SEXUALITY OF ELDERLY

Attitudes Towards the Sexuality of Old People
In a Sample of Medicine and Nursing Students

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2009
Care for older people

Some basic principles

- Respect for the dignity and individuality of each one
- Promotion of autonomy and health
- Take in account the specific needs of old people to adapt accommodations
Sexuality in older people

- Better health conditions in old age
- More life time expectation
- Higher education level

Sexuality in old age is a relevant issue
Sexuality in older people

- Essential dimension of each person
- Basic human right
- Important quality of life issue
- Ignored in health care settings

Dickens, 1997; Kessel, 2001; Morley & Kaiser, 1989; Warner, 2000; Hajjar & Kamel, 2003; Gott, 2005
Sexuality in older people

There’s no age limit for sexual response

Medical and popular myths restrain sexual response

- “Women’s sexual life ends in menopause"
- “Sex is for the younger, I’m too old to be worried about that”
- “Old people are asexual”

Myths are integrated through generations in the social, political, religious and cultural values

Modified social attitudes toward sexuality in old age

Comfort 1977

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Sexuality in older people

Sexuality expression changes with age

Genital sex —> Intimacy
—> Affection
—> Romance
—> Companionship

Mulligan & Palguta, 1991; Bullard-Poe et al., 1994
Attitudes toward sexuality of older people

Discret silence
Displeasure
“Tunnel” vision

Three possible attitudes
Attitudes toward sexuality of older people

Religious beliefs

Positive and negative interaction experiences with old people

Educational level

Attitudes predictive factors

Specific professional education and training

Story, 1989; Adams et al., 1990; Gibson et al., 1999; Glass et al., 1986; White & Catania, 1982; Aja & Self, 1986; Sullivan-Miller, 1987; Glass et al., 1986; Walker & Harrington, 2002
Attitudes toward sexuality of older people

Young people attitudes towards sexuality in old age

- Sex isn’t important for old people
- Sex in old people is immoral and less credible
- Sex in old people means that there is a good mental health level, that they are active, have more affection in their family relations and are better adapted

Golde & Kogan, 1959; La Torre & Kear, 1977; Damrosch, 1982; Damrosch & Fischman, 1985; Quinn-Krach & Van Hoozer, 1988; Hillman & Stricker, 1996
Attitudes toward sexuality of older people

Old people attitudes toward it’s own sexuality

- Positive attitude
- The need for love and sexual intimacy don’t get smaller with age
- Ageism is very common and many think that they are too old for sex
- Old people have a different language and different beliefs from nowadays culture
- Clinicians must take sexual history when observing an old person

White & Catania, 1982 Cheadle, 1991; Brecher 1984; Mooradian & Greiff, 1990; Benbow & Jagus, 2002
Attitudes toward sexuality of older people

Elderly living in residential homes

Generally positive

They wish rather than they are sexual active

Sexuality expression limitations:

- Disease
- Residentials homes rules
- Absence of privacy
- Absence of opportunity
- Inexistence of partners

Story, 1989; Bullard-Poe et al., 1994; White, 1982

Mulligan & Modigh, 1991 Wasow & Loeb, 1979
Attitudes toward sexuality of older people

Professionals' attitudes

Negative and restrictive attitudes

• LaTorre & Kear, 1977; Wasob & Loeb, 1979; White & Catania, 1982; Glass et al., 1986; Commons et al., 1992; Nay, 1992; Fairchild et al., 1996; Bauer, 1999

And positive and premissive

• Kaas, 1978; White & Catania, 1982; Luketich, 1991; Damrosch & Cogliano, 1994; Livini, 1994; Holmes et al., 1997; Walker et al., 1998

Have a direct impact on residents’ sexual expression

Should create a “warm” atmosphere in order that residents fulfill their wishes and needs, while taking care of their dignity and rights
Attitudes toward sexuality of older people

Nurses’ attitudes

Generally negative

But this is changing with the more holistic approach to patients

Peate, 1999; Bailey & Bunter, 2000; Cort et al., 2001
Many stereotypes affect the development of formal programmes on sexual health in old age. This is a public health issue.

But we have scientific evidence that should be considered:

- 10% of new HIV cases are diagnosed in people over 50 years.
- Old people don’t have knowledge about sexual transmitted diseases, prevention strategies’, and have more frequently unsafe sex.

Chiao et al., 1999; Cloud et al., 2003
Attitudes toward sexuality of old people

What is the attitude of health professionals and students towards sexuality in old age?

Are there differences between medicine and nursing students?
Attitudes toward sexuality of old people

OPORTO RESEARCH

Study A

Medicine and nursing students

Study B

Residential homes care staff

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Attitudes toward sexuality of older people

Study A

Methods

• It was randomly distributed two questionnaire to medicine and nursing students of Porto University:

  • One consisted in a item sheet for the sociodemographic data

  • The other was the attitudes section of the Age Sexuality Knowledge and Attitudes Scale (ASKAS)

• The answers was anonymous
Attitudes toward sexuality of older people

Instrument: Age Sexuality Knowledge and Attitudes Scale (ASKAS)

• “ASKAS” is a psychometric instrument that pretend to measure the knowledge and attitudes about sexuality in old age

• The attitudes part of ASKAS is a list of 26 items with a Likert scale of 5 points

• It is suggested that the subjects give an opinion about a real or imaginary family member that might be in a residencial home

• Scores above 78 are considered to be related with a “negative and restrictive attitudes” and below to be related with a “positive and permissive attitudes” (validation for English population).
Demographic characteristics
n=310

