

Schaie, K.W.and S.L. Willis. 1996. *Adult Development and Aging*. New York: Harper Collins.

Scott, J.P. 1997. "Family Relationships of Midlife and Older Women." Pp. 366-384 in *Handbook of Women and Aging*, edited by J.M. Coyle. Westport, CT: Greenwood Press.

Sharpe, T.H. 2006. "Later Life Sexuality." Pp. 133-153 in *Sex and Sexuality Volume 1 Sexuality Today: Trends and Controversies*, edited by R.D. McAnulty and M.M. Burnette. Westport, CT: Praeger Publishers.

Smith, G.D., S. Frankel, and J. Yarnell. 1997. "Sex and Death: are they related? Findings from the Caerphilly cohort study." *British Medical Journal* 315(7123):1641-1644.

Smith, T.W. 1994. "Attitudes toward Sexual Permissiveness: Trends, Correlates, and Behavioral Connections." Pp. 63-97 in *Sexuality Across the Life Course*, edited by A.S. Rossi. Chicago: The University of Chicago Press.

Thomas, C. 2001. "The body and society: Some reflections on the concepts 'Disability' and 'Impairment'." in *Reframing the Body*, edited by N. Watson and S. Cunningham-Burley. New York, NY: Palgrave Publications.

Torrez, D.J. 1997. "The Health of Older Women: A Diverse Experience." Pp. 131-148 in *Handbook of Women and Aging*, edited by J.M. Coyle. Westport, CT: Greenwood Press.

Twigg, J. 2006. *The Body in Health and Social Care*. New York, NY: Palgrave Macmillan Publications.

Weedon, C. 1999. *Feminism, Theory, and the Politics of Difference*. Oxford, United Kingdom: Blackwell Publishers.

Westerhof, G., A.E. Barrett, and N. Sterverink. 2003. "Forever Young? A comparison of age identities in the United States and Germany." *Research on Aging* 25(4):366-383.

Wethington, E., R.C. Kessler, and J.E. Pixley. 2004. "Turning Poings in Adulthood." in *How Healthy Are We? A National Study of Well-being at Midlife*, edited by O.G.C.D.R. Brim, and Ronald C. Kessler. Chicago, IL: The University of Chicago Press.

Wiley, D.and W.M. Bortz. 1996. "Sexuality and Aging - Usual and Successful." *The Journals of Gerontology* 51A(3):M142-M146.

Willis, S.L.and J.D. Ried. 1999. *Life in the Middle*. San Diego: Academic Press.

Winn, R.L.and N. Newton. 1982. "Sexuality in Aging: A study of 106 cultures." *Archives of Sexual Behavior* 11(4):283-298.

Zeiss, A.M.and J. Kasl-Godley. 2001. "Sexuality in Older Adults' Relationships." *Generations* 25(2):18-25.

Table 1. Means and Percentages for Demographic and Social Variables by Age Cohort

	Ages 25 – 34 (N = 612)	Ages 35 – 64 (N = 1978)	Ages 65 – 75 (N = 304)
Demographic Characteristics			
Female	59%	55%	55%
Race			
White	80%	84%	91%
Black	13%	12%	7%
Other	7%	4%	2%
Married	60%	72%	72%
South	39%	38%	35%
Educational Level			
Some Grade School - High School	7%	12%	31%
Complete High School or GED	36%	39%	39%
Some College – Graduate and more	57%	49%	30%
Personal Income			
No Income	12%	14%	62%
$1 – 24,999	53%	42%	29%
$25,000 - $49,999	30%	30%	5%
$50,000 – 74,999	4%	9%	2%
$75,000 - $99,999	1%	2%	1%
Equal or more than $100,000	0%	2%	1%
Recorded Assets			
No Income	24%	20%	23%
$1 – 24,999	49%	28%	21%
$25,000 - $49,999	13%	14%	10%
$50,000 – 74,999	6%	8%	6%
$75,000 - $99,999	3%	6%	4%
Equal or more than $100,000	5%	24%	36%
Sexual Characteristics (Average)			
Present sexual experience	6.46	5.85	4.11
Past sexual experience	6.15	6.83	6.57
Future sexual experience	7.87	6.34	3.24
Control over sexual life	7.30	6.82	5.04
Effort put into sexual life	6.76	6.06	3.85
Number of sexual partners in past year			
None	8%	14%	41%
One	75%	79%	57%
Two to Three	12%	5%	2%
Four to Five	3%	1%	0%
Six or more	2%	1%	0%

