



ATTITUDES OF THE ELDERLY TOWARDS SEXUALITY IN THE OLD AGE CARTAGENA-COLOMBIA

Estela Melguizo Herrera¹, Ana Acosta López² and Imelda Orozco Mares³

¹School of Nursing at the University of Cartagena. University of Cartagena, Campus Zaragocilla, Nursing Building, Office 202, Cartagena de Indias, Colombia

²School of Nursing at the University of Cartagena

³Center Tonalá, University of Guadalajara

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ABSTRACT

Introduction: Sexuality is a central aspect of human being, present throughout his life; it encompasses sex, gender identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation.

Objective: The objective of this study was to characterize the attitudes toward sexuality in old age of elderly of Cartagena, Colombia, 2015.

Method: A descriptive study. Population of 107,604 elderly from Cartagena, a sample of 632 people was randomly selected. The questionnaire "attitudes toward sexuality in old age" was applied. Descriptive statistics were used and ethical aspects were considered.

Results: Average age of 71 years (SD = 8.5), predominated 55.7% female gender, marital status married 39.6%, 49.6% primary school, 52.8% home occupation, living in socio-demographic stratum 2 (poverty) and 38.2% with incomes between 171 - 341 USD per month and 34% live with an average of 4 people at home. In this study, the instrument reported a Cronbach's alpha of 0.704.

Conclusions: A less prejudiced attitude towards sexuality in old age prevailed, which could demonstrate knowledge and maturity on the subject. Contrast in the results of different cultural contexts is observed. More research is needed.

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INTRODUCTION

The World Health Organization (WHO) states that "sexuality is a central aspect of human being, present throughout his life, it encompasses sex, gender identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation. It is experienced and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and interpersonal relationships (Escobar, 2009). It is a multidimensional phenomenon that starts with the individual's life, develops in each stage, reaches its maturity and importance in adulthood and old age, and only disappears with the end of life.

Sexual pleasure is a desirable and valuable experience for the elderly, it generates great welfare. A Cuban study shows that 78% of men and 72.4% of women of advanced age felt motivation to some aspect of sexuality (Perez, 2013).

However, a group of Chilean elderly define these behaviors as acceptable or unacceptable; which causes that many elderly are not sexually active (Cayo, 2003). This problem seems more rooted in traditionalist cultures, which seem to deny the expressions of sexuality in the elderly, leading to loneliness, withdrawal and depression, with impaired quality of life.

Moreover, other studies show that if the sex life in youth was pleasant, the person is "obstinate" in keeping it during old age; not the case of those who had a dysfunctional past (Sapetti, 2013). It is recalled here that, as stated Sapetti A. (Sapetti, 2013), although necessary for procreation, sex is not a human need or biological imposition but a personal choice, and that the attitudes of courtship and seduction are frequently observed in both institutionalized and non-institutionalized elderly, showing that "the desire for companionship, affection and love, remain intact and are not calmed by any tranquilizer than the other's body."

A Colombian study showed that perceptions of adolescents, young adults and elderly about sexuality in old age were negative when they were related to physiological changes, and positive when it came to terms such as love, desire and love

*Corresponding author: Estela Melguizo Herrera
School of Nursing at the University of Cartagena.
University of Cartagena, Campus Zaragocilla,

relationships (Cala, 2012).Mental and physical illness, domestic conditions where three generations live in the same house, are factors that influence the disappearance of sex and therefore sexuality (Cupita, 2012; González, 2005).

One study showed that attitudes most elderly have about their sexuality is that it makes them look ridiculous, that they must suppress their sexual desires and that all elders are impotent.The explanation for these answers point to the appearance of disease and the excesses they had when they were young and also the lack of a partner. 56.6% of elderly considered completely true that the most common diseases in old age limit sexual activity such as hypertension, cancer and diabetes among others.71.6% of elderly considered completely true that sexuality is exercised only for purposes of procreation (Orozco, 2006).

In sum, sexuality in elderly people is affected by a number of social, cultural and personal factors that limit its free expression. So much so that the elderly have fully adopted negative attitudes about their sexuality or refuse to live it due to existing prejudices.

For health professionals, especially nurses, it is important to recognize attitudes toward sexuality in old age by elders themselves, because this professional carries out activities promoting healthy lifestyles, including the practice of an active and healthy sexuality.Within the role of nursing in preventing disease and promoting healthy lifestyles,is vital to intervene issues related to the promotion of the practice of an active and healthy sexuality, it is important that the elderly know the changes that occur as physiological, anatomical and emotional to freely exercise their sexuality through caresses, company and communication.The aim of this study was to characterize the attitudes toward sexuality in old age of the elderly of Cartagena, Colombia, 2015.

METHODOLOGY

It corresponds to a descriptive study with elderly in the district of Cartagena, which, as projected by the National Administrative Department of Statistics (DANE), 2015, was estimated to be 107.604 (DANE, 2015). For the sample size a confidence level of 95% was considered; margin of error of 4% and an allowance for loss of 10%; being conformed the sample for 660 elderly. We designed a two-stage sampling: first determined proportional to the population of elderly of each neighborhood of the city and then the blocks where to locate participants were randomly selected.

Those who had physical or mental impairment that prevented communication were not included. For this, the test mental evaluation Pfeiffer, a survey of socioeconomic data, and the scale of "attitudes toward sexuality in old age" were applied by assistants trained research (Orozco, 2006).

The questionnaire "attitudes toward sexuality in old age" (CASV), was proposed by Orozco I. and D. Rodriguez (Orozco, 2006); it consists of 14 questions, and answers possibilities range from completely true to completely false, with a Liker type rating. The questionnaire was validated in Cartagena, Colombia, with a group of 130 elderly and reported a high internal consistency in the first measurement with an alpha of Chronbach equal to 0.83 and 0.87 McDonald Omega; and the second measurement reported an alpha Chronbach 0.85 and 0.89 Omega McDonald. Exploratory factorial analysis showed two relevant factors (biases and limitations) that accounted for 42.6% of the variance. Differential Operation of Items, showed appropriate coefficients, with the exception of item 14, which had a high value ($\tau = 0.37$). The CASV presented high stability ($r = 0.82$ and CCI = 0.89; confidence interval of 95% [95% CI], 0.83 to 0.92; $p < 0.001$). According to the results of the validation of this scale, item 14 was drafted so as to include men and women (Melguizo, 2015).

For scores on this scale, the proposed for studies of attitudes was followed, as stipulated by the authors of the scale (Orozco, 2006); where possible answers are:

- Completely true: 4 points.
- True: 3 points.
- False: 2 points.
- Completely false: 1 point.
- Neither true nor false: 0 points.

According to this scale, are considered more prejudicial or negative attitudes those with a rating of "completely true"; except for the question number five.

A spreadsheet Microsoft Excel was used and measures of central tendency, absolute and relative frequencies were estimated.

Ethical aspects covered by resolution 08430 of October 4, 1993 the Ministry of Public Health, Colombia (Ministerio de Salud, 1993), the Declaration of Helsinki (World Medical Association) and the code of ethics of nursing Colombia (Ministerio de Salud, 2004) were considered. The informed consent was filled out.

Table 1 Attitudes towards sexuality in the old age of the elderly. Cartagena-colombia 2015

N°	Question	True or completely true	True or false	Completely false or false
1	Does the andropause marks the beginning of old age?	37.6% (247)	8.4% (55)	54% (355)
2	Does menopause marks the end of the sexual life of women?	28.2% (185)	7.3% (48)	64.5% (424)
3	Do the elderly showing love are ridiculous?	14.6% (96)	7.6% (50)	77.8% (511)
4	Do elderly must repress their sexuality?	17,1% (112)	17% (112)	65.9% (433)
5	Do elderly are entitled to love and sex life?	76.1% (500)	11.9% (78)	12% (79)
6	Do elderly men are impotent?	23.9% (157)	33,3% (219)	42.8% (281)
7	All elderly women are frigid	19.5% (128)	34.4% (226)	46.2% (303)
8	Elderly no longer have sexual desire and less sexual activity	17,5% (115)	31,1% (204)	51.4% (338)
9	Do changes that aging brings prevent sexual activity?	31.7% (208)	31.8% (209)	36.5% (240)
10	Are the most common diseases in old age limit sexual activity?	35.3% (232)	33.5% (220)	31.2% (205)
11	Do medical treatments complicate sexual activity?	35.2% (232)	32.7% (215)	31.8% (210)
12	The beauty and sexuality are unique to young people?	12.6% (83)	12.9% (85)	74.4% (489)
13	Does sexuality is exercised only for purposes of procreation?	7.6% (50)	9.7% (64)	82.7% (543)

Source: Surveys conducted.

RESULTS

632 seniors participated and the instrument reported a Cronbach's alpha of 0.704. The elders had an average age of 71 years (SD = 8.5), dominated the 55.7% female gender, 39.6% marital status married, 49.6% primary school, 52.8% home occupation, 38.2% living in socio - demographic stratum 2 (poverty) and economic income between 171 - 341 USD per month and 34% live with an average of 4 people at home. Table 1 illustrates the results on attitudes toward sexuality in old age.

DISCUSSION

A general assessment of the results allows to suggest that a positive or a little prejudiced attitude, that could demonstrate appropriate knowledge and maturity on the subject or about a positive experience about it, prevailed.

The feminization of the sample of elderly was also reported in other studies with 66.2% (Alpizar, 2012) and 49.5% (Cerquera, 2012), perhaps this is indicating that it should foster care programs and activities aimed at the care of elderly women.

With respect to the dimension of prejudices, CASV found: The prevalence of participants felt that andropause does not mark the onset of old age, in contrast with those reported by Orozco I. (Orozco, 2006) who found that 70% of elderly felt that it marks the beginning of old age.

The fact that most elders deemed to be false or completely false that menopause marks the end of the sexual life of women, agrees with the findings of Cala M. (Cala, 2012) with 70.6%. While Orozco I. (Orozco, 2006) reported that 63% said menopause marks the end of the sexual life of women.

These results are consistent with those reported by Cala M (Cala, 2012). indicating that elderly do not consider themselves to look ridiculous by demonstrating the love between the couple, and are contrary to those reported by Orozco I. (Orozco, 2006) in Guadalajara, Mexico and L. Wong (Wong, 2010) in the Caroni, Venezuela. It should be noted that the Venezuelan study only looked at the aspect of sexual relations, while in other studies the concept of sexuality was investigated in a broader sense.

As to whether the elderly should repress sexuality, this study found that most considered it false or completely false; with similar percentages to the findings of Cala M. (Cala, 2012) 77.8% and Guadarrama R. (Guadarrama, 2010) 77%. In this regard, Guadarrama R. (Guadarrama, 2010) found that 92% considered it important to maintain an active sex life in old age, and Hyde Z. (Hyde, 2010) reported similar findings in 89.5%. It is noteworthy that in the study of Ortega S. (Ortega, 2013), Tegucigalpa, Honduras, 90% reported sexual activity in old age.

Moreover, Orozco I. (Orozco, 2006) reported a 58.3% who felt it was quite true that the elderly must repress sexuality. In this study, the percentage was much lower, in line with the findings of L. Wong (Wong, 2010) who found that 8% of the population believe that "sexual relations must end with advancing age, if not they affect health". Moreover, the study of Ortega S. (Ortega, 2013), in Tegucigalpa, Honduras, found that 86% of elderly stated that "it was necessary to have sex in the present."

As to whether the elderly are entitled to love and sex life, most it reported in this study that was true or completely true; like Cala M. (Cala, 2012) 88.2% and Cerquera A. (Cerquera, 2012) by 87%. In this regard, Orozco I. (Orozco, 2006) reported a positive attitude, although an exact value about it does not appear.

When asked whether elderly men are impotent, predominated in this study the consideration of false or completely false, similar to the findings of Cala M. (Cala, 2012) who found that 73.2% also thought that they are not impotent. While Orozco I. (Orozco, 2006) reports that 61.6% felt that if they were powerless. It is noteworthy that one-third of the elderly of this study responded that this was "neither true nor false".

The prevalence of considering is false or completely false that all elderly women are frigid observed in this study contrasts with the findings of Orozco I. (Orozco, 2006), where 40% considered it completely true. Likewise, the study of Cerquera A. (Cerquera, 2013), reaffirmed the presence, in the different populations studied in Spain and Colombia, of the stereotype that "older women have less interest in sex"; and suggest the need to implement educational programs on sexuality in old age.

The answers to the question of whether the elderly no longer have sexual desire and less sexual activity, most participants in this study said that was false or completely false; while 70% of study participants Orozco I. (Orozco, 2006) stated that it was completely true. However, there is scientific evidence that shows that 78.6% of elders remain sexually active and that at a younger age they show a higher percentage of activity (Piñango, 2010). Likewise, Abella P. (Abella, 2014) also showed that in old age desire and sexual activity are maintained, being lower in people without a partner.

On the other hand, Nigel F. (Nigel, 2013) reported that sexual satisfaction decreased with age and was significantly lower among those who reported poor or very poor health. Both sexes, reduced sexual activity and reduced satisfaction were associated with limiting disability and depressive symptoms, and reduced sexual activity was associated with chronic airways disease and difficulty to climb the stairs because of a health problem. 16.6% of men and 17% of women reported that their health had affected their sex life in the past year.

The vast majority of respondents felt that it was false or completely false that beauty and sexuality are unique to young people; dissents with the 73.3% from the study of Orozco AM I. (Orozco, 2006) who considered it completely true. Perhaps it is due to the fact that the study of Orozco I. was conducted with elderly institutionalized, whereas the present study was conducted with elderly at home, where they are surrounded by family which could favor the attitude toward sexuality in old age and staying sexually active.

The prevalence of elderly that considered false or completely false the question of whether sexuality is exercised only for purposes of procreation, coincides with 80.4% of the study of Cala L. (Cala, 2012) that felt it was completely true and disagrees with the 71, 6% of participants in the study of Orozco I. who considered it completely true.

With regard to the limitations for sexuality in old age, it was found:

As for the question of whether the changes that aging brings prevent sexual activity, it was observed that the elderly of this study showed similar percentages in the three response options; while 63.3% of study participants of Orozco I. (Orozco, 2006) considered it as completely true.

The fact that all response options have similar percentages in the question of whether the most common diseases in old age limit sexual activity differs from that reported by Orozco I. (Orozco, 2006), who found that 56.6% of study participants considered it quite true. However, in another study the elderly stated that the causes associated with the abandonment of sexual activity were the problems of health (Corona, 2010; Hyde, 2010; Ortega, 2013), the deterioration of marital relations (Ortega, 2013; Piñango, 2010), death of a spouse, monotony and little privacy (Ortega, 2013); the prevalence was higher among male gender (Palacios, 2012).

Evidence that elderly still maintain sexual activity, even though chronic diseases, found in the study of Piñango D. (Piñango, 2010) with 78.6% and D. Palacios (Palacios, 2012) with 62.3%; DeLamater J. (DeLamater, 2012) states that they are still active at 70 or 80 years and that the physical changes related to aging do not necessarily lead to a decline in sexual function.

The study DeLamater J. (DeLamater, 2012) reported that men have better conditions that restrict sexual activity and this increased with age, so like those of 75 and over showed a 44.6%.

Among the studies consulted, it was found that elderly maintaining sexual activity are predominantly younger and male, Piñango D. (Piñango, 2010); Palacios D (Palacios, 2012).

When asked whether medical treatments complicate sexual activity, there is no greater difference observed between the percentages of the possible answers while in the study of Orozco I. (Orozco, 2006) 43.3% felt it was completely true. Hyde Z. study (Hyde, 2010) found no association between diabetes and the consumption of antidepressants with continuity of sexual activity. Likewise, the study of Hyde Z. (Hyde, 2010) showed that the increasing age, the lack of interest in sex by the partner and the physical limitations of the couple are other limitations to keep sexual activity.

Significantly, most of the studies