



Feature Article

Expressing sexuality in nursing homes. The experience of older women: A qualitative study



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ABSTRACT

In nursing homes, a number of barriers to the expression of sexuality exist, such as the lack of privacy, certain attitudes on behalf of the staff and the family, the lack of a sexual partner, and physical limitations. The aim of this study was to describe the lived experience of sexuality in elderly Spanish women residing in nursing homes. A qualitative phenomenological approach was followed. Data were collected over an 18-month period between 2013 and 2015. Purposeful sampling was conducted with Spanish residents in nursing homes in Madrid. Data were collected using unstructured and semi-structured interviews. The data were analyzed using thematic analysis. Twenty female residents participated. Three main themes emerged from the data: a) expressing sexuality, b) sexuality as a duty and c) respecting vows. Female residents reported key elements influencing how they manage their sexuality in Nursing Homes. These results serve to improve our understanding regarding the expression of sexuality in older female nursing home residents.

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Introduction

The World Health Organization (WHO), the Pan American Health Organization (PAHO), and the World Association for Sexual Health (WAS) define sex as “the biological characteristics which define humans as female or male.”^{1–3} Also, the term, sex, is often used to mean “sexual activity,” however, the WHO, the PAHO and the WAS, use the former definition of sex in order to avoid misunderstandings with the term sexuality.^{1–3} In turn, sexuality is a broad concept influenced by one’s personal, cultural, and social identity and which encompasses sensuality, connectedness, sexual attraction, and reproduction.^{1–4} Sexuality is experienced and expressed via thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.^{1–3} Sexuality is influenced by multiple factors, including biological, psychological, social, economic, political and cultural aspects, as well as factors regarding ethnicity, religion, education, family and peer groups,

personal experiences and the legal system.^{1–3,5} While sexuality can include all of these dimensions, not all of them are always experienced or expressed.^{2,3} Sexuality among the elderly may take the form of affection, romance, companionship, personal grooming, touch, and the need to feel attractive. Indeed, any activity that portends the sensation of feeling loved.⁶

Previous studies have demonstrated that older men and women are still sexually active in their 70s and 80s, and that the physical changes associated with aging do not necessarily reduce sexual capacity, despite the fact that an increase in sexual dysfunction occurs with age.^{7–9} In women, throughout history, sexuality has been determined by social and cultural factors within a patriarchal society where the expression of feminine sexuality was limited, non-existent or had a purely reproductive nature.^{10,11} At the same time, a married woman’s sexual identity was limited to that of being a wife and mother¹² while the medical attitude toward feminine sexuality was based on prejudices against women.¹¹

Most of the older global population is female. By 2050, it is predicted that 65% of octogenarians will be women.¹³ Despite this, sexuality in older women is still a poorly covered subject and one that is based on stereotypes such as: women are expected to be sexually undesirable, to not desire sex, and to be incapable of having sex.¹⁴ Although sexual activity among older woman can

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decrease with age, sexual interest, desire, passion and the ability to have other partners is maintained.^{7,12,14–16} The factors that influence the decrease in sexual activity among older women^{9,14,17} are: 1) the lack of a partner; 2) an emotionally distant relationship with an intimate partner and marital infidelity¹²; 3) misinformation, misconception, and prejudice¹⁶; 4) culturally induced beliefs that sexual activity is for the young; 5) boredom and fear of failure; 6) the needs of family members that result in strained emotional energy within the older couple; 7) urogenital atrophy identified subjectively as vaginal itching/soreness/dryness/pain during sex and lower levels of sexual desire; 8) illness and medication use; 9) poor body image¹⁶; 10) erectile dysfunction in a sexual partner; 11) delay in the search of professional help due to embarrassment¹⁷; and 12) religious and cultural norms. In fact, in traditionally patriarchal societies, church-based social norms typically discourage female sexual expression or engagements in sexual interactions within a marital relationship, fulfilling a gendered set of marital obligations.^{12,14}

In nursing homes (NH), a number of barriers to the expression of sexuality exist, such as the lack of privacy, residents' attitudes (shame, embarrassment or guilt),¹⁸ certain attitudes on behalf of the staff and the family,^{18,19} the lack of a sexual partner, and the presence of cognitive decline and physical limitations,^{4–6} which negatively affect the residents' quality of life. Also generational factors appear (sexuality is socially and morally inappropriate in elderly people) and group pressure (companions control sexual behavior by criticizing or gossiping). Moreover, Elias and Ryan reported that, within long-term care settings, the medical model prevails which focuses on maintaining safety and physical care demands over other needs.⁵ Also, staff members assume the role of regulators of sexual behavior in order to control residents' sexual activity.