- Single: 98%
- Married: 2%
- Religious: 91%
- Non Religious: 9%
- Nursing Students 1th: 68%
- Nursing Students 2th: 32%
- Nursing Students 3th: 12%
- Nursing Students 4th: 28%
- Medicine Students 5th: 33%
- Medicine Students 6th: 67%

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Results

- 400 questionnaires were distributed, 310 were correctly fulfilled.
- This sample had mainly women (n=248, 80%), mean age of 21 years old, being nursing students.
Attitudes toward sexuality of older people

Results

• The median ASKAS score was 56,00 (IR – 14,00)
• The lowest score was found in medicine students
• The highest score in nursing students
Results - Formation

- There are significant differences in ASKAS scores between medicine and nursing students (Mann-Whitney, p<0.001)

ASKAS score - Formation

- Medicine: 52.72
- Nursing: 58.4
Results – College year

- Nursing students have different ASKAS score according to their college year (Kruskal-Wallis, p<0.001)

### ASKAS score – Nursing students

<table>
<thead>
<tr>
<th>College Year</th>
<th>ASKAS Score</th>
</tr>
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<tbody>
<tr>
<td>1th</td>
<td>61.42</td>
</tr>
<tr>
<td>2th</td>
<td>58.03</td>
</tr>
<tr>
<td>3th</td>
<td>51.39</td>
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<tr>
<td>4th</td>
<td>56.8</td>
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</tbody>
</table>
Results – Religious Beliefs

- Those students who **haven’t religious beliefs** have less ASKAS score and are more permissive (Mann-Whitney U, p<0.001)

**ASKAS score – Religious Beliefs**

<table>
<thead>
<tr>
<th></th>
<th>Religious</th>
<th>Non religious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>56.95</td>
<td>49.86</td>
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</table>
Attitudes toward sexuality of older people

Results

• There were no statistical significant differences between medicine students of the 5th and the 6th year
• There were no statistical differences between male and female students in the total sample
Conclusions – study A

In this sample (n=310) attitudes towards sexuality of old people living in residential homes are more permissive in medicine students in comparison with nursing students.

Students at the initial stage of graduation, and with religious beliefs have a more restrictive attitude.

Sexuality issues should integrate in a more broad and deep way the curriculum of medicine and nursing courses.
Attitudes toward sexuality of older people

Study B

Methods

- It was distributed two questionnaires to the technical staff of residential homes in Oporto city that were randomly selected (65) among 130:
  - One consisted in a item sheet for the sociodemographic data
  - The other was the attitudes section of the Age Sexuality Knowledge and Attitudes Scale (ASKAS)
- The answers were anonymous
Results (n=399)

- 41 residential homes have collaborated
- Response rate of 62.5% (total questionnaire sent - 650/returned - 399)
- This sample had mainly women (n=344, 86.6%), married (n=210, 52.4%), that were care assistants (n=236, 59.2%)
Demographic characteristics

- Female: 86%
- Male: 14%

Marital status:
- Married: 70%
- Single: 23%
- I have a partner: 3%
- Divorced: 2%
- widowed: 2%

Religious:
- Religious: 91%
- Non religious: 9%

Profession:
- Care assistant: 31%
- Nurse: 10%
- Doctor: 59%

Age:
- < 5 years: 9%
- 5 - 10 years: 9%
- 10 - 15 years: 8%
- 15 - 20 years: 6%
- > 20 years: 54%
Results

- The median ASKAS score was 60 (IR – 12,00)
- The lowest score was found in doctors
- The highest score in care assistants
Results – Working Position

- There are significant differences between **doctors, nurses** and **care assistants** (Kruskal-Wallis, \( p < 0.001 \))

### Working Position - ASKAS score

- **Doctor**: 52
- **Nurse**: 59
- **Auxiliar**: 67

\( p < 0.001 \)
Attitudes toward sexuality of older people

Results - Experience

• There are significant differences according to professionals' experience (Kruskal-Wallis, \( p<0.001 \))
• There is a positive correlation between experience and ASKAS score (Spearman \( r=0.32 \) \( p<0.001 \))
• The positive correlation between age and ASKAS score (Spearman \( r=0.20 \) \( p<0.001 \))

Experience - ASKAS score

<table>
<thead>
<tr>
<th>Experience</th>
<th>ASKAS Score</th>
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<tbody>
<tr>
<td>&lt;5 years</td>
<td>60</td>
</tr>
<tr>
<td>5-10 years</td>
<td>62</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>67</td>
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</tbody>
</table>

\( p<0.001 \)
Results

• The Single professionals have less ASKAS score (Mann-Whitney U, p<0.001)
• There were no statistical differences according to religion beliefs, or according to gender

ASKAS score - Marital status

<table>
<thead>
<tr>
<th></th>
<th>ASKAS Score</th>
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<tbody>
<tr>
<td>Single</td>
<td>56</td>
</tr>
<tr>
<td>Married</td>
<td>64</td>
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p<0.001
Discussion

• The results of our sample differ from the anglosaxonic literature of reference
• Positive attitudes are predicted by: less experience, marital status (single)

Conclusions

In this sample attitudes towards sexuality of old people living in residential homes are more premissive in younger staff

Professionals that work with old people in residential homes haven’t specific training in sexuality

It would be important to change old age policies that ignore sexual health issues
References:
Bouman WP, Arcelus J, Benbow SM. Nottingham Study of Sexuality and Ageing (NoSSA II). Attitudes of care staff regarding sexuality and residents: A study in residential and nursing homes Sexual and Relationship Therapy, 2007 ;22 (1) 45-61