

Sexuality in Elderly Adults: Study on Knowledge and Attitudes Related to Sexuality in Older Adults

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Abstract

Introduction: Aging is a universal and natural phenomenon that causes structural and physiological changes. It is a process of deterioration, progressive and intrinsic.

Objective: Determining the level of knowledge and attitudes about sexuality in older adults living in three centers.

Materials and Methods: A cross-sectional descriptive study in 80 elderly adults enrolled and attending three life centers on the City of Cartagena, Questionnaires about Knowledge on Sexual Health of the Elderly (2007) and the Attitude Scale towards Sexuality were applied in the Elderly Adult (Scale ACASAM-MM-2013).

Results: On a population of elderly adults, female sex predominated 58%, average age of 74 years, adults widowers 35% of the total population, and 31% maintain a relationship. Older adults reported having inadequate knowledge in relation to the three sessions evaluated, the access section to a couple predominated, they reflected having an average general attitude, being the cognitive and volitional component those of greater significance.

Conclusion: The attitudes that reflect the elderly is favorable, being so, that the elderly are clear that society notice them regarding sexuality, and are autonomous to express and experience it.

Keywords: sexual health, sexuality, elderly adult, knowledge, attitudes

1. Introduction

Aging is a universal and natural phenomenon that produces structural and physiological changes (Alvarado & Salazar, 2014). It is a deleterious, progressive and intrinsic process that occurs in every living being as a result of the interaction of genetics and its context. It is inevitable to stop this biological process by which we all pass, but to which we will not all pass with satisfaction (Perez & Arcia, 2008).

According to figures reported by the World Health Organization (WHO, 2007) the population is aging rapidly worldwide (2015-2050), the proportion of the population over 60 years of age will go from 900 million to 2,000 million, which represents an increase of 12% to 22% (MinSalud, 2007).

The World Health Organization (WHO) emphasizes that more than 22% of older adults in the world, in addition to their biological and systemic complications, present problems with their sexuality, where prejudice, idiosyncrasy and culture take an inseparable part of it (OMS, 2007).

In this sense, the aging process causes alteration in sexual capacity and activity, in fact, it varies from one individual to another. Talking about sexuality, includes two clearly defined aspects: biological sexuality (anatomo-physiological) and socio-cultural eroticism (Gonzalez, 2002).

In this same order, sexuality has different perceptions in all stages of life, hence its relationship with age, personal experiences and its influence with the social environment, this makes the event a topic of interest (WHO, 2006). Generally, sexuality is associated with genitality and reproduction, leaving aside emotional ties, moral ties and erotic encounters that proportionally influence sexuality and quality of life (Gonzalez, Nuñez, Hernandez, & Betancourt, 2005).

Society relates sexuality to youth and fertile age (Cequera, Lopez, Nuñez, & Porras, 2014); during elderliness, sexual behavior depends on many factors, such as general health, availability of a healthy partner, personality,

sociocultural factors, level of education, previous sexual activity, previous practices and interests, and life degree of satisfaction (Echenique, 2006).

Currently, the influence of aging on sexual activities is a subject that has faced the prolongation of ignorance of the physiological changes of a cultural pattern governed by the concept of sex, transmitted in the different generational changes. It is striking to believe that this age group are not capable of maintaining sexual activity, seen as asexual beings, deprived of the right to express their feelings in society (Perez & Arcia, 2008).

Starting from the previous assumptions, Cayo et al., he estimates that one of the possible causes of the lack of sexuality in the elderly is the negative self-perception of his body, where they stop being attractive, supported by comments from society, where he indicates that his body moves away from the cultured beauty standards of youth, also, widowhood lowers expectations to start a new life as a couple (Cedeño, Cortes, & Vergara, 2016).

In short, sexuality in the elderly is abused, little known and less understood by society, by the elderly and health professionals adults who attend the elderly with shoo ting and doubts (Gonzalez et al., 2005). Geriatric sexuality is a very controversial topic, since many people believe that when the reproductive process ends, all expression of affection and sexuality ends. Because of this, it was decided to determine the level of knowledge and attitudes related to sexuality in older adults in three centers of life.

2. Materials and Methods

Descriptive study - cross - sectional, carried out with a sample of 80 adults Attendees at three life centers on the City of Cartagena, who met the criteria determined: to be older adults enrolled and assistants to the center of life, and not to present any type of mental limitation (Note 1).

For the data collection was obtained by applying an adapted version of the Questionnaires Knowledge on Sexual Health of the Elderly (2007) and Attitude Scale towards Sexuality in the Elderly (ACASAM-MM-20 13 scale) validated by experts

The adjusted version of the questionnaire has three parts, the first part addresses the sociodemographic data, the second, knowledge about sexuality in the elderly, evaluated in 3 sessions (myths and realities, access to a couple and access to the privacy), each one has a scale for measuring dichotomous questions, where only one is correct and has a value of one point. It was considered an inadequate knowledge of less than 8 points and adequate knowledge between 8 to 10 points for each session.

