

EPIDEMIOLOGY & RISK FACTORS

Sexual Activity and Physical Tenderness in Older Adults: Cross-Sectional Prevalence and Associated Characteristics



Rosanne Freak-Poli, PhD,^{1,2} Maggie Kirkman, PhD,² Gustavo De Castro Lima, MD,¹ Nese Direk, PhD,^{1,3} Oscar H. Franco, MD, PhD,¹ and Henning Tiemeier, MD, PhD^{1,4,5}

ABSTRACT

Background: Despite a common misconception, older adults engage in sexual behavior. However, there is limited sexual behavior research in older adults, which is often restricted to small samples, to cohorts recruiting adults from 45 years old, and to questions regarding only sexual intercourse.

Aim: To assess the cross-sectional prevalence of and characteristics associated with sexual activity and physical tenderness in community-dwelling older adults.

Methods: From the Rotterdam Study, sexual activity and physical tenderness were assessed in 2,374 dementia-free, community-dwelling men and women at least 65 years old from 2009 through 2012 in the Netherlands. Analyses were stratified by sex and partner status.

Outcomes: Sexual activity and physical tenderness (eg, fondling or kissing) in the last 6 months. Potential associated characteristics included measurements of demographics, socioeconomic position, health behavior, and health status.

Results: The vast majority of partnered participants (men, $n = 858$; women, $n = 724$) had experienced physical tenderness in the previous 6 months (83.7% of men and 82.9% of women) and nearly half had engaged in sexual activity (49.5% and 40.4% respectively). Very few unpartnered women ($n = 675$) had engaged in sexual activity (1.3%) or physical tenderness (5.2%), whereas prevalence rates were slightly higher for unpartnered men ($n = 117$; 13.7% or 17.1%). Engaging in sexual behavior was generally associated with younger age, greater social support, healthier behaviors, and better physical and psychological health.

Clinical Implications: Findings show that older adults engage in sexual activity. It is important not to assume that an older person is not interested in sexual pleasure or that an older person is unhappy with not having a sexual partner. Offering an opportunity for open discussion of sexuality and medical assistance without imposing is a difficult balance. We encourage health care professionals to proactively address sexuality and extend knowledge about safe sex and sexual function to older adults.

Strengths and Limitations: Thus far, this is one of the largest samples of sexual behavior assessment in adults older than 60 years. Limitations of this study are common in sexual behavior research, including low sexual behavior engagement among unpartnered older adults and a small sample of unpartnered men, which restricted sex- and age-specific implications.

Conclusion: Almost half of partnered older adults engaged in sexual activity and more than two thirds engaged in physical tenderness, but very few unpartnered older adults engaged in these behaviors. The greatest barrier to being sexually active at an older age is lack of a partner, which particularly affects women. Sexuality is an important aspect of active aging. **Freak-Poli R, Kirkman M, De Castro Lima G, et al. Sexual Activity and Physical Tenderness in Older Adults: Cross-Sectional Prevalence and Associated Characteristics. J Sex Med 2017;14:918–927.**

Received January 18, 2017. Accepted May 15, 2017.

¹Department of Epidemiology, Erasmus Medical Centre, Rotterdam, The Netherlands;

²Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, VIC, Australia;

³Department of Psychiatry, Dokuz Eylul University, İzmir, Turkey;

⁴Department of Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam, The Netherlands;

⁵Department of Psychiatry, Erasmus Medical Centre, Rotterdam, The Netherlands

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jsxm.2017.05.010>

Copyright © 2017, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Sexual Behavior; Touch; Geriatrics; Aged; 80 Years and Older; Aging; Age Factors; Sex Factors; Sexual Partners; Sexuality

INTRODUCTION

The World Health Organization views sexuality as “a central aspect of being human throughout life” and sexual health as “a state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity.”¹ Despite little empirical evidence, there is a common misconception that individuals become asexual as they get older and that they lose their interest in sex and their capacity for sexual behavior.^{2,3} This belief is held not only by younger people but often also by older people.^{4,5} Clinicians tend not to address sexual health proactively with individuals older than 65 years, who form an increasingly large proportion of the population.^{6,7} Previous research has shown that sexual activity is widespread among middle-age and elderly adults^{8,9} and that their concerns about sexuality are not substantially different from those in other age groups.¹⁰ Nevertheless, it is evident that health care professionals who provide services for older people require a better understanding of their sexual behavior.

