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Sexuality in Later Life: A Descriptive Study of Sexual Desire, Expression and Satisfaction among Older Adults

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Abstract

Background: Sexuality is an important aspect of life, regardless of age. Sexuality has broad meaning, encompassing not only physical, but also psychological and social aspects. Elderly experiences decline in physical functioning. However, they still have sexual needs that must be fulfilled.

Objective: This study aims to describe sexuality in older people, including desire, expression, and satisfaction.

Methods: This study used a descriptive quantitative design. A total of 98 elderly who selected using consecutive technique sampling was involved in this study. Sexual desire, expression and satisfaction were measured using a questionnaire adapted from previous studies.

Results: Most respondents, either male or female elderly still had sexual desire (83.3 % and 76% respectively). However, sexual desire was likely to change with age and health status. Many of respondents still did sexual activity and physical intimacy to fulfill their sexual needs, including intercourse, hugging and kissing, though not had them regularly (66.3%, 53.1% and 87.8% respectively). Giving support was the most likely means of expressing emotional intimacy (M=1.52, SD=0.34). Despite having spouse, respondents in this study showed low sexual satisfaction (M=3.55, SD=1.86).

Conclusion: Older adult still had sexual desire and was still sexually active, but less satisfied. They used both physical and non-physical sexual expression to maintain their sexual function and intimacy. Attention should be paid to identify and solve sexual related problem among older people.

Keyword: Aging; elderly; intimacy; relationship; spouse

Introduction

Sexuality is a broad concept. It includes sex, gender identity, sex orientation, eroticism, pleasure, intimacy and reproduction (1). Sexuality changes as a person grows and develops. Each stage of development brings changes in sexual functioning and its expression (2,3). During infancy and early childhood, gender identity becomes the main characteristic of sexual development. Children become aware of differences between the sexes and begin to perceive that they are either male or female through interaction with their parents. At the next developmental stage, school age period, children gain awareness of gender roles and emerging gender identity. At this stage, the child is in transition between childhood and puberty. Individual experiences dramatic physical and emotional changes during adolescent stage. At the adulthood period, individuals have matured physically, emotionally and sexually. Intimate relationship is often developed in this stage. At the late life, most of older adults are sexually active and regard sexuality as an important part of life, although some might experience the decrease (2,3)

Despite the fact that sexuality is an important aspect of life, it continued to be seen as separate from healthcare concern. Sexuality is also too often merely associated to sexual activities and physical intimacy among younger age groups. As result, the issue is often overlooked among elderly population [4]. There is a large evidence reports on the benefits of maintaining sexual activity in mid- to late life. A study suggested that sexual satisfaction was good predictor of global life satisfaction in older adults (5). Intimate activities for older people is not merely to achieve sexual pleasure, but more importantly to show their feeling, love, affection and attention (6). Older adult experiences changes in many aspects of their life, including physical and psychological functioning which might affect their sexuality, for example erectile dysfunction in male elderly, vaginal dryness in female elderly, concern about body image and relationship issues (4). Expression of an individual's sexuality is influenced by interaction among biological, sociological, psychological, spiritual, economic, political, religious, and cultural factors (1). Older adults need to adapt new ways to ensure that their sexual health keep maintained.

Elderly can express sexuality through physical sexual relations, and other sexual expression such as hugging, fondling, kissing, touching and physical closeness (7). Sexuality is also covering other intimate expression, like showing love and tenderness, supporting and understanding each other, showing affection, being loyal, and developing a new partnership relationship (4,7)

Most sexual concern in older adult that result from aging or chronic diseases are within the domain of nursing practice. Addressing sexuality would be necessary for nurses in order to provide holistic nursing care for older adult (4).

Although there have been some researchers studying about sexuality among elderly, many of them only focused in physical aspect of sexuality. Non-physical or emotional expressions are still rarely being studied. Thus, it is appears timely to explore sexuality among older adults. This study aims to describe sexuality, including desire, expression, and satisfaction.

Method

A descriptive survey research was undertaken at a public health center in Banyumas district, Central Java, Indonesia. Inclusion criteria were: a) aged 60 years old or over, b) married (has living spouse) and c) agree to participate. Respondents who have cognitive decline, communication problem and uncooperative were excluded. A total of 98 elderly who selected using consecutive sampling method were involved in this study. Data was collected using a self-administered questionnaire which consists of three parts: demographics data of respondents, sexual desire, sexual expression and sexual satisfaction. Questionnaire was developed and adapted from previous research and has been tested for its validity and reliability.

Participants were given information regarding the study and signed consent if they agreed to participate. Participation was voluntary and confidentiality of participants was maintained through the study. Data was analyzed using univariate and bivariate statistical test.