The third part measured attitudes related to sexuality in the elderly, has a Likert scale, where 1 is totally in agreement, 2 is neither agree/disagree and 3 is totally disagree. This part is divided into 3 components: cognitive component (knowledge, beliefs, assumptions and value judgments), volitional component (positive feelings and negative feelings) and the conative or action component (facilitating behaviors and inhibitory behaviors), considering high attitude of 7 to 9 points, average of 4 to 6 points and low of 1 to 3 points.

For the analysis of the information, the data recorded in the collection instrument were entered in a Microsoft Excel 2016 spreadsheet, where a data matrix was constructed for further analysis and interpretation. A Pivot Table was used to establish the absolute frequency in each category of sociodemographic, for analysis KNOWLEDGE c towards sexuality in the elderly, each item was encoded by assigning a (1) point to the correct answer, through a logical function (SI function). Then, the summation of the score of each answer was made, to obtain an accumulated and then categorize with the SI function again as adequate or inadequate knowledge depending on the data obtained.

Finally, in the third part called attitudes about sexuality in the elderly, the data obtained through the summation of the result of the subgroups of each dimension, then the average function was used to average the results and function *desvest* to find the standard deviation that indicates how scattered the data are with respect to the mean. Subsequently, this same process was carried out for the population in general and the general results were obtained.

Helsinki, 1964, the research was guided under the ethical principles of beneficence and non-maleficence and sought to protect the life, dignity, integrity and intimacy of the participants (Belmont, 1979). In accordance with Resolution 008430 of 1993 (MinSalud, 1993), the proposed research is within the classification Research with *minimal risk*, the project was endorsed by the school's research committee and ethics and institutional bioethics committee.

3. Results

3.1 Sociodemographic Characteristics of the Elderly in the Centers of Life

According to the participating population and the analysis of the results, it can be observed that the average age of

the adults attending the centers of life onwards CDV corresponded to 74 years, with a minimum age of 57 years and a maximum age of 88 years. In the same way, results were obtained relevant to the sex of the attending adults, in which the female sex prevails with an average of 58%, equivalent to 46 participants, while 42% corresponds to the male sex.

In relation to the data reported, it was obtained that 49% of the participants belong to the socioeconomic level II, followed by 44% of the adults who live permanently in the socioeconomic stratum I.

Likewise, in the study it was found that the civil status with the highest prevalence corresponds to the widower with 35%, while 17% corresponds to older adults who are married and 14% to adults in free union; indicating that 31% of the study population have a relationship and those who still experience sexuality in any of its manifestation without limiting it only to penetrative sex.

With regard to religion, there was a predominance of the Catholic religion with 65% of the total population, regarding the level of education of the respondents, the data show that in general the attending adults have a level of academic education that guarantees them the basic skills such as reading and writing, however these can be affected by age and visible visual difficulties in such a way that most have low visual acuity, according to these data the primary level ranks first with 54%, followed by 33% of the participants who completed high school studies and 4% of seniors are professionals in different areas.

Table 1. Sociodemographic characteristics

Socio-Demographic Characteristics		
	The average age was 74 years. Minimum age: 57 years Maximum age: 88 years	<i>Percentage (%)</i>
SEX		
Female	46	58%
Male	34	42%
total	80	100
Socioeconomic level		
I	35	44%
II	39	49%
III	5	6%
IV	1	1%
Total	80	100
Civil status		
Married	14	17%
Divorced	2	3 %
Separated	14	17%
Single	11	14%
Free Union	11	14%
Widower	28	35%
Total	80	100

Religion		
Adventist	1	1%
Catholic	52	65%
Christian	20	25%
Other	4	5 %
Jehovahs Witness	3	4 %
Total	80	100
Level of education		
None	5	6%
Primary	43	54%
Secondary	26	33%
Professional	3	4 %
Technical	2	2%
Technological	1	1 %
Total	80	100
Residence area		
Urban	80	100%
Total	80	100

Source: Information collection instruments.

3.2 Knowledge About the Sexuality of the Elderly in the Centers of Life

The category of knowledge myths and realities of sexuality shows that in the dimension, it is highlighted that 91% of adults presented inadequate knowledge and only 9% of older adults presented adequate knowledge. According to this analysis it can be shown that society plays an important role in shaping the myths, beliefs and realities related to the previous knowledge that the older adult has about sexuality and that this in some way influences the behavior and / or thoughts of them.

