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Medicalization of sexuality and sexual health: A perspective review

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ABSTRACT

Sexuality has become a medical issue in the context of aging due to a variety of aspects, such as growing life expectancy, an optimistic societal paradigm that indorses sexuality as significant for the superiority of life with age, and the medicalization of sexuality with the emergence of remedial medicines to extravagance sexual dysfunction. At any age, a reduction in the desire for sexual activity or inadequate performance of sexual intercourse is considered atypical and requires a medicinal treatment response. However, despite concerns that this is leading to an unhealthy obsession with sexuality from a medical perspective, this line of thinking is likely to continue. In this context, people can identify and take advantage of sexual problems. Sexual desire and performance are affected by normal physiological changes associated with aging in both genders. Medical experts must understand these changes to optimize sexual functioning in older patients. Sexual health can only be improved by addressing both sexual rights and enjoyment, even in the current politically charged context. Through legislation, programming, and lobbying, we may all work to enhance health, happiness, and quality of life by fostering more positive associations between sexual health, sexual rights, and sexual pleasure. This calls for not just a

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thorough understanding of the real-world consequences of these ideas' interconnectivity, but also conceptual, individual, and systemic approaches that properly acknowledge and alleviate the problems imposed on people's lives due to insufficient consideration of these links. This review describes the factors associated with aging and sexuality, the normalization and medicalization of sexual health, and unusual situations associated with aging, including institutionalized care and the prospects of elder abuse.

1 Introduction

Sexuality continues to be imperative for older people and should be recognized as a vital module of their inclusive care. The ongoing appearance of sexuality throughout the lifespan and into old age is gradually acknowledged in the medical literature and research, which indicates that sexuality remains significant for the well-being of older people (Haesler et al. 2016). The definitions of sexual health and sexuality given by the World Health Organization (WHO) have a utopian cast. WHO defines "sexual health" as more than just the absence of sickness, infirmity, or dysfunction; it encompasses a person's physical, mental, emotional, and social well-being as it relates to their sexuality. Sexual health requires an optimistic and reverent attitude towards sexual relationships and sexuality, as well as the capability to have pleasant and safer sexual practices that are free of violence, coercion, and discrimination. WHO, on the other hand, considers "sexuality" to be an integral part of the human experience that spans a person's entire life and includes such diverse concepts as sex, sexual orientation, eroticism, intimacy, reproduction, pleasure, and gender roles and identities. Sexuality is practiced and articulated in feelings, desires, beliefs, behaviors, fantasies, attitudes, practices, and relationships (Beasley 2008).

Sexual complications are usually experienced by both males and females throughout their lifespans. Even though several sexuality issues have an impact on a person's physical or mental health, people may avoid discussing their sexuality apprehensions or queries with a healthcare expert due to shame, embarrassment, or a lack of time. Considering that sexuality is an offensive subject in many cultures, it is perhaps not astonishing that people commonly access sexual information privately. They may pursue the study of sexuality via magazines, newspapers, and television, all of which may diverge in their accuracy. Moreover, individuals may seek out information related to sexuality from those nearby them, including friends, family members, or partners (Herbenick et al. 2009; Hoch 2022; Stanley and Pope 2022).

The growing medicalization of sexuality has another impact on how later-life sexuality is recognized and practiced. It is now widely recognized that the extent to which a population achieves sexual satisfaction is a major public health problem, and several treatments have expanded to include the realms of sexual pleasure and performance. This trend has negative effects on the elderly since they are less likely to engage in sexual intercourse, the "gold standard" of sexual expression, due to factors such as health and the availability of romantic partnerships. Erectile dysfunction and female sexual dysfunction are two examples of "sexual dysfunctions" that are more common in older adults (Gott 2006; Stegenga 2021).