	Ages 25 – 34 (N = 612)	Ages 35 – 64 (N = 1978)	Ages 65 – 75 (N = 304)
Frequency of Sex			
Never	10%	16%	51%
Less often than Once a Month	7%	10%	13%
1 – 2 times a Month	22%	25%	23%
1 – 2 times a Week	60%	49%	13%
Health Characteristics (Average)			
Chronic Health conditions	2.05	2.65	3.23
Negative Affect	9.96	9.47	8.70
Positive Affect	20.05	20.00	21.47
Self Perception of the Body			
Perception of Weight			
Better than 5 years ago	19%	17%	18%
No Change	36%	40%	52%
Worse than 5 year ago	45%	43%	30%
Perception of Energy levels			
Better than 5 years ago	17%	16%	9%
No Change	41%	44%	43%
Worse than 5 year ago	42%	40%	48%

Source: 1995-1996 MIDUS Survey

Table 2. Key Factors Associated with Present Sexual Experience—Young Adulthood, Weighted Data

AGE COHORT 25-34	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
INTERCEPT	-2.22* (0.46)	-1.98* (0.46)	-1.25* (0.54)	-2.82***(0.50)	-1.77** (0.47)	-1.18 (0.74)
Demographic Characteristics						
Female	-.012 (0.15)	-0.06 (0.15)	-0.12 (0.15)	-0.10 (0.15)	-0.06 (0.15)	-0.04 (0.16)
Race						
White *(Ref.)*	-	-	-	-	-	-
Black	0.17 (0.22)	0.12 (0.22)	0.15 (0.23)	0.10 (0.22)	0.25 (0.22)	0.21 (0.23)
Other	0.47 (0.28)	0.45 (0.27)	**0.56* (0.28)**	0.45 (0.28)	0.51 (0.27)	0.54 (0.28)
Married	**0.44*** (0.17)	**0.47** (0.17)**	**0.48** (0.17)**	**0.46** (0.17)**	**0.45** (0.17)**	**0.51** (0.18)**
South	0.04 (0.15)	0.06 (0.14)	0.03 (0.15)	0.06 (0.14)	0.05 (0.14)	0.07 (0.15)
Educational Level						
Complete HS or GED *(ref.)*	-	-	-	-	-	-
Grade to High School	0.45 (0.27)	0.49 (0.27)	0.48 (0.27)	**0.55* (0.27)**	0.36 (0.27)	0.51 (0.28)
Some College or More	**-0.38* (0.15)**	**-0.40** (0.14)**	**-0.42** (0.15)**	**-0.41** (0.15)**	**-0.37* (0.14)**	**-0.42** (0.15)**
Personal Income						
No Income *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	0.13 (0.22)	0.10 (0.22)	0.03 (0.22)	0.16 (0.22)	0.18 (0.22)	0.09 (0.23)
$25,000 - $49,999	-0.02 (0.25)	-0.06 (0.24)	-0.08 (0.25)	0.02 (0.25)	0.00 (0.24)	-0.06 (0.25)
$50,000 – 74,999	0.12 (0.42)	0.10 (0.41)	0.04 (0.42)	0.32 (0.43)	0.15 (0.41)	0.28 (0.44)
$75,000 - $99,999	0.47 (0.71)	0.44 (0.70)	0.45 (0.71)	0.61 (0.71)	0.58 (0.70)	0.56 (0.71)
Equal or more than $100,000	0.12 (1.25)	0.00 (1.24)	-0.04 (1.25)	0.15 (1.24)	0.21 (1.25)	0.02 (1.25)
Recorded Assets						
No Assets *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	0.15 (0.16)	0.19 (0.17)	0.22 (0.17)	0.22 (0.17)	0.14 (0.16)	0.24 (0.17)
$25,000 - $49,999	0.41 (0.23)	0.43 (0.23)	0.42 (0.24)	0.44 (0.24)	0.37 (0.23)	0.39 (0.24)
$50,000 – 74,999	0.39 (0.32)	0.44 (0.31)	0.48 (0.32)	0.39 (0.32)	0.39 (0.31)	0.45 (0.32)
$75,000 - $99,999	0.70 (0.44)	0.69 (0.43)	0.68 (0.44)	0.74 (0.44)	0.67 (0.44)	0.66 (0.44)
Equal or more than $100,000	-0.21 (0.36)	-0.21 (0.36)	-0.24 (0.36)	-0.26 (0.36)	-0.29 (0.36)	-0.28 (0.36)
Sexual Characteristics						
Past sexual experience	0.01 (0.02)	0.00 (0.02)	-0.01 (0.02)	-0.00 (0.02)	-0.00 (0.02)	-0.02 (0.02)
Future sexual experience	**0.42*** (0.04)**	**0.41*** (0.04)**	**0.41*** (0.04)**	**0.39*** (0.04)**	**0.40*** (0.04)**	**0.40*** (0.04)**
Control over sexual life	**0.28*** (0.03)**	**0.26*** (0.03)**	**0.26*** (0.03)**	**0.25*** (0.03)**	**0.27*** (0.03)**	**0.25*** (0.03)**
Effort put into sexual life	**0.17*** (0.03)**	**0.17*** 0.03)**	**0.18*** (0.03)**	**0.17*** (0.03)**	**0.17*** (0.03)**	**0.17*** (0.03)**