On the other hand, despite the barriers, the residents find ways to express their sexuality. Mahieu and Gastmans,²⁰ and Doll,¹⁹ investigated older residents' experiences of and engagement in sexual behavior within institutionalized elderly care. The authors reported that residents who wish to sexually express themselves, might do this in a wide variety of ways, such as dressing-up, looking for emotional and intellectual intimacy, stroking, caressing, kissing, and engaging in sexual intercourse. However, despite the fact that residents need to express their sexuality, older residents were found to repeat the stereotypes of sexuality among the elderly (sex in elderly people was taboo, sex was for young people only, sex was not important in life).^{20,21}

In Spain, during the Spanish dictatorship (1939–1975), the expression of sexuality on a social level, outside marriage, was non-existent.^{18,22} After the Spanish Civil War, the Catholic church was closely linked with the government and any type of expression (sexual, artistic, cultural and intellectual) that differed from that established by the government and the church was highly scrutinized and controlled.²³ In Spanish society, sex is heavily influenced by the Catholic religion. It is characterized by heterosexuality and engaging in intercourse with the objective being solely of procreation within marriage.^{18,24} Furthermore, greater permissiveness exists among men compared to women.^{22,24} Currently, in Spain, the restrictive sexual morality that is prevalent among the older generation has led to many older people feeling considerable pressure to behave “decently” thus suppressing their sexual behaviors.^{18,22,24} Among the senior population, the main obstacle for sexuality is that it is considered a taboo subject, together with false beliefs and the risk of being criticized by the local society.¹⁸

During the last decade, Spanish seniors have typically engaged in sexual activities in secret while projecting a more rigid image than the reality.²⁴ One of the factors that has revolutionized sex in older Spanish people has been the appearance of drugs (*sildenafil*)

to maintain erection and sexual performance. However, this reflects the fact that sexuality in Spain is still perceived from a masculine point of view, reducing sexuality to intercourse and genitalia and ignoring the sexuality of older women, which is perceived as being virtually non-existent.²⁴

Sex among the older population remains a poorly researched field characterized by a lack of concrete policies and guidelines on both a national and local level.²⁴ Similarly, it is commonplace for norms and guides to exist which describe and defend the rights of the residents but fail to develop aspects related with sexuality.¹⁸ In this manner, person-centered care initiatives are characterized for promoting the autonomy of residents for making decisions on all aspects of their life,^{25,26} albeit with limitations with regards to their sex life. In this context, the study of the sexuality of older women living in nursing homes can provide useful information for designing better practices and policies that enable the expression of sexuality within residences.¹⁸

The aim of the present study was to describe the lived experience of sexuality among older Spanish women residing in NH.

Material and methods

Design

A qualitative phenomenological design was applied. The field of geriatrics faces complex realities (such as sexuality) affecting the health of the elderly and necessitating in-depth descriptions and explanations, together with analyses of their desires and preferences.²⁷ Previous studies,^{12,14,18,27} have shown that the development and application of qualitative research studies in sexual areas are relevant in order to better understand the different perspectives of older people, family, staff and cultural prescriptions and norms in a variety of contexts (nursing homes).^{5,9,18} The basis of the qualitative method comes from the interpretivist/constructivist and critical models together with social theory.²⁸ Qualitative research is essentially an approach regarding the study of human behavior that relies on the analysis of narrative data in order to create an interpretation regarding these behaviors from the perspective of the participants, within their social context.²⁹ Qualitative methods are thus the method of choice when the topic under investigation is insufficiently understood (such as sexuality).²⁸

Qualitative phenomenological research is designed to explore the meaning of a phenomenon, through the specific human experience, via rich descriptions in order to understand what it means to be in that life-world.²⁸ The lived experience is based on exploring the subjective reflection of human beings when taking part in events in a specific geographical, social and cultural environment.^{28,30}

The role of the researcher

Researchers introduce themselves within the social context of the participants.³⁰ The researcher's role was previously described (researcher positioning). All the researchers in this study had clinical experience in geriatrics, 3 of whom had worked specifically in NH (DPC, RMMMP, MPH).

In phenomenology it is necessary to “retain” beliefs (bracketing). This enables a critical examination of the phenomena without the influence of the researcher's own beliefs.^{31,32} Two bracketing conditions were established in the current study: a) recording the positions taken by the researchers beforehand, describing their prior points of view and beliefs regarding nursing homes, sexuality and the elderly; and b) in-depth interviews were used as a main data collection tool.³² In this way, we sought to avoid the

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