As political currents and social movements at the national, regional, and global levels influence health, legal, and policy norms, and their effects on people's lived experience of their sexuality, sexual health, sexual rights, and sexual pleasure, it is necessary to pay attention to these dynamics. A perfect triangle of sexual health, sexual rights, and sexual happiness for all people around the world is a goal that must be actively pursued. We want to go beyond simply drawing attention to the negative by highlighting positive examples of how sexual health, sexual rights, and sexual pleasure have been and can be jointly addressed in light of the current political climate, which is characterized by local to global retreats, increased conservatism in every corner of the globe, and a shrinking space for civil society (Gruskin et al. 2019; Mollaioli et al. 2020). It is important to remember that addressing sexual rights and sexual pleasure through the lens of sexual health has been and continues to be a legitimate method of doing business for practically all actors operating at the international and state levels. By focusing on sexual health, we may bring in the health sector and reach out to programmers and legislators who might not be immediately open to the significance of rights and enjoyment. Even in the current politically charged climate, addressing sexual rights and enjoyment is essential if we are to make any progress in improving sexual health (Logie et al. 2021). Creating an environment where laws, media, and activism all support sexual health, sexual rights, and sexual pleasure can have a profound impact on people's physical and mental well-being. This requires not only an in-depth understanding of the real-world implications of the interconnectedness of these ideas, but also conceptual, individual, and systemic approaches that fully acknowledge and address the harms imposed on people's lives when these connections are not adequately considered (Heidari 2015; Miller et al. 2015; Castellanos-Usigli and Braeken-van Schaik 2019). This study examines the medicalization of sexual health and sexuality, spanning both theoretical and applied grounds.

2 Sexual Health

Sexual health has been well-defined as "the amalgamation of emotional, somatic, social, and intellectual features of sexual being in customs that are positively enriching" and is characterized as a growing area of curiosity for practitioners, investigators, and policymakers (Gott et al. 2004). Nowadays, taking care of one's sexual health is seen as fundamental to one's whole psychological and physiological wellbeing. It is a fundamental part of being human, right up there with the freedom to speak one's mind, have a family, and not be treated unfairly. Sexual fulfillment and equitable relationships, as well as access to information and services, are essential components of good sexual health to evade the peril of unintentional pregnancy, disease, or illness (Evans 2006). The term "sexual health" elevates the specialty out of the clinical domain, emphasizing lifestyle and behavior rather than clinical practice, shifting the emphasis to the patient rather than the consultant, and emphasizing prevention rather than treatment (Wellings and Cleland 2001). Various domains and their variables related to sexual health (Hensel and Fortenberry 2013) are described in Figure 1.

2.1 The Stigma of Sexual Health

Messages that promote sexual health are deemed more acceptable when they are unpretentious and don't interfere with social media practices. Due to the stigma surrounding sexual activity, especially sexually transmitted infections (STIs), several studies have found that anything relating to sexual health and practice is unlikely to be shared amongst their peers on social media. Including comedy in messages or online films about sexual health might boost its chances of being shared throughout young people's peer networks, leading to greater understanding and acceptance into mainstream media practices. Therefore, rather than bringing pre-packaged programs into the field of practice, promotion strategists of sexual health should immerse themselves in the culture of social media, where stigma is a communal concern, privacy is significant, and information distribution is moderated via one's performance (Byron et al. 2013).

3 Normalization and Medicalisation of Sexual Health

There is a lot of curiosity about what testing, therapeutic evidence, and social media expertise can do for sexual health (Davis 2015).