# of sexual partners in past year						
None *(Ref.)*	-	-	-	-	-	-
One	-0.21 (0.34)	-0.20 (0.33)	-0.14 (0.35)	-0.24 (0.34)	-0.28 (0.33)	-0.18 (0.35)
Two to Three	-0.44 (0.39)	-0.33 (0.39)	-0.28 (0.41)	-0.38 (0.39)	**-0.49*** (0.39)**	-0.29 (0.41)
Four to Five	- 0.23 (0.52)	-0.22 (0.51)	-0.10 (0.53)	-0.23 (0.52)	**-0.35*** (0.52)**	-0.22 (0.54)
Six or more	-0.65 (0.55)	-0.53 (0.55)	-0.48 (0.56)	-0.66 (0.55)	-0.69 (0.54)	-0.48 (0.56)
Frequency of Sex						
Never *(Ref.)*	-	-	-	-	-	-
Less often than Once a Month	0.22 (0.40)	0.15 (0.40)	0.08 (0.41)	0.16 (0.40)	0.25 (0.40)	0.06 (0.41)
1 – 2 times a Month	**1.60*** (0.34)**	**1.57*** (0.33)**	**1.53*** (0.35)**	**1.62 *** (0.34)**	1.70 (0.34)	**1.60*** (0.35)**
1 – 2 times a Week	**2.92*** (0.33)**	**2.87*** (0.32)**	**2.82*** (0.33)**	**2.89*** (0.32)**	2.90 (0.32)	**2.85*** (0.33)**
Health Characteristics						
Chronic Health conditions	-	**-0.07** (0.02)**	-	-	-	-0.05 (0.03)
Negative Affect	-	-	**-0.06*** (0.02)**	-	2.66 (0.33)	-0.04 (0.02)
Positive Affect	-	-	-	**0.05** (0.02)**	-	0.01 (0.02)
Self Perception of the Body						
Perception of Weight						
No Change *(Ref.)*	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	-0.25 (0.19)	-0.29 (0.20)
Worse than 5 years ago	-	-	-	-	-0.27 (0.16)	-0.24 (0.16)
Perception of Energy levels						
No Change *(Ref.)*	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	**-0.13* (0.20)**	-0.11 (0.22)
Worse than 5 years ago	-	-	-	-	-0.40 (0.15)	-0.29 (0.16)
R^2	0.68	0.69	0.69	0.69	0.69	0.69

Source: 1995-1996 MIDUS Survey
****p* <0.001; ***p*<0.01; **p*<0.05.

Table 3. Key Factors Associated with Present Sexual Experience—Middle Adulthood, Weighted Data