Results

Socio-demographics and health characteristics of respondents were illustrated in table 1. Result showed that ratio of male to female elderly involved in this study was almost similar (49% compared to 51%). Majority of respondents in this study aged between 60-74 years old (90.8%). Only few numbers of them aged >75 years old (9.2%). Majority of respondents in this study also had low education level. They either only graduated from elementary school (63.3%) or junior high school (24.5%). The rest was uneducated (12.2%). Regarding health status, result showed that more than half of respondents suffered from a condition (s)/disease (s) which relatively didn't affect their sexual function (53.1%), for examples: gastritis, mild and moderated hypertension, and gout arthritis. Some of respondents suffered from a disease/s which possibly affecting their sexual function (21.4%), for example diabetes, severe hypertension, and heart disease. Prevalence of chronic disease among elderly in Indonesia is relatively high.

Table 1. Characteristics of respondents (n=98)

Characteristics	f	%
Sex		
Male	48	49
Female	50	51
Age groups		
62-74	89	90.8
>75	9	9.2
Education level		
Uneducated	12	12.2
Elementary school	62	63.3
Junior high school	24	24.5
Health Status		
Good health	26	26.6
Having a disease/s less likely affecting sexual function	51	53.1
Having a disease/s possibly affecting sexual function	21	21.4

Table 2 shows sexual desire and its related factors. This study showed that majority of respondents still had sexual desire. Even though there were more male elderly who still had sexual desire as compared to female elderly

(83.3% and 76% respectively), the proportion between two groups were not differs significantly ($p>0.05$). According to age group, result showed that majority of respondents aged 60-74 years old still had sexual desire, but only less than half of those aged >75 years old did. Statistical test showed that there was a significant difference in sexual desire between age groups ($p<0.05$). Result also showed that sexual desire was influenced by health status ($p<0.05$). Majority of respondents who in good health or having diseases/ conditions that less likely influencing sexual function still had sexual desire. However, those who had diseases/ conditions that more likely affecting sexual function such as diabetes, severe hypertension, and heart disease, less than half of them that had sexual desire.

Table 2. Sexual desire and its associated factors (n=98)

Sexual Desire, f (%)			
	Yes	No	P value
Sex			
Male	40(83.3)	8(16.7)	0.368
Female	38(76)	12 (24)	
Age groups			
60-74	74(83.1)	15 (16.9)	0.016
>75	4(44.4)	5 (55.6)	
Health Status			
Good Health	23(88.5)	3 (11.5)	0.000
Having a disease/s less likely affecting sexual function	45(88.2)	6 (11.8)	
Having a disease/s possibly affecting sexual function	10(47.6)	11 (52.4)	

Table 3 shows sexual activity and other forms of physical intimacy had by respondents. Result showed that majority of respondents still engaged in sexual activity and physical intimacy, although many of them only had it occasionally. Hugging and kissing were two most frequent physical intimacy activities had by respondents (100% and 96.9%). This study also assessed masturbation as form of sexual activity had by

respondents. Result showed that none of them ever had masturbation to express their sexual need

Table 3. Frequency of sexual activity and physical intimacy (n=98)

Frequency, n (%)			
	Routinely	Occasionally	Never
Intercourse	21 (21.4)	66 (66.3)	11 (11.2)
Hugging	46 (46.9)	52 (53.1)	0 (0)
Kissing	9 (9.2)	86 (87.8)	3 (3.1)
Masturbation	0 (0)	0 (0)	98 (100)

Table 4 illustrates emotional intimacy and sexual satisfaction. Possible score ranges for intimacy and satisfaction are 0-2 and 0-8 respectively. A higher score means higher intimacy and sexual satisfaction. Result suggested that emotional intimacy was considered high. Respondents were more likely to supporting their spouse as the mean to express their intimacy (M=1.52, SD=0.34) as opposed to respecting (M=1.15, SD=0.53). However, in regards to sexual satisfaction, result showed that it was considered low (M=3.55, SD=1.86).

Table 4. Emotional intimacy and sexual satisfaction (n=98)

	Mean	SD
Emotional intimacy		
– Having intimate conversation	1,18	0,53
– Respecting	1,15	0,53
– Supporting	1,52	0,34
– Showing tenderness	1,47	0,68
– Sharing experiences	1,21	0,52
Sexual satisfaction	3.55	1.86

Discussion

Sexuality is one of basic human needs. Forms and expressions to fulfill the need might be different across age groups. However, sexuality is often merely associated to sexual activity among younger age groups. As a result, the issue is often overlooked among older adults population.

There are some factors that can affect sexual functioning in older adults. The present study suggested that sexual desire was significantly influenced by aging process. Lack of sexual desire was more likely expressed by respondents in older age group. Aging process causes change in organs function, including sexual organs. There are some physiological changes in sexual organs among elderly that can affect their sexuality and sexual functioning. Older men can experience changes such as slower excitation, reduce in intensity and volume of ejaculation, shorter or incomplete erection and longer un-responsive period before re-erection. While in older women, their vaginal becomes atrophy, short, narrow and less elastic. Vaginal become dry because of reduce vaginal discharge. Clitoris in elderly women also becomes shorter (4). Changes in sexual organs function and decrease in physical fitness result in decrease sexual desire in elderly (8).