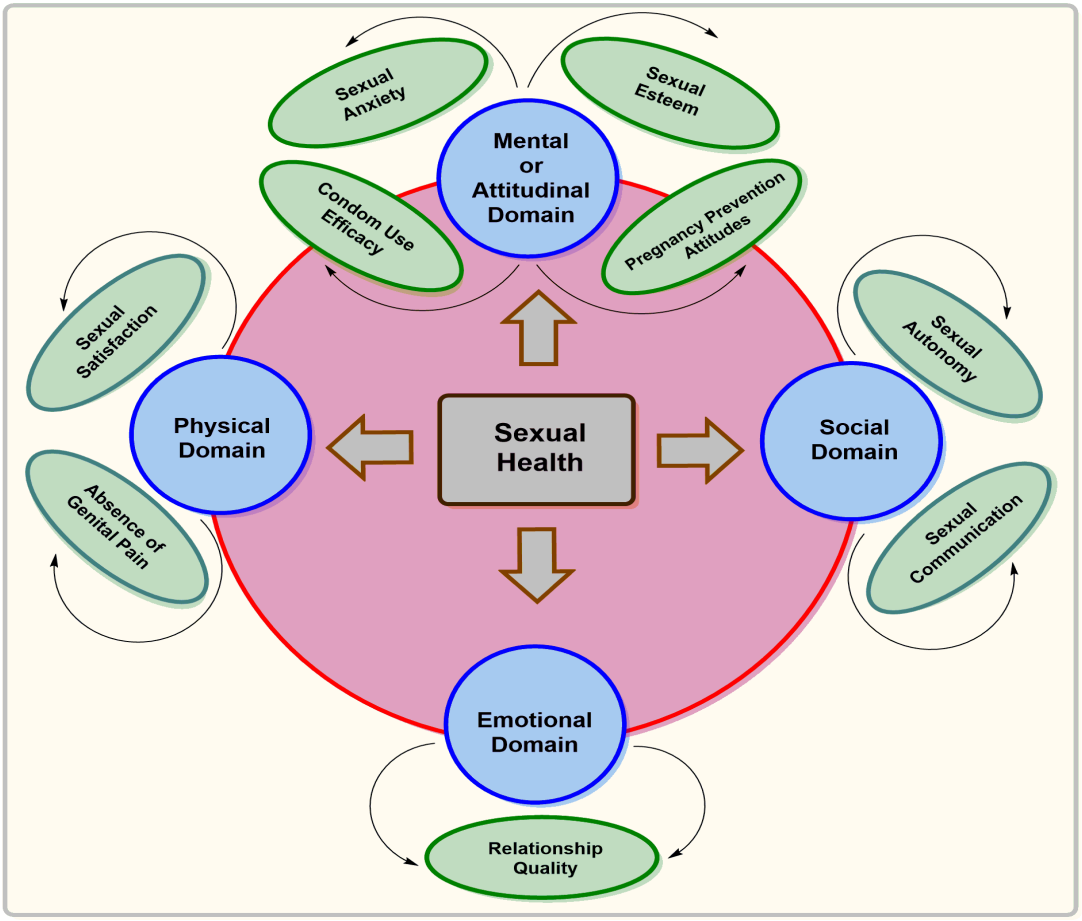

Figure 1 Various Domains and their variables related to sexual health

Medicalized, heteronormative descriptions, and practices have influenced perceptions of "risky" and "safe" sex, as well as those who engage in these behaviors (Grant and Nash 2018). Medicalization is defined as a process by which a growing number of human living circumstances and practices become defined, understood, and accomplished by using medicinal and medically-related proficiency (Bell 2017; Thomas 2021). When we talk about the "medicalization" of sexuality, we are referring to the pharmaceutical industry-funded effort to elevate doctors to the position of final arbiters of one's intimate emotions, thoughts, and bodily sensations. This process is commonly associated with sexual dysfunction pharmacotherapy and the associated epidemiological perceptions of sexual health conflicts (Stulhofer 2015). The term "medicalization" refers to the practice of labelling and solving problems that are not medical in nature as though they were. At its heart, this transformation is based on expanding the illness model to encompass phenomena that were previously considered either wholly or mostly outside the purview of medical science. By looking to Michel Foucault for guidance, this critical sociological view of medicalization contends that it is a type of social control because it not only establishes unique norms (of normality, healthiness, etc.) that come to influence conventional attitudes and activities (Srinivasan et al. 2019). The term "medicalization of sexuality" refers to the pharmaceutical industry-backed trend of medical professionals asserting greater control over individuals' subjective sexual experiences, sensations, and emotions. Typically, this method is associated with the epidemiological view of sexual health problems and the medication for sexual dysfunctions. The critical discussion of the medicalization of sexuality has recently expanded to include concerns about female genital plastic surgery (Marshall 2012; Verrastro et al. 2020).

Public health's acceptance and promotion of sexuality represents a continuation and a ratcheting up of the trend toward medicalizing both sexuality and society at large. By "medicalization," we refer to the following: (1) a social organization of health professions based on professional training and certification, professional practices, and interaction between members of health professions (doctors and psychologists in particular) and their patients; (2) a method of social control and regulation of sexuality based on efficient technologies and the authority of trained professionals; and (3) a body of basic knowledge and scientific concepts (Gruskin et al. 2019). During the medicalization process, clinical care and the curative model within the context of doctor-patient contact became the norm. Since sexuality has become a public health concern, it has taken on a more systemic character, requiring attention on the part of policymakers, educators, and clinicians. Naturally, it is rooted in the development of scientific and medical understandings of sexuality, but it uses social intervention and behavioral regulation that differ from the clinical paradigm (Carter et al. 2022). Clinical medicine is no longer the only conceptual and methodological basis for public health. Now more than ever, fields such as education, epidemiology, statistics, economics, and law are being included in the individual clinical approach. Thus, the traditional model of a doctor-patient interaction within the context of clinical treatment has given way to a wide variety of other forms of intervention (Gruskin and Kismödi 2020; Logie et al. 2021).