Older adults are being increasingly incorporated in sexual behavior research. Prior research has identified that engaging in sexual activity has generally been associated with younger age,⁸ male sex,⁹ marriage or cohabitation,⁹ greater social support,¹¹ socioeconomic position,^{9,12,13} engagement in physical and social activities,¹¹ healthier behaviors,¹¹ and absence of physical and mental health conditions for themselves and their partner.^{8,9,11,12,14,15} However, research tends to be restricted by small samples,^{3,12,15,16} living situation,^{11,14,17} marital status,^{8,12,16,18–20} to one sex,^{9,12,16,19,21} or to cohorts recruiting adults from 45 years of age and only a few participants older than 80 years,^{21–26} restricting generalizability of findings and overlooking the sexual behavior of unmarried older adults and the oldest old. In addition, assessment of sexual behavior in older adults tends to be limited to sexual dysfunction,²⁷ sexual activity frequency,²¹ sexual satisfaction,^{25,28} or sexual intercourse.^{9,12,15} It is clear that sexual behavior in people of all ages is much broader than the mere capability or act of sexual intercourse. Aspects such as touching, holding, or close companionship expressed between individuals also need to be incorporated.^{3,21,29,30} Affection has been reported as more important to older married adults than sexual activity.¹⁶

The aim of this study was to assess the prevalence of and characteristics associated with sexual activity and physical tenderness in the previous 6 months in community-dwelling adults at least 65 years old. First, we hypothesized that engagement in sexual activity and experience of physical tenderness would depend on partner status and sex, with partnered men having the highest prevalence and unpartnered women having

the lowest prevalence. Second, we hypothesized that engagement in sexual activity and experience of physical tenderness would be associated with younger age and better health.

METHODS

Please refer to [eAppendix 1](#) for further methodologic details.

Study Sample

The Rotterdam Study is a population-based cohort designed to examine the onset of disease in older adults.³¹ The present analyses used data from 4,027 adults at least 65 years old (born from 1913 through 1944) who attended the data collection round from 2009 to 2012. Two trained interviewers felt uncomfortable asking the sexual activity and physical tenderness questions and queried only 0% (of 248) and 31.62% (of 136) of their allotted participants; these were excluded from analyses. The remaining 18 interviewers asked 92.91% (SD = 0.06%, range = 78.87–100.00%) of participants the sexual activity and physical tenderness questions. Hence, although 70.2% of the 4,027 participants had sexual activity and physical tenderness responses (71.0% of men, 69.7% of women), the real response rate was 81.4% (83.7% of men, 79.8% of women) because 549 participants were not asked (13.7% of total sample, 15.2% of men, 12.7% of women).

Sexual activity and physical tenderness questions were asked of 2,792 eligible participants. Participants were excluded if they answered “I do not know” for sexual activity questions (n = 36), had incomplete partner status (n = 4), lived in a nursing home (n = 10), were unable to complete a self-reported questionnaire (Mini Mental State Examination [MMSE] score < 26, n = 361; had prevalent dementia, n = 4), or did not provide consent for data linkage (n = 3). The final sample consisted of 2,374 older adults. The Rotterdam Study was approved by the medical ethics committee according to the Population Study Act Rotterdam Study, executed by the Ministry of Health, Welfare and Sports of the Netherlands. All participants gave written informed consent.

Sexual Behavior

Participants were assessed by trained interviewers in face-to-face interviews at home or at the Ommoord (Rotterdam, The Netherlands) district research center and were asked, “Have you been sexually active in the past 6 months?” with response options of “yes,” “no,” or “I do not know.” If the response was “no,” participants were subsequently asked, “Have you experienced other forms of physical tenderness in the past 6 months (eg, fondling or kissing)?”

Download English Version:

<https://daneshyari.com/en/article/5729836>

Download Persian Version:

<https://daneshyari.com/article/5729836>

[Daneshyari.com](https://daneshyari.com)