



Geriatric sexual experiences: The seniors tell all

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ARTICLE INFO

Article history:

Received 14 April 2015

Accepted 15 April 2015

Keywords:

Older adult
Sexuality
Sexual experiences
Seniors

ABSTRACT

Aim: To gain insight into the aging sexual health experiences and concerns of older adults aged 60 years or older.

Background: Despite the prevalence of sexual activity among older adults and the documented health benefits, little is known about how sexual health changes as individuals age.

Methods: Participants for this study were recruited through a local senior center and qualitative interviews were conducted.

Results: Eight older adults (six female, two male) between the ages of 62 and 95 participated in this study. Some participants commented that expression of sexuality changed due to partner's health. Some identified less sexual frequency and spontaneity, while others stated that they were now more open with their sexual relationship. Participants stated that they wished their or their partner's physicians would discuss their sexual needs.

Conclusions: Sexual changes reported by participants in this study were consistent with the research relating sexual health to overall health. The finding that half the sample did not discuss sexual problems with anyone highlights the opportunity for nursing research to further explore this phenomenon.

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1. Introduction

Sexuality is a central aspect of being human throughout the lifespan and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy, and reproduction (World Health Organization, 2006). Nurses often assume sexuality is not a priority for patients (East & Hutchinson, 2013) and when the patient is an older adult, this assumption may be even greater. Clients and providers alike may internalize the message that sexual behaviors are only for the young (Ginsberg, Pomerantz, & Kramer-Feeley, 2005). Because sexuality is closely identified with youthfulness, the stereotype of sexless, frail, and inactive older adults is widely held (Kazer, 2013).

Sexuality is an important component of happiness in the older population. There are more than 40.3 million people between the ages 65 and older (U.S. Census Bureau, 2014) which are more than 13% of the total United States population (Federal Interagency Forum on Aging-Related Statistics, 2010). Those who report most satisfaction with their sexuality report having a sexual partner, frequent sexual intercourse (more than once a week), good health (for self and partner), low levels of stress and absence of financial worries (AARP, 2010). There are significant health benefits to sexual activity in older adults; higher levels of sexual activity have been correlated with better physical and mental health in this population (Thompson et al., 2011).

Despite the prevalence of sexual activity among older adults and the documented health benefits, little is known about how sexual health changes as individuals age. The purpose of this small qualitative study

was to gain insight into the aging sexual health experiences and concerns of older adults aged 60 years or older. Specifically, this study was designed to ascertain (a) whether older adults' sexual needs and relationships have changed as they have aged; (b) whether older adults have concerns or questions about fulfilling their continuing sexual needs; (c) with whom they usually discuss their sexual needs and concerns.

2. Background

Sexuality extends throughout the lifespan and health changes have a fundamental impact on a person's sexual health (East & Hutchinson, 2013). Age related and physiologic changes that the older adult client may encounter can have a significant impact on their ability to have and enjoy sexual relations. Health conditions, such as arthritis, chronic pain, dementia, diabetes, incontinence, stroke, and depression, can directly cause sexual problems (National Institutes on Aging, 2013). Medications that treat these conditions can also have a significant impact on sexual functioning. Anticoagulants, anti-hypertension drugs, antidepressants, and steroids are correlated to low sexual desire (Mona et al., 2010). Surgery can have a psychological impact that can impair sexual functioning (Kontula & Haavio-Mannila, 2009). Stress in the older adult can also affect sexuality and can include loss of a job, deteriorating health, financial crisis and death of a spouse (Ginsberg et al., 2005).

An important barrier to sexual activity for older adults is lack of a partner (Ginsberg et al., 2005). Kontula and Haavio-Mannila (2009) describe that in addition to age, the most important predictors of sexual activity among aging men are high sexual self-esteem, a history of multiple partners, pleasurable past sexual experiences, and frequent alcohol use. For older women, sexual desire, a healthy partner, and pleasurable past experiences influence sexual activity. Due to fear of embarrassment,

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older adults may not feel comfortable discussing their concerns with their health care provider but current research supports that nurses often put the responsibility on their patients to speak about their sexual health concerns (Farrell & Belza, 2012) rather than broaching the topic during a health assessment.

3. Methods

A purposive sample of six to ten older adults was sought for this study. A senior center was identified as a location for participant recruitment and the administrator granted permission for the study. Institutional review board approval was granted through the respective University Institutional Review Board. The principle investigator, an experienced geriatric nurse practitioner and researcher, developed a structured interview instrument that included the following questions: (1) In what ways have your sexual needs changed as you have aged; (2) What concerns do you have about fulfilling your continuing sexual needs; (3) In what ways has your sexual relationship changed with your partner as you have aged; (4) What questions do you have about your continuing sexual health needs; (5) With whom do you usually discuss your sexual needs and concerns; and (6) Is there anything else you would like to share?