Sexual health normalization and medicalization is a critical strategic moves for clinical staff. As revealed in the motif of "engaging with sexuality," the usage of these strategies positioned sexual health as an adequate topic, eventually employed to dispel the stigma associated with the sexual activity of people with infirmities. Nevertheless, there are some hazards associated with the normalization or medicalization of sexual health in the context of disabilities. Precisely, certain prejudices (i.e., heterosexuality) may become normalized at the expense of others, which are labeled as inappropriate or aberrant (i.e., transgendered identities and homosexual relationships). The level of comfort with specific sexual health aspects (such as holding hands vs. sexual intercourse) of healthcare providers and families may predispose them to normalization. Modern biomedicine is obsessed with normalization strategies. In practice, this is embodied by assessments, measurements, and documentation against the norms. When sexual health is normalized for a group, it establishes standards or prospects against which individuals and behaviors can be compared and restrained. Therefore, the medicalization of sexual health for one group may have unintended consequences for those who are not members of that group (McCabe and Holmes 2014).

The discussion about medicalization must consider the fit between the sexuality model and the medical model. Sexuality is a social construction, whereas the new social construction is termed "medicalization" (Tiefer 2002). Although several researchers have labelled medicalization as a "gendered" theory, the literature on medicalization is limited in its incorporation of men and masculinity. This expanding literature places a strong emphasis on sexuality and begins to give attention to medicalized masculinities, in which masculine behaviors are considered a health risk. In addition to expanding knowledge about masculinity and infertility, the study advances the "gendered" medicalization theory (Bell 2016). The medicalization of sexual behavior has expanded recently into the realm of sexual pleasure. Irrespective of desire, both men and women are stimulated to prolong their sexually active lives. Viagra, also known as sildenafil citrate, is the first oral medicine used in the treatment of erectile dysfunction or impotence and ranks as one of the supreme victories in pharmaceutical antiquity (Hart and Wellings 2002). There was a moral and ethical conundrum created by this innovation for both the government and the public. Though there is solid proof of its effectiveness and user happiness, its rather high price tag came at a

time when the National Health Service's (NHS) medicine budget was already severely stretched. As a result, more and more men are seeing erectile dysfunction as a medical problem that the NHS should try to remedy. While the NHS may be able to provide Viagra to some men, this treatment option is restricted to those who fall into narrowly defined categories of sickness. Critics were outraged by the ruling, with one saying that "it is solely unethical to differentiate the patients based on the cause of their erectile dysfunction" This was the position of the Chairman of the British Medical Association's General Practice Committee (Evans 2006).

In the instance of female sexual dysfunction, it is now claimed that sexual disorders not only affect a significant number of women of all ages but also have a reflective influence on mood, self-esteem, relationships, and quality of life. The introduction of Viagra and subsequent advances of other medicinal drugs intended to increase the desire for sexual activity and fulfillment of both genders have refocused the popular media and clinical courtesy on sexology and philosophies of what constitutes normal and healthy sexual activity for them, with the underlying assumption that "good sex is good for you" (Nicolson and Burr 2003). The "Viagra phenomenon" is the most evident and well-studied manifestation of a large global medicalization process of male sexuality. The process of associating male health with self-control and the appearance of sexual potency is forming a new public discourse on masculinity, enchanting the form of a medicalized virility that is scientifically validated and re-establishes the fundamentals of a naturalized notion of men and their sexuality. "Viagra, commonly referred to as a quality-of-life drug, can also be viewed as an identity drug, offering men the opportunity to do masculinity and perform better sexual activity with the assistance of the pill" (Camoletto and Bertone 2017). The role of medicalization (Viagra/sildenafil citrate) in the treatment of sexual dysfunction (Cruz-Burgos et al. 2021) is illustrated in Figure 2.

Medicalization can be hazardous to your health. There are reliable concerns about the perils of infections while in the hospital, over-prescribing, the dangers of pressure sores, and the inappropriate