AGE COHORT 35-64	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
INTERCEPT	**-0.57** (0.19)**	**-0.54** (0.20)**	-0.10 (0.23)	**-1.44*** (0.24)**	**-0.38***(0.20)**	**-1.04**(0.36)**
Demographic Characteristics						
Female	**-0.24* (0.08)**	**-0.22** (0.08)**	**-0.19* (0.08)**	**-0.20* (0.08)**	**-0.21* (0.08)**	-0.16 (0.08)
Race *(Ref.)*						
White	-	-	-	-	-	-
Black	-0.16 (0.12)	-0.10 (0.12)	0.03 (0.13)	-0.02 (0.12)	-0.15 (0.12)	0.12 (0.13)
Other	-0.01 (0.18)	-0.01 (0.18)	0.02 (0.18)	0.03 (0.18)	-0.00 (0.18)	0.05 (0.18)
Married	**0.09*** (0.07)**	**0.60**** (0.10)**	**0.64*** (0.10)**	**0.66*** (0.10)**	**0.66*** (0.10)**	**0.60*** (0.10)**
South	0.09 (0.07)	0.10 (0.07)	0.04 (0.08)	0.06 (0.08)	0.11 (0.07)	0.06 (0.08)
Educational Level						
Complete HS or GED *(Ref.)*	-	-	-	-	-	-
Grade to High School	**-0.37 ** (0.12)**	**-0.30* (0.12)**	-0.18 (0.12)	-0.23 (0.12)	**-0.39** (0.12)**	-0.10 (0.13)
College or Graduate or more	**-0.21* (0.08)**	**-0.21* (0.08)**	**-0.23** (0.08)**	**-0.21**(0.08)**	**-0.20* (0.08)**	**-0.20* (0.08)**
Personal Income						
No Income *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	**-0.25* (0.11)**	**-0.22* (0.10)**	**-0.29** (0.11)**	**-0.31** (0.11)**	**-0.27* (0.11)**	**-0.26* (0.10)**
$25,000 - $49,999	-0.04 (0.12)	-0.03 (0.12)	-0.10 (0.12)	-0.13 (0.12)	-0.07 (0.12)	-0.10 (0.12)
$50,000 – 74,999	-0.17 (0.16)	-0.14 (0.16)	-0.19 (0.16)	-0.24 (0.16)	-0.19 (0.16)	-0.16 (0.16)
$75,000 - $99,999	-0.01 (0.28)	-0.00 (0.28)	-0.10 (0.28)	-0.13 (0.28)	-0.04 (0.28)	-0.11 (0.28)
Equal or more than $100,000	0.08 (0.27)	0.10 (0.27)	0.10 (0.27)	0.11 (0.27)	0.08 (0.27)	0.20 (0.26)
Recorded Assets						
No Assets *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	-0.45***(0.10)	-0.47 (0.10)	**-0.53*** (0.10)**	**-0.42*** (0.10)**	**-0.43*** (0.10)**	**-0.50*** (0.10)**
$25,000 - $49,999	-0.24 (0.13)	-0.26 (0.13)	**-0.29* (0.13)**	-0.19 (0.13)	-0.21 (0.13)	-0.23 (0.13)
$50,000 – 74,999	-0.22 (0.15)	-0.23 (0.15)	**-0.31* (0.15)**	-0.24 (0.15)	-0.20 (0.15)	**-0.30* (0.15)**
$75,000 - $99,999	-0.06 (0.17)	-0.06 (0.17)	-0.12 (0.17)	-0.07 (0.17)	-0.04 (0.17)	-0.11 (0.17)
Equal or > $100,000	-0.01 (0.11)	-0.02 (0.11)	-0.11 (0.11)	-0.03 (0.11)	-0.01 (0.11)	-0.09 (0.11)
Sexual Characteristics						
Past sexual experience	**0.04 ** (0.01)**	**0.04** (0.01)**	**0.05** (0.02)**	**0.05** (0.02)**	**0.04** (0.01)**	**0.05** (0.02)**
Future sexual experience	**0.34 *** (0.01)**	**0.34*** (0.01)**	**0.36*** (0.02)**	**0.34*** (0.02)**	**0.34*** (0.01)**	**0.34*** (0.02)**
Control over sexual life	**0.26*** (0.01)**	**0.25*** (0.01)**	**0.25*** (0.02)**	**0.25*** (0.02)**	**0.25*** (0.01)**	**0.25*** (0.02)**
Effort put into sexual life	**0.20*** (0.01)**	**0.20*** (0.01)**	**0.20*** (0.02)**	**0.19*** (0.02)**	**0.20*** (0.01)**	**0.19*** (0.02)**