In this sense, older adults experience reduced orgasm pleasure compared to the young, a large majority of adults do not lose and still maintain sexual interest, sexual relationships in this population are held with desire and not by simple obligation, while that other participants consider that they do not maintain their physiological capacity for the sexual act limiting a healthy and spontaneous sexuality.

Also the level of knowledge about sexuality in the elderly according to access to a partner, was inadequate in 96% of the population and only 4% presented adequate knowledge. According to this, the questions that influence for inadequate knowledge are: 1. Remain alone after losing the partner, 2. you can only have one partner until the death of your spouse, 3. Not having a partner at this age is good because they are calmer. These responses indicate that the older adult tends to be without a partner for different reasons, feeling satisfied with this situation.

Regarding the knowledge regarding sexuality in the elderly according to access to privacy, the data showed that 48 adults had inadequate knowledge represented in 60% and 40% adequate knowledge.

That said, the older adult considers that intimacy refers to sexual intercourse with penetration and that living with children or relatives and not having an adequate environment does not hinder intimacy, that is, that the elderly is limited and only thinks that intimacy is very related to the sexual intercourse, and that regardless of having or not third parties, this will not alter or modify an intimate relationship.

3.3 Attitudes Related to the Sexuality of the Elderly in the Centers of Life

Table 2. Attitude of the elderly by components

	Attitude	Average	Standard deviation
Cognitive component dimension			
Knowledge	high	7	1.81
Beliefs	Half	6	1.38
Assumptions	high	7	1.58
Value judgment	high	8	1.43
Volitional component dimension			
Positive feelings	high	7	2.13
Negative feelings	high	7	1,63
Component dimension conative or action			
Facilitative behaviors	high	7	2.45
Inhibitory behavior	Half	5	1.53

Source: Information collection instruments.

It can be observed in Table 2, in relation to the evaluation of the cognitive component that knowledge, assumptions and value judgments with an average of 7,7 and 8 respectively, represented a high attitude. These results indicate that older adults really have clear information about what society perceives about them, and about the sexuality that these may have.

In the category of beliefs, older adults strongly disagree that it is not natural to have sex after age 55 and at the same time agree that the same anxiety manifested upon reaching middle age causes sexual disorders and affects the physiology of the male sexual response.

In the next category (suppositions) older adults presume not to have an exact idea of what their sex life should be like when they reach this life trajectory, causing them restlessness and thoughts of illness, others on the contrary can get to enjoy the sexual relations without having ejaculation.

In the last category (value judgment) for the criterion of older adults, men are more vulnerable to show symptoms of anticipatory anxiety about their sexual performance, consider that a monotonous relationship can progressively lead to the loss of sexual interest and that Economic concerns can deviate sexual activity.

With respect to the data presented of the volitional component, it was observed that both positive and negative feelings presented a high attitude, that is, older adults have the will and disposition to know and experience their sexuality.

For the evaluation of the volitional component to the sexuality of the older adult, with respect to positive feelings, older adults say they feel alive when they enjoy their sexuality, despite their age they would like to maintain relationships with a partner and if someone attracts them would like to have sex regardless of their age.

However, in the negative feelings, they said they feel totally disagree because they still do not feel that their sex life is over, they like having a desire to have relationships with other people and do not dislike talking with people their age.

In the conative or action dimension, a high attitude was observed in facilitating behaviors and mediating inhibitory behaviors. This indicates that although they demonstrate a form of interest to attract, please and have a person, at the same time they are reserved in front of their sexual situation and place a barrier at the moment that a person manifests sexual interest without knowing your sex life.

For the evaluation of the conative component to the sexuality of the elderly, in terms of facilitating behavior older adults try to be well groomed, attend any activity that they invite and do things like: dance, sing, listen to jokes in order to attract or get sexual partners

As in inhibitory behavior, they violently reject any sexual approach made by another person, refuse to disclose

their past sexual life and pray because they see it as a way of rejecting thoughts related to sex.

Table 3. Attitude of the older adult before his sexuality - behavior by dimensions and general.

Dimensions	Attitude	Average	Standard deviation
Cognitive	high	7	0.82
Volitive	high	7	0.39
Conative	Half	6	1.43
General Attitude of the 3 dimensions			
Total attitude		6	
Average		Half	
Standard deviation		0.75	

Source: Information collection instruments.

The attitude in general shows a medium tendency, an attitude considered favorable within this population. Sexuality in old age is framed within the close relationship that exists between biological, psychological and social aspects. The physiological changes in the elderly, used erroneously as an excuse and barrier to deny their sexual activity, are now known, concluding that despite the limitations they can impose in some aspects, allow sexual activity and satisfaction in old age.