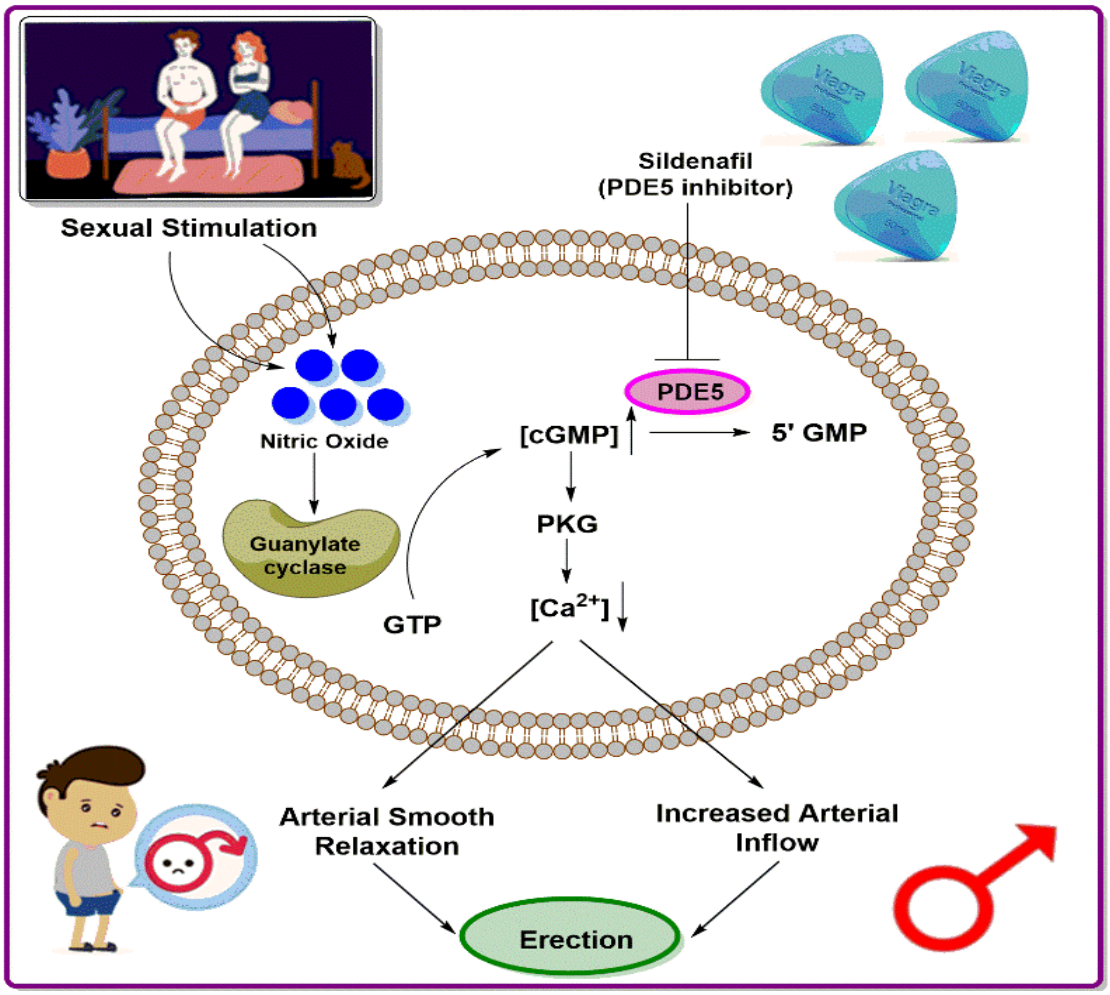

Figure 2 Role of medicalization in sexual dysfunction

use of tranquilizers for restraint. However, many of these issues arise in social care and are indicative of poor practice standards. Medical risks occur at any age, and they are not valid reasons for preceding the therapeutic benefits of treatment. Additionally, many of the risks associated with medicinal care are avoidable. The medicalization of old age should not be condemned but rather encouraged. A large admission to medical care for the elderly will reduce disability and mortality. Anti-aging treatments should be subject to the same regulatory framework as any newer medicinal technology (Ebrahim 2002).

3.1 Benefits and Potential Risks

Particularly with regard to women's sexuality, many have been quite loud in their disapproval of the medicalization trend. Recent evidence has shown that many men are reluctant to utilize selective serotonin reuptake inhibitors (SSRI) antidepressants for quick ejaculation, and several studies have highlighted less gender-specific worries about the low adherence to treatment for erectile dysfunction. Despite the negative feedback, the medicalization of sexuality has been helpful for sexology in many ways. Research into sexual physiology has been revitalized by renewed interest and funding from pharmaceutical corporations, and it has also prompted the growth of psychological examinations of sexual health issues (Mollaioli et al. 2020). Evidence-based interventions and solutions became more of a priority in sex therapy as a result of this process. Last but not least, the revival of interest in sexology, especially among medical specialists, led to higher status and institutional acknowledgment of the area, as seen in the creation of new sexual medicine departments in academic institutions. Similarly, there are valid worries about how sexuality is being medicalized. Some scientists and medical professionals have expressed concern that similarities between the sexes are often overlooked in favor of differences (Logie et al. 2021). A major criticism leveled at the medicalization of sex is that it ignores the social and cultural significance of sexuality and does not take into account relational variables in male and female libido. Finally, there is evidence to suggest that people are becoming warier in sex therapy as sexual medicine becomes more mainstream (Hoch 2022; Stanley and Pope 2022). Even while more people are likely to seek help for sexual issues because of increasing media coverage, the expenses (health insurance policies often do not cover sex therapy) and time commitments are often insurmountable for many people who have had sexual problems. Further, "criticism levelled at psychosexual therapists for not providing ‘evidence-based' treatments" has diminished sex therapists' authority and credibility. Medical and nonmedical sexologists have had a harder time working together because of this. This has slowed the development of an interdisciplinary clinical approach to sexual health issues. Although the effects of medicalizing sex may be different from one culture to the next, it appears that there is a global paucity of government support for studies of the psychosocial components of sex (Carter et al. 2022).