# of sexual partners in past year						
None *(Ref.)*	-		-	-	-	-
One	-0.13 (0.16)	-0.12 (0.15)	-0.13 (0.16)	-0.12 (0.16)	-0.11 (0.15)	-0.07 (0.16)
Two to Three	-0.68 (0.22)	**-0.71** (0.21)**	**-0.66** (0.22)**	**-0.67** (0.22)**	**-0.65*** (0.22)**	**-0.64** (0.22)**
Four to Five	**0.69** (0.50)**	0.65 (0.50)	0.61 (0.49)	0.71 (0.49)	**0.77*** (0.50)**	0.69 (0.49)
Six or more	0.89 (0.55)	0.84 (0.56)	0.89 (0.55)	0.76 (0.55)	0.94 (0.55)	0.80 (0.54)
Frequency of Sex						
Never *(Ref.)*	-	-	-	-	-	-
Less often than Once a Month	-0.08 (0.18)	-0.07 (0.18)	-0.03 (0.19)	-0.08 (0.18)	-0.09 (0.18)	-0.03 (0.18)
1 – 2 times a Month	**0.94*** (0.16)**	**0.95*** (0.16)**	**1.04*** (0.17)**	**1.02*** (0.17)**	**0.93*** (0.16)**	**1.09*** (0.17)**
1 – 2 times a Week	**1.87*** (0.16)**	**1.89*** (0.16)**	**1.87*** (0.17)**	**1.91*** (0.16)**	**1.85*** (0.16)**	**1.94*** (0.16)**
Health Characteristics						
Chronic Health conditions	-	-0.01 (0.01)	-	-	-	0.01 (0.02)
Negative Affect	-	-	**-0.04*** (0.01)**	-	-	-0.02 (0.01)
Positive Affect	-	-	-	**0.05*** (0.01)**	-	**0.04*** (0.01)**
Self Perception of the Body						
Perception of Weight						
No Change (Ref)	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	-0.08 (0.11)	-0.08 (0.12)
Worse than 5 years ago	-	-	-	-	-0.09 (0.08)	-0.15 (0.09)
Perception of Energy levels						
No Change (Ref)	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	-0.08 (0.11)	-0.07 (0.12)
Worse than 5 years ago	-	-	-	-	**-0.25** (0.08)**	-0.06 (0.09)
R^2	0.71	0.72	0.73	0.73	0.72	0.73

Source: 1995-1996 MIDUS Survey
***p <0.001; **p<0.01; *p<0.05.

Table 4. Key Factors Associated with Present Sexual Experience—Late Adulthood, Weighted Data

AGE COHORT 65 – 74	Model 1	Model 2	Model 3	Model 4	Model 5	Model 5
INTERCEPT	-0.37 (0.36)	-0.29 (0.38)	-0.33 (0.45)	**-1.44* (0.57)**	-0.34 (0.37)	**-2.61** (0.93)**
Demographic Characteristics						
Female	**0.50** (0.18)**	**0.51** (0.18)**	**0.51** (0.19)**	**0.60** (0.19)**	**0.56** (0.18)**	**0.66*** (0.19)**
Race						
White *(Ref.)*	-	-	-	-	-	-
Black	-0.11 (0.36)	-0.14 (0.36)	-0.16 (0.41)	-0.18 (0.37)	-0.10 (0.36)	-0.24 (0.40)
Other	-0.64 (0.56)	-0.65 (0.57)	-0.66 (0.58)	-0.55 (0.56)	-0.52 (0.56)	-0.66 (0.56)
Married	-0.07 (0.22)	-0.06 (0.22)	-0.09 (0.23)	-0.17 (0.22)	-0.05 (0.22)	-0.13 (0.23)
South	-0.05 (0.18)	-0.04 (0.18)	-0.05 (0.19)	-0.08 (0.19)	0.00 (0.18)	-0.00 (0.19)
Educational Level						
Complete HS or GED *(Ref.)*	-	-	-	-	-	-
Grade to High School	0.28 (0.21)	0.29 (0.21)	0.28 (0.22)	0.10 (0.22)	0.29 (0.21)	0.11 (0.22)
College or Graduate or more	-0.01 (0.20)	-0.01 (0.20)	-0.02 (0.21)	-0.05 (0.21)	0.04 (0.20)	0.05 (0.21)
Personal Income						
No Income *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	-0.23 (0.19)	-0.21 (0.19)	-0.25 (0.20)	-0.29 (0.19)	-0.28 (0.19)	-0.33 (0.20)
$25,000 - $49,999	0.13 (0.39)	0.11 (0.39)	0.12 (0.40)	0.16 (0.39)	0.07 (0.39)	0.10 (0.39)
$50,000 – 74,999	-0.50 (0.70)	-0.50 (0.70)	-0.50 (0.72)	-0.48 (0.69)	-0.59 (0.69)	-0.60 (0.69)
$75,000 - $99,999	0.79 (1.09)	0.78 (1.09)	0.76 (1.10)	0.63 (1.08)	0.62 (1.07)	0.46 (1.06)
Equal or more than $100,000	-0.75 (0.92)	-0.77(0.93)	-0.79 (0.94)	-0.82 (0.91)	-0.71 (0.91)	-0.89 (0.91)
Recorded Assets						
No Assets *(Ref.)*	-	-	-	-	-	-
$1 – 24,999	-0.27 (0.25)	-0.27 (0.25)	-0.25 (0.26)	-0.27 (0.25)	-0.32 (0.24)	-0.31 (0.25)
$25,000 - $49,999	-0.53 (0.32)	-0.55 (0.32)	-0.55 (0.33)	-0.59 (0.33)	-0.61 (0.32)	-0.61 (0.33)
$50,000 – 74,999	0.36 (0.42)	0.36 (0.42)	0.36 (0.44)	0.31 (0.42)	0.61 (0.43)	0.65 (0.43)
$75,000 - $99,999	0.05 (0.52)	0.01 (0.52)	0.05 (0.54)	-0.09 (0.53)	-0.12 (0.52)	-0.39 (0.53)
Equal or more than $100,000	0.32 (0.23)	0.29 (0.23)	0.31 0.24)	0.19 (0.23)	0.32 (0.23)	0.20 (0.23)
Sexual Characteristics						
Past sexual experience	**0.18*** (0.03)**	**0.18*** (0.03)**	**0.19*** (0.03)**	**0.18*** (0.03)**	**0.18*** (0.03)**	**0.17*** (0.03)**
Future sexual experience	**0.67*** (0.03)**	**0.67*** (0.03)**	**0.67*** (0.04)**	**0.65*** (0.04)**	**0.66*** (0.03)**	**0.65*** (0.04)**
Control over sexual life	0.01 (0.02)	0.01 (0.02)	0.02 (0.03)	0.02 (0.03)	0.02 (0.02)	0.01 (0.03)
Effort put into sexual life	**0.08* (0.03)**	0.08 (0.03)	**0.09* (0.03)**	**0.09* (0.04)**	**0.08* (0.03)**	**0.09* (0.04)**