Inclusion criteria for this research included the following: participants must be aged 60 or older, fluent in English and able to provide informed consent. Participants were recruited through flyers distributed at the senior center that stated the purpose of the study and advised potential participants to contact the researcher if he or she had questions or was interested in participating in the study. The research assistant visited the research site to explain the study to participants. Interested participants provided signed consent forms and were asked for their names and phone numbers so the researcher could schedule a telephone interview. The interviews were conducted at a mutually agreed upon date and time to speak. After introductions were completed, and verbal consent given, the research assistant turned on the audio recorder and began the interview schedule as illustrated above. Permissible probes were used as necessary. The interviews took approximately one hour. Following the completion of the interview, the research assistant thanked the participant for their time and the relationship between the research assistant and participant terminated. Research participants were sent ten dollars as an honorarium for participation.

Qualitative data gathered for this study focused on aging sexual health experiences and concerns of participants. With the permission of participants, interviews were audio recorded and the audiotapes were sent out for transcription. Analysis of this data focused on identifying and understanding each of the participant's comments provided during the interview. The principal investigator proofed the focus group audiotape transcriptions for accuracy. Words and phrases related to the same content were examined by the research team to aid in the organization of findings. Data collection and analysis occurred concurrently beginning with the first participant.

4. Results

Eight older adults (*six female, two male*) between the ages of 62 and 95 participated in this study. Participants were married ($n=3$); widowed ($n=4$) and divorced ($n=1$). Two had less than a high school education, five graduated from high school and one had some extent of higher education coursework. Most participants were Caucasian ($n=6$) with one identifying himself as Cape Verdean and one other not identifying ethnicity.

4.1. Perception of change in sexual needs with age

Three of the participants commented that their needs had not changed with age. One female participant commented that her expression of sexuality changed due to her partner's health identifying "my

husband had a heart attack at 58 and... so it's kind of, it's not like it used to be." Another female participant's perceptions of sexual needs changed when her husband died. An 87-year old female participant identified that she had no sexual desire. However another participant, an 86-year old female, had another perspective stating "I have never thought of sex, I never thought of it as needs. It was just enjoyable."

4.2. Concerns about continuing sexual needs

Six of the participants responded that they had no concerns about fulfilling their continuing sexual needs and did not identify a reason for their answer. One participant stated that he was celibate for ten years and attributed his lack of sexual interest to narcotic addiction stating, "I'm on a methadone program for like 9, 10 years. And I think that has a lot to do with it. Usually, when you are on, if you are doing heroin or on methadone, sex kind of takes a back seat to that." One female participant commented that she "hoped that (she) can still fulfill my sexual needs (as I get older)."

4.3. Changes with sexual partner

Three of the female participants commented that they no longer had a partner. One participant commented that her sexual changes were mostly related to her partner's state of health and the medications that he was taking. Two of the participants provided positive responses. One identified that she and her partner were now more open with their sexual relationship. A second participant commented that while her relationship with her partner was no longer as spontaneous, it included other sexual activities that included cuddling and holding hands. Two of the participants did not provide an answer to this question.

4.4. Informational needs

While five participants commented that they did not currently have questions about their continuing sexual needs, three expressed some level of concern. Two participants stated that they wished their or their partner's physicians would discuss their sexual needs with one stating that she had an appointment with her physician today and she was not asked about it. This female participant also commented that she wished there was more information about older adult sexuality in the mainstream media noting "Redbook magazine or AARP, they're always interviewing somebody in their 50's. I don't think I've ever read anything about sexual activity from an 86 year-old person. I would like to." One participant identified himself as disabled and broadly referenced challenges with his sexual expression due to his handicaps. Four participants did not discuss their sexual concerns with anyone. Two participants discussed sex with friends of the same gender. The final two participants discussed their concerns with their husbands.

5. Discussion

In this study, a number of changes in sexual health occurred among the small sample. Some of these changes were related to the health of the participant, which is consistent with the research relating sexual health to overall health (East & Hutchinson, 2013). However more participants reported that the health of a partner or non-age related concerns were responsible for changes in sexual function than traditional health problems of older adults. Half of the sample stated that they do not discuss sexual problems with anyone. This underscores the possibility that older adults may not feel comfortable initiating a conversation with their provider about their sexual concerns and highlights the opportunity for nursing research to further explore this phenomenon. In a recent national survey, only 29% of obstetricians and gynecologists ask their patients about their satisfaction with their sex lives (Sobecki, Curlin, Rasinski, & Lindau, 2012). Yet in another study by the Women's Sexual Health Foundation, 73% of participants reported that they would

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