The promotion of discourse on sexual health carries with it the risk that sexual health itself may be elevated to the status of ultimate good or benchmark for what constitutes acceptable sexual behavior. But people participate in sexual activity for reasons other than health. People's sexuality can be attributed to a wide range of unique factors. Participation in sexual activity largely determines one's health, either positively as a result of a sense of well-being or poorly in the form of a sexually transmitted disease (Bell 2016; Bell 2017). Consequences for the research of sexuality and for the practice of sexual health promotion stem from the fact that people give health only a marginal role in their considerations of being sexual, at least if we remove procreation as a purpose for sexual activity (Thomas 2021). An overly narrow focus on health in sexuality research would restrict us from learning more about people’s sexual habits and the significance of sexuality in their own lives and the lives of others. It is critical for successful health promotion to recognize that people's sexual behaviors are not solely determined by their concerns for their health (Castellanos-Usigli and Braeken-van Schaik 2019; Verrastro et al. 2020). Adopting the idea of sexual health carries with it the risk of medicalizing sexuality and promoting an understanding of sexuality in terms of normal and abnormal, given that health is first and foremost regarded as a scientific category. Sexuality is a social activity that occurs in distinct sociohistorical contexts, and this may be lost if sexual problems and their solutions are framed solely in scientific terms as a result of medicalization. However, one need not look just to the biomedical sciences for an explanation of what constitutes mental and physical health and how these conditions might be improved. The fields of medical sociology, anthropology, history, and health psychology have greatly widened our understanding of health. These fields, which extend far beyond medicine, have made important contributions to our knowledge of sexual health (Gruskin et al. 2019; Gruskin and Kismödi 2020; Stegenga 2021).

3.2 Medicinal Plants on Sexual Health: Implications and Mechanisms

Environmental, psychological, and biological variables all have a role in the development of sex problems. Therefore, the use of medicinal plants and chemicals found in nature to treat various forms of these illnesses is controversial (Chandran 2021; Sharun et al. 2021; Alajil et al. 2022; Buttar et al. 2022; Chandran et al. 2022). Plants can assist to improve hypoactive sexual disorder (HSDD) in both men and women by influencing some of the variables that contribute to sexual desire, such as endocrine (androgen), hereditary, neurological (such as brain neurotransmitters), and psychological. Antioxidant-rich medicinal

plants protect the brain and genital tract cells from damage caused by oxidants. Therefore, maintaining general health by fostering healthy cells and organs is directly beneficial to sexual health (Prakash et al. 2021a; Prakash et al. 2021b; Khan et al. 2022; Kumar et al. 2022a; Kumar et al. 2022b; Kumar et al. 2022c; Kumar et al. 2022d; Kumari et al. 2022a). Also, the nitric oxide and opioid systems in the corpus carvenosum's smooth muscle cells are affected by the substances found in medicinal plants, which finally results in the creation of cGMP to treat erectile dysfunction in males. cGMP then expands the penis and increases blood flow there. However, there are still many unsolved questions about the effects of medications, especially herbal drugs, on premature ejaculation. Meanwhile, research has shown that sedative SSRIs, which work by blocking serotonin reuptake, can be effective in treating this condition. In general, medicinal plants are beneficial in treating sexual dysfunction in multiple ways (Castellanos-Usigli and Braeken-van Schaik 2019).