No. of sexual partners in past year						
None	-	-	-	-	-	-
One	0.14 (0.25)	0.12 (0.25)	0.14 (0.26)	0.27 (0.25)	0.10 (0.24)	0.30 (0.26)
Two to Three	-1.10 (0.73)	-1.13 (0.73)	-1.11 (0.75)	-0.96 (0.72)	-1.16 (0.72)	-0.84 (0.73)
Four to Five	0.58 (1.54)	0.54 (1.55)	0.58 (1.57)	0.49 (1.52)	1.17 (1.53)	0.96 (1.51)
Six or more	**4.27** (1.28)**	**4.25** (1.28)**	**4.32** (1.31)**	**4.22*** (1.27)**	**3.95** (1.27)**	**3.98** (1.27)**
Frequency of Sex						
Never	-	-	-	-	-	-
Less often than Once a Month	0.15 (0.32)	0.17 (0.32)	0.13 (0.33)	0.16 (0.32)	0.16 (0.32)	0.16 (0.32)
1 – 2 times a Month	**0.80** (0.29)**	0.82 (0.29)	**0.77* (0.30)**	**0.83** (0.29)**	**0.89** (0.29)**	**0.87** (0.30)**
1 – 2 times a Week	**1.13** (0.36)**	1.14 (0.36)	**1.11** (0.38)**	**1.18** (0.36)**	**1.26** (0.36)**	**1.24*** (0.37)**
Health Characteristics						
Chronic Health conditions	-	-0.02 (0.03)	-	-	-	-0.05 (0.04)
Negative Affect	-	-	-0.00 (0.03)	-	-	**0.07* (0.04)**
Positive Affect	-	-	-	**0.06** (0.02)**	-	**0.09** (0.03)**
Self Perception of the Body						
Perception of Weight						
No Change *(Ref.)*	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	-0.35 (0.24)	-0.34 (0.25)
Worse than 5 years ago					**-0.64* (0.19)**	**-0.65** (0.20)**
Perception of Energy levels						
No Change *(Ref.)*	-	-	-	-	-	-
Better than 5 years ago	-	-	-	-	0.35 (0.33)	0.11 (0.35)
Worse than 5 years ago	-	-	-	-	0.19 (0.17)	0.26 (0.19)
R^2	0.85	0.85	0.84	0.85	0.85	0.86

Source: 1995-1996 MIDUS Survey
***p <0.001; **p<0.01; *p<0.05.