

Original Article

Investigation into the Sex and Sexual Health of the Older People of the Community

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Abstract

Background: Old age is not a disease, but the continuous decline in the basic functions of the human body brings about a series of changes both in the maintenance of homeostasis and in the appearance of acute or chronic health problems. Both men and women reveal over the year's differentiations concerning their sexual activity without this being suspended. Physical, psychological and social factors seem to strongly influence the sexual health of the older people in both sexes.

Aims: To investigate the sexual life and the problems of the older people in both sexes in community.

Methodology: A quantitative research was conducted with the use of a structured anonymous questionnaire. The collection of the data was accomplished through a convenience sample of 228 people in Open Care Centers for the Older Adults. A questionnaire from a foreign article was translated so as for the research to be contacted. A pilot survey was initially conducted on a sample of 10 elder citizens so as to check the reliability and the validity of the questionnaire. Descriptive and inductive statistics was used in the present research. The limit concerning the statistical importance was determined to $p < 0.05$.

Results: Men think more about sex ($p < 0.01$), they try more to have sex ($p < 0.01$), they masturbate more often ($p < 0.03$), they are worried about the level of their sexual desire ($p < 0.01$) and the frequency of sexual intercourse ($p < 0.01$), they share with their partner the same desires and non-desires ($p < 0.01$), they often feel emotionally close to their sexual partner ($p < 0.01$), they worry about their sexual life ($p < 0.01$) and they are satisfied with their sexual life ($p < 0.03$).

Conclusions: Sexuality does not stop in the Old Age but it is manifested in various ways. Erectile dysfunction in men and dyspareunia or vaginal dryness in women are causes that restrict sexual intercourse in both sexes.

Keywords: Older people, sexual health, desire, problems, erectile dysfunction

Introduction

Ageing is a normal evolutionary process with intense biological, physical social implications. Old age is not a disease, but the continuous decline in the basic functions of the human body brings about a series of changes both in the maintenance of homeostasis and in the appearance of acute or chronic health problems (Nurjannah & Hartini 2020, Srinivasan et al., 2019). The Older Adults is an important and heterogeneous part of the fabric of society in each country. The continuous and progressive ageing of the population is a contemporary social, health and financial problem that brings about changes in almost all social sectors

including the demand for goods, the offering of services and the maintenance of health and safety (Wright & Jenks 2016, Simpson et al., 2017). Old Age affects every man. However, the pace and the extent of ageing in each person vary. There are elders who suffer from chronic and neurodegenerative diseases or various disabilities that make them non-autonomous and dysfunctional, often leading them to be dependent on people from their close or wider family or friendly environment and to social isolation as well. On the other hand, there are elders that even in old age are healthy, autonomous, cognitively and physically functional, staying active members of their

community (Kolodziejczak et al.,2019). Ageing is often characterized by negative stereotypes which have to do with a decline in the health level, in functionality, pleasure and satisfaction. Companionship in the Old Age is differentiated and it is not intensively manifested but it is often restricted by fear of the social and family stigma (Wright et al., 2020, Torres Mencía et al., 2019).

Both men and women reveal over the year's differentiations concerning their sexual activity without this being suspended. The fact that the frequency of the sexual intercourse does not correspond to the desire is mainly due to the fact that this particular age is characterized by the presence of organic diseases, anatomical problems as well as hormonal, psychological and social factors. In 2019 a research by Traeen et al., (2019), concerning the sexual activity of older people in 4 European countries, reported particularly high rates of sexually active men in Portugal (83%) and Denmark (78%) during the previous year. Concerning women, the highest rates were found in Belgium (61%) and Denmark (78%). As far as sexual satisfaction is concerned 40-60% of the participants, in all countries, reported that they were sexually satisfied. So, men in Portugal and women in Denmark appeared sexually satisfied.

Physical, psychological and social factors seem to strongly influence the sexual health of the older people in both sexes. In women, problems which have to do with the moisturizing and straining of the vaginal muscles as well as the contraction of the uterus create painful sexual intercourse restricting this way the frequency. Erectile dysfunction and premature ejaculation in men occur quite often creating thus intense stress both in themselves and in their companions (Thakur et al., 2013, Bauer et al., 2007). Mourning, anxiety and depression are major problems of mental health and they appear quite often in both sexes. Depressing events such as the loss of a partner or family member the handling of acute or chronic health problems and the change in the way of living affect adversely the sexual life (Alexopoulos & Kelly 2009, McAuliffe et al., 2007). Loneliness and the loss of income are major social problems in the Old Age and as a consequence the older people are possessed by negative feelings, they are marginalized and they eliminate any erotic desire (Colasanti et al., 2010). The purpose of the present study was to investigate the sexual life

and the problems of the older people in both sexes in community.

Aims: The purpose of the present study was to investigate the sexual life and the problems of the older people in both sexes in community.

Methods

Study design: For the accomplishment of the research, a quantitative research was chosen to be conducted using a structured anonymous questionnaire. The reason for choosing this Kind of research was based on the reliability of the results it provides as it is considered the most appropriate in the collection of data concerning a large number of participants.

The sample of the study: The collection of the data was accomplished through a convenience sample of 228 people coming from 6 OCCOA, located in Attica. In particular, for the purposes of the research 39 (17,1%) questionnaires were collected by the municipality of Voula, 48 (21,1%) by the municipality of Kaisariani, 50 (21,9%) by the municipality of Kifissia, 41 (18%) by the municipality of Markopoulo-Porto Rafti and 50 (21,9%) by the municipality of Philadelphia. The respondents after having been informed about the purposes of the research, the maintenance of the anonymity and the voluntary participation, they were invited to complete the questionnaire.

The Questionnaire: A questionnaire from a foreign article was translated so as for the research to be contacted (Lee et al., 2016). The questionnaire of the present survey consists of 34 questions in its entirety and the first ten questions concern the sex, age, sexual orientation, education, marital status, the number of children, smoking, medication, and the place of birth and residence. It is also included a yes/no question along with a categorical question with four options (nobody, me, equally, partner). The 22 remaining questions are 5-point Likert questions.

A pilot survey was initially conducted on a sample of 10 elder citizens so as to check the reliability and the validity of the questionnaire. The results of the survey were evaluated so that the necessary corrections could be made in the questionnaire. Cronbach's alpha reliability index was used to check the reliability of it (William 1998). The rate of the index was equal to 0,722 and it is considered very satisfying according to the 0,7 limit. Furthermore the questionnaire showed satisfactory discriminant validity based

on the analyses which were related to the sex, smoking, medication and the intense or non-intense sexual life.

Statistical Analysis: Descriptive and inductive statistics was used in the present research. The characteristics of the sample and their answers were captured in the main part of the research through descriptive statistics. (Frequencies, percentages) In addition, the use of inductive statistics examined whether the respondents' answers had been differentiated in relation to their sex, intense sexual life, smoking and the intake of medication. For this reason the non-parametric Mann Whitney check was used. The limit concerning the statistical importance was

determined to $p < 0.05$. The analysis was carried out with the use of the Statistic Package for Social Sciences SPSS22.

Ethical consideration: The researchers having been in contact with the administration of Open care Centers for the Older People of the above municipalities and secured written permission to conduct the study No 8876.

Results

Demographic characteristics: 46,5% of the sample were men and 53,5% women. 41,7% of the respondents were 65-70 years old, 28,9% aged 71-76, 15,8% aged 77-82, 11% aged 83-88 whereas only 2,6% were over the age of 89. [Table 1]

Table 1 Demographic characteristics

The Sex		
	N	%
Male	106	46.5%
Female	122	53,5%
The age		
	N	%
65-70	95	41.7%
71-76	66	28.9%
77-82	36	15.8%
83-88	25	11.0%
89+	6	2.6%

Table 2 Descriptive statistics of sex and sexual health

How often do you feel pain or discomfort during sexual activity? (Sexual function in the last month, women)									
Never		Minimum		Enough		Often		Always	
N	%	N	%	N	%	N	%	N	%
64	55.7%	26	22.6%	15	13.0%	5	4.3%	5	4.3%
How often do you have a dry vagina during sexual activity and you do not feel comfortable? (Sexual function in the last month, women)									
Never		Minimum		Enough		Often		Always	
N	%	N	%	N	%	N	%	N	%
46	40.7%	27	23.9%	16	14.2%	9	8.0%	15	13.3%

Table 3 Correlation of differences between men and women

Notes: \bar{x} =middle value , *M* = Median, *SD* = Standard Deviation , $p < 0.05$

Differences between men and women	Gender						<i>U</i>	<i>P</i>
	Men			Women				
	\bar{x}	<i>M</i>	<i>SD</i>	\bar{x}	<i>M</i>	<i>SD</i>		
How many times have you had or tried to have sex?	3.21	3.00	1.14	1.75	2.00	.84	2113.000	.000
How many times have you had or tried to have other types of sexual activity (e.g. kissing. caressing)?	2.52	2.00	1.39	1.79	1.00	1.16	4383.000	.000
How often do you masturbate?	3.05	3.00	1.38	2.04	1.00	1.28	3865.000	.000
How often do you feel sexual stimulation?	1.67	1.00	.96	1.30	1.00	.59	5174.500	.003
How often do you have a dry vagina during sexual activity, do you feel pain or do you not feel comfortable?	2.07	2.00	1.31	2.33	2.00	1.37	5089.000	.142
Do you have an erection and can you hold it so that you can have sex?	1.85	2.00	1.01	2.11	2.00	1.37	5660.500	.390
Has your sexual desire changed?	2.76	3.00	1.55	2.41	2.00	1.60	5201.500	.064
Has the frequency of your sexual activity changed?	1.92	2.00	1.09	1.38	1.00	.79	4327.500	.000
How often do you feel emotionally close to your sexual partner?	1.98	2.00	1.07	1.37	1.00	.71	4008.000	.000
How satisfied are you with your sex life?	1.89	1.00	1.11	1.74	1.00	1.18	5452.500	.082
How many times have you had or tried to have sex?	2.62	3.00	1.14	2.06	2.00	1.20	4392.500	.000
How many times have you had or tried to have other types of sexual activity (e.g. kissing. caressing)?	3.16	3.00	1.35	2.35	2.00	1.42	4186.500	.000
How often do you masturbate?	2.07	2.00	1.15	1.30	1.00	.66	3751.500	.000
How often do you feel sexual stimulation?	2.73	3.00	1.31	2.21	2.00	1.29	4789.000	.002

Descriptive statistics of sex and sexual health:

Concerning the effort for sexual intercourse 30.8% of the respondents made many efforts for it during the last year, 16.7% made few attempts and 52.4% made no effort. As for the frequency of masturbation 4.4% of the respondents answered that they masturbated frequently, 6.2% several times while 89.3% not at all. Regarding the problems of sexual dysfunction 8.6% of the women mentioned that they often felt pain during sexual intercourse, 13.0% reported that they felt pain quite often and 78.3% never. Concerning vaginal moisturizing 21.3% of the women

answered that they often had dry vagina during the sexual activity, 14.2% mentioned that this happened quite often 64.6% never. In men, 25.3% stated that they had erection that they could maintain throughout the sexual activity, 23.3% had an erection quite often and they could hold it throughout the sexual intercourse whereas 51.4% reported absence of erection. [Table 2] Having compared erectile function a year ago 20.0% of the men answered that it had changed a lot, 22.9% answered enough and 57.1% mentioned a slight change. In relation to the change of sexual desire during the last year,

24.8% of the women said that their sexual desire had changed a lot, 14.5% said it had changed enough and 60.7% mentioned a slight change. In men, 13.7% of the respondents said that their sexual desire had changed a lot compared to the sexual desire they had a year ago, 15.5% mentioned it had changed enough and 70.9% reported a slight change.

Correlation of differences between men and women: Testing by using the Mann Whitney method showed a statistically important relation between men and women. Men in particular think more about sex ($p < 0.01$), they try more to have sex ($p < 0.01$), they masturbate more often ($p < 0.03$), they are worried about the level of their sexual desire ($p < 0.01$) and the frequency of sexual intercourse ($p < 0.01$), they share with their partner the same desires and non-desires ($p < 0.01$), they often feel emotionally close to their sexual partner ($p < 0.01$), they worry about their sexual life ($p < 0.01$) and they are satisfied with their sexual life ($p < 0.03$). [Table 3]

Discussion

Sexuality is a basic component of human evolution. By sexuality we mean the way people are sexually expressed and it includes the exchange of erotic, biological, physical and emotional messages. The old age expresses their sexuality with endearments, kisses and touching but the way and the frequency of intensity seem to be influenced by common age group problems such as depression, impotence or the death of a partner (Chentli et al., 2015, Lindau et al., 2007).

The present study shows that 30,8% of the respondents made many efforts for sexual intercourse during the last year, 16,7% made few efforts and 52,4% made no effort with men showing a statistically significant correlation with the greater effort for sexual intercourse ($p < 0.01$). A study by Smith et al., (2019), reports that men and women, who had any sexual activity during the last year, had a significantly higher score in the life enjoyment scale compared to those who were sexually inactive. In men the frequent sexual intercourse (> than twice a month) and the frequent expression of sexuality with touching and kisses were correlated with greater enjoyment in life. Frequent kissing and touching were also associated with greater enjoyment in life among the sexually active women even if there was no sexual intercourse.

The need for sexual expression is characteristically evident both in the present study and the one by Smith et al. (2019), the older people perceive sexuality as an expression of passion, affection, admiration and faith, projecting at the same time romance, gratitude and companionship on their erotic companion. The appearance of physical, mental and social problems is quite often associated with sexual dysfunction. The present study shows that 21,6% of the women felt pain during sexual intercourse whereas 35,5% had problems with vaginal moisturizing thus affecting the sense of lovemaking, enjoyment and pleasure.

A survey by Leiblum et al., (2009), in women of 11 countries demonstrates that vaginal dryness during sexual intercourse comprises an important and versatile problem of sexual dysfunction. According to the researchers the rate of sexual dryness ranged from 5,8% to 19,7% while the pain during intercourse ranged from 3,6% to 18,6%. In accordance again with the researchers, the elder women compared to the younger ones, in countries such as the United Kingdom, Australia, Canada, Italy, Spain, Argentina and Thailand, reported significantly greater vaginal dryness. The majority of the women aged under 50 attributes vaginal dryness to inadequate sexual arousal whereas women aged over 50 believe that this is due to ageing or menopause. In men, erection is most of the times associated with confirmation, satisfaction, ability and pleasure. The loss of erectile function leads to sexual dysfunction and seems to affect significantly man's psychology and sexual behavior. 25,3% of the men in the sample stated that they had erection which they could maintain throughout the sexual activity, 23,3% had an erection quite often and they could hold it throughout the sexual intercourse whereas 51,4% reported absence of erection. Having compared erectile function a year ago, 42,9% of the men stated that it had been significantly modified whereas 57,1% reported a slight modification.

Studying the bibliography carefully we observe that ageing increases the risk for the appearance of sexual dysfunction rating yearly from 1,2%, including men aged 40-49, to 4,6% including men aged 60-69. It is estimated that one third of the elder population has at least a complaint about its sexual function while 60% of the population expresses interest in maintaining sexual activity (Gökçe & Yaman 2017).

Men compared to women seem to express more often their sexual interest but they still remain worried about their erectile ability in contrast to women who consider that their abstinence from sexual intercourse is related to pain and the non-moisturizing of the vagina. Erotic life in the Old Age is a matter that excites prejudice and bias in the general population forcing thus the elders not to externalize their erotic speculation to health professionals and to their close friendly environment as well. Planning and implementation of sexual health programmes can greatly contribute to the alteration of the attitude of the population and to the promotion of sexual freedom. 39,3% of the women and 29,2% of those of the study stated that there had been a significant change of sexual desire in the last year. Finally, the sex was not correlated positively with the change in sexual desire. The change in the sexual desire of the older people is strongly presented in a similar study by Skalackaet & Gerymski (2019), 60% of the population under study took part in a kind of sexual intercourse the last six months. According to the researchers the majority of the sample was limited to forms of sexual activity rather than sexual intercourse whereas the sex was not correlated with satisfaction

Study limitations: The first limitation of the study was that the participants had not been hospitalized in the last year. The second limitation of the study was that participants were registered members of the centers for at least 1 year.

Conclusion and Recommendations: In conclusion the present study shows that sexuality does not stop in the Old Age but it is manifested in various ways. Erectile dysfunction in men and dyspareunia or vaginal dryness in women are causes that restrict sexual intercourse in both sexes. Finally, men seem to be more worried about their sexual life, they think more about sexual intercourse and they approach their partner more sexually. For these reason health care professionals must be more active in promotion of the sexual health of older people. Health promotion would be changing the attitudes and would limit the social factors of the community regarding to sexual health in older age.

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