Biochemical studies show that the active chemicals in plants and other compounds found in nature can moderate the levels of androgens, gonadotropins, and prolactin to some degree. It is also widely believed, incorrectly, that most medicinal plants may be used to increase sexual desire or treat sex issues without causing any negative side effects. These misunderstandings raise the risk of adverse reactions and overdosing on certain plant-based substances. These negative consequences can extend to the mind and even threaten life (Najaf Najafi and Ghazanfarpour 2018). Some additional herbs, such as *Pistacia* species and *Nigella sativa*, are used to treat sex abnormalities in Iranian traditional medicine as well. However, *Crocin sativus* and its derivatives are getting a lot of attention, not only for their usefulness in treating sex issues but also because of their refreshing characteristic. The effects of medicinal herbs on sex diseases have been the subject of much research, with mixed results (Prakash et al. 2021a; Prakash et al. 2021b; Kumari et al. 2022b). It might be argued that sex abnormalities are not always treatable by medicinal plants because they are often caused by underlying physical or mental health issues. Therefore, in such circumstances, specific therapies such pharmacological pharmacotherapy, mental treatments, and surgery can be beneficial. Antioxidant and anti-inflammatory actions present in medicinal herbs and their derivatives have the potential to aid in the treatment of a wide range of illnesses (Logie et al. 2021; Thomas 2021; Carter et al. 2022; Hoch 2022; Stanley and Pope 2022).

4 Gender Differences in Sexuality

There is undeniable evidence that sexuality and its manifestations continue to be imperative to both males and females as they age. Physiological fluctuations in their sexual responses can inhibit or improve sexual activity and performance (Lindau et al. 2007), which are influenced by the interaction of the sexual abilities of each partner, their motivation, behavior, and attitudes, as well as the quality of the dyadic relationship itself. Nevertheless, there are substantial gender alterations in the likelihood of being sexually active at an older age. Sexual interest, sexual activity, and quality of sexual life tend to be continuously higher among men than among women, however, both sexes experience a reduction with age (Waite et al. 2009). This could be due to a variety of psychosocial aspects (Howard et al., 2006). These comprise the health status of the partner, their relationship, and their level of life satisfaction (Woloski-Wruble et al. 2010). When a partner loses interest in sexual activity, both genders experience a decrease in sexual frequency, but women experience a greater decrease than men (DeLamater et al. 2008). Life stressors, previous sexuality, contextual factors, and mental health complications are more substantial predictors of sexual interest in older women than physiological status alone (Hartmann et al. 2004). Women do not experience sexual pleasure because they are unable to climax or because their performance anxiety reduces their sex frequency (Laumann and Waite 2008).

5 Physiological Changes associated with Aging

Aging causes variations in the endocrine, neurological, and vascular systems, which all have direct and indirect effects on sexual arousal and performance (Yee 2010).

5.1 Men

Erectile dysfunction is the most common sexual dysfunction in aging men. This can be owing to hormonal fluctuations as a part of normal aging or to fundamental circumstances like late-onset hypogonadism or vascular and neurological disorder progressions (Wylie and Kenney 2010). Erectile dysfunction is treated with an assessment of cardiovascular risk factors, lifestyle advice, and a trial of PDE-5 inhibitors without contraindication (Smith et al. 2010). The link between erectile dysfunction and features of metabolic syndrome is well recognized and should be investigated further when dealing with erectile dysfunction in older men. Hormonal monitoring in older men has revealed a 1-2 percent annual decline in free testosterone from the age of 45–50 years, as well as a decrease in dehydroepiandrosterone (DHEA) and an increase in follicle-stimulating hormone (FSH) or luteinizing hormone (LH) and sex hormone-binding globulin (SHBG) (O'Donnell et al. 2004). Symptoms of marked falls include mood alterations, decreased strength, lower energy, increased sweating, erectile dysfunction, and decreased sexual drive. These older men with androgen deficiency symptoms may benefit from hormone therapy, though there is debate about how much of this decline is due to normal aging and when replacement is necessary (Bhasin et al. 2007).

5.2 Women

The two most common sexual dysfunctions in aging women are the deficiency of sexual desire and sexual arousal. Local urogenital

manifestations of hormonal decline, which commences with menopause and endures as women age, can cause vaginal and vulval membrane atrophy, urogenital prolapse, urinary incontinence, and frequency. A thorough physical examination of the urogenital system will assist in determining whether these variations are present. This diminution of hormones may also result in decreased muscle mass, a loss of sense of well-being, a loss of bone mass, and decreased energy. Sexually, this may cause vaginal dryness and dyspareunia, as well as a decrease in libido and the capability to attain orgasm. If relevant and safe, medical treatment for these circumstances may include local or systemic hormonal therapies (Yee and Sundquist 2003).