4. Discussion

When analyzing the distribution according to sex of the population belonging to the CDV, the data indicate that the participation was greater for the female sex compared to the male sex, showing a difference of 16%, Cedeño, Atiñol, Suarez & Leon, 2014 in the results of his research he found that in this age group the female sex predominates, likewise, Cremé, Alvarez, Perez, Fernandez and Riveaux, 2017 it observes a slight predominance of the feminine sex, with a man - woman ratio of 0.8, which means that there are 80 men for every 100 women, whereas for this study the relation is of 0.7 indicating that there are 70 men for each 100 women in the CDV studied.

According to the marital status, the predominant state was the widower, it is important to emphasize that a high percentage of this population has a stable partner and they maintain regular or stable sexual relations, Contrary with the study of Cremé et al 2017 who shows that the largest population is in a conjugal state, whether they are married or in a consensual union and only 10% are widowed or divorced. The Catholic religion was the most predominant coherent study entitled psychological and sociocultural factors in the adult life of older adults Can, Sarabia, Guerrero, 2015 where it was obtained that 60% of the research population practices the Catholic religion. Finke and Starr (Can et al., 2015) affirm that it is important to observe that in the third age the religious activities are presented in greater degree due to the need to relate for different reasons such as; the loss of the spouse or to make sense of life.

On the other hand, the knowledge that older adults have about sexuality were inadequate in terms of the myths and realities section. In this sense, older adults considered that sexual activities are not carried out without a wish and some participants consider that sexual activity is frequently dangerous for health, a situation that coincides with the study of Cedeño et al. (2014), where older adults state that sexual relations are good and healthy for the organism if there are difficulties on the part of the couple, in addition, they considered them normal and pleasurable.

In the context of the access to intimacy section, the study shows that the population under study has inadequate knowledge for this dimension, due to the fact that older adults relate sexuality with the sexual act with penetration exclusively, showing approximations with the In the study by Cremé et al. (2017) who found that adults claim to have coital relationships, only one person recognized that their relationships were primarily from caresses, kisses, and other forms of expressing sexuality.

Within this framework, it is also contemplated that the population agrees on the importance of respecting the right to sexual privacy at any age, this being related to the study of Cremé et al. (2017) who expresses in its results that older adults has the right to enjoy their sexuality free from prejudice.

According to the cognitive component, older adults reflect a high attitude, that is, they know the concepts and

perceptions that society has regarding their sexuality and know what the changes that aging brings, besides, they combine their values with this idea. Thus, these results do not depart from the study conducted by Molina, 2013. No results showing that older adults had a mean attitude, that is, this age group is based on the values that have to promote sexuality, but the information they have about this is not so clear.

Continuing with the volitional component, it was evidenced that both the positive and negative feelings of the study represented a high attitude, that is, older adults have the will and disposition to experience their sexuality. This does not coincide with the aforementioned study, in it, it was shown, that positive and negative feelings have a neutral attitude, indicating that the feelings they harbor can not be definitively good or bad.

Finally, for the conative component or action, reflect having a high attitude in terms of facilitating behaviors and media in relation to inhibitory behaviors, indicating that adults show interest in having a sexual relationship, but in turn, know in what time to facilitate those actions and when to put barriers. However, in a study conducted by Molina, 2013. It was observed that both the facilitating or inhibitory behaviors represented an average attitude, indicating that older adults are exposed to undergo positive or negative transformations about sexuality.

5. Conclusions

According to the results of research carried out in the elderly population it was evident that there are significant differences in the level of knowledge and attitudes seniors have regarding their sexuality.

In this same context and taking into account the objectives set out above, the results previously disclosed were taken as a starting point. Thus, demographically, women predominated as a population attending the centers of life, a high percentage belong to socioeconomic status II, widowers, from urban areas and professing the Catholic religion.

In the cognitive component of the older adult, this shows clearly about knowledge and concepts preset by society and are closely related to sexuality, and population group strongly agree that many people are concerned about how it affects aging in sexual activity that society within its culture integrates rigid concepts about of pleasure and sexuality.

Older adults identify changes that causes aging in sexual activity, and although manifest need a partner until very old age do not feel uneasy if you do not have and relate intimacy with penetration or sexual act itself and not to provide support, security and trust.

In the same way it was possible to conclude that the attitudes that the older adults reflect were average, an act considered as favorable, the dimension in which the highest favorability was appreciated corresponded to the cognitive dimension and the volitional dimension, that is, that the adults in addition to being clear about what society perceives of them in terms of sexuality, they are also autonomous to express and experience it.

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Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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Notes

Note 1. Older adults with mental limitations are excluded, because the data collection instrument is self-applicable, which limits the responses and produces bias in the information.

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