Aging process also causes older adult are more prone to diseases. In this study many of elderly were suffered from chronic diseases or chronic conditions, such as hypertension, diabetes, cardiovascular disease, arthritis and gastritis. Hypertension, arthritis and stroke become three most common diseases/ conditions suffered by elderly in Indonesia (9). The present study found that health status of elderly significantly affected sexual desire in elderly. Lack of sexual desire was more likely observed among those had chronic diseases such as diabetes and cardiovascular disease. A previous study found that older couples who had gastritis, stroke and disability were at risk for poor sexual intimacy (10). A literature review reported that cardiovascular disease, diabetes, cancerous, and chronic respiratory diseases can reduce sexual desire in elderly (11). Chronic diseases or conditions such as diabetes, severe hypertension, and heart disease more likely affect circulation to reproductive organ. As result, individual might experience erection dysfunction and decrease sensitivity (12).

Psychological aspect may be as important as physiological aspect for sexual function in elderly. Changes in reproductive system can cause anxiety in women which then lead them decreasing their sexual activities. When people feel anxious, their sexual desire might be decreased (4). Older adult with chronic disease might experiences changes in their mood and energy which may influence their sexual expression and responses (11). Psychological problem such as depression may also influence sexual function in all age group (7). Depression is often found in older age groups. Common cause of depression include chronic medical conditions, medications, and loss of spouse, love ones, and friends (13).

Social and cultural factors also play an important role in sexual functioning in elderly. There is an opinion that sexually active life in older age is somehow inappropriate. It is often believed that sexuality seen as something normal and acceptable in young people, but in older adult it is the opposite. Sexuality is perceived as unnecessary and embarrassing (7). A previous study reported that most of older adult perceived that sex in elderly people was taboo, that sex was for young people only, and that sex was not important in life (14). In regards to gender, there is a cultural myth that men have greater sexual needs than women (7). However, this study found the opposite fact that there was no difference in sexual desire between male and female elderly. Sexuality is often seen solely as for the purpose for reproduction. As a result, sexuality in the postmenopausal period is often seen as something with negative connotation (7).

Sexuality and intimacy should be maintained in old age. There have been largely evidences that it contributes to quality of life. A previous study found that the level of sexual activity of older adults was positively associated with global life satisfaction (5). In this study most of respondents still actively engaged in sexual intercourse, even though many of them did not have it routinely. Decreased sexual activity is reported as individual getting older. Physical limitations and health problem due to aging often become the main reason of the decrease. A previous study found that 64.5% of elderly reported a decrease in the number of sexual relationship, while 65.2% reported no change in the duration during the sexual relationship (15). Along with aging process, physical capacity in elderly people decreased gradually up to 50% lower than young adult. As result, frequency of sexual intercourse in elderly was almost 20% lower

compared to young adult. Changes in sexual function are also commonly found in individual with health problem such as stroke, heart and lung disease, and also in individual who take psychotropic medication to treat depression (13). Pain, fatigue and finding comfortable position for lovemaking are three major barriers to sexual intimacy in elderly (13).

Older adult might need to adapt new ways to maintain their sexual functioning through different forms of sexual activity other than intercourse. The present study found that most elderly had hugging and kissing more frequent than sexual intercourse. This finding confirmed a previous study that found most of older adult preferred to engage in subtle forms of sexual activity such as kissing, cuddling, and touching partner's intimate body parts rather than have sexual intercourse (5). These forms of physical intimacy activities were possibly more enjoyable and convenient to do.

Another form of sexual activity is masturbation. However, result showed that none of older adult in this study ever had masturbation to express their sexual need. A previous study by reported that few elderly had masturbation to relieve their sexual tension (14). A possible explanation for this difference might relate to the fact that all older adult in present study still had living spouse who still physically and emotionally able to engage in sexual activities. Individual might have masturbation when they do not have partner for sexual activities (14). Beside, cultural factor might play a role. Masturbation can be seen as inappropriate sexual behavior (7).

Most literatures focused on physical intimacy or sexual activities when discussing about sexuality in elderly. Sexuality in broaden meaning also incorporate psychological or emotional aspects. The present study also concerned about some forms of emotional intimacy had by elderly. Supporting spouse was found to be the most likely ways of expressing emotional intimacy. Similarly, a previous study found that conversation, mutual respect and support as the most important forms of psychosexual needs as expressed by elderly (14). Present study indicated that sexual satisfaction in older people was considered low, though they had living spouse. A previous study found that sexual intimacy in older people was poor (10). Many factors possibly affect this finding. Literatures has shown that aging process and health status affect sexual desire of older people (2–4).

Conclusion

Sexuality still becomes an important aspect of life among older people, regardless aging process and chronic health problem. Despite being married and engaging in both physical and non-physical sexual expressions to maintain sexual function and intimacy, but satisfaction was low. Health professional should be able to identify sexuality related problem and provide appropriate recommendation to overcome the problem and adapt with aging process and health related changes.

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