6 Future Development

Many disciplines and communities of practice have divergent predictions for the future of medical and nonmedical approaches to sexual health and how they will be merged. As researchers continue to look for effective treatments, many in the medical community are optimistic about what the future holds for sexual medicine. Furthermore, the concept of comprehensive sexological healthcare, which has been replacing the (over) medicalized viewpoint, seems to be increasingly acknowledged as requiring a blend of medical and nonmedical techniques (Cruz-Burgos et al. 2021; Thomas 2021). There may be hope for improved knowledge and therapy of sexual dysfunction if researchers can find ways to better integrate the available data. Several nonmedical sexologists are enthusiastic about interdisciplinary approaches, but there is also a worry that the ongoing medicalization of sexuality would further marginalize sex therapy and basic sexological research. The medicalization of sexuality has led to the development of cutting-edge diagnostic and therapeutic modalities and, at least in the developed world, more widespread and less-stigmatized access to sexological healthcare (Castellanos-Usigli and Braeken-van Schaik 2019; Carter et al. 2022). Medication for erectile dysfunction has been so effective that not only is the public more aware of sexual health problems, but the stigma associated with getting help is also less of a deterrent. However, the recreational use of erectile dysfunction medication has contributed to normative pressures and social expectations regarding sexual performance, and this has led to the current difficulties in accepting the normal process of age-related changes in sexual functioning, which has been attributed in part to the medicalization process (Hoch 2022; Stanley and Pope 2022).

Conclusion

Respect for the continued significance of sexuality in the lives of the elderly is a crucial aspect of providing for their needs. Sex, sexual orientation, gender identities and roles, eroticism, intimacy, pleasure, and reproduction are all viewed as essential aspects of human sexuality. It is common for both men and women to experience sexual dysfunction. Physical and emotional well-being are intertwined, making sexual health a crucial factor. Like the rights to happy family life, privacy, and to be treated equally, it is an essential aspect of what it means to be human. A decrease in sexual desire or poor performance during sexual interplay is pathological at any age and should prompt a visit to the doctor. The term "medicalization of sexuality" is commonly used to describe the pharmaceutical industry-backed trend of doctors and other medical professionals gaining more sway over individuals' private sexual thoughts, emotions, and sensations. In this review, we discussed the factors surrounding aging and sexuality, as well as gender differences in sexuality, the normalization, and medicalization of sexual health, and also considered special situations with age, such as institutionalized care and the possibility of elder abuse.

Despite widespread agreement on the importance of protecting and promoting sexual health and rights, the existing policy, programming, activism, and discourse on sexuality have failed to fully address the interconnected nature of sexual rights, sexual health, and sexual pleasure. It is more important than ever, given the current political climate, to apply the "triangle approach" to sexual health and rights, which will benefit all people but notably the most marginalized. We can learn from and move beyond conversations about the pleasure that target only specific populations like young people, women, and/or other marginalized populations, or that target specifically sexual orientation, gender, gender expression, or sex characteristics, due to the importance of sexual health, sexual rights, and pleasure as a universal demand.

An intersectional, interdisciplinary, and multi-sectoral approach is necessary to ensure that initiatives are accepted, implemented, funded, and sustained on a local and global scale. To get started, we can make a map of how sexual health, rights, and enjoyment have been conceptually and practically brought together, as well as how gaps have been uncovered with the needs and rights of certain communities. If we had such a map, we might see at a glance where it would be most beneficial to collaborate with others to guarantee uniformity and where it could be most prudent to start from scratch in terms of concepts. Where these ideas have been put into practice, there should be records kept of the programming that went into it and, more significantly, the impact it had on people’s lives. The rigorous evaluation of what has been put in place can be used to create arguments that are more likely to be accepted by states and institutions of power internationally and within countries, opening the door to resources that can then be utilized to support direct impacts on people's lives. It is important to reflect, though, that even the rare pleasure we feel has roots in public health. More "ecosystem" work within institutions, communities, families, etc. is required to create the enabling environment necessary for everyone to enjoy sexual rights and pleasure, as is

consideration of the varied and contextual ways in which individuals exercise choice, receive information, and engage in sexual pleasure. Recognizing that the identities and circumstances of the vulnerable or disadvantaged will vary across and within nations, we must remain vigilant to ensure that our current and future efforts yield better laws, policies, and programs to promote sexual health, sexual rights, and sexual pleasure for all people.

Conflict of Interest

The authors declare no conflict of interest in this article.

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Author Contributions

All authors listed have made a substantial, direct, and intellectual contribution to the work, and approved it for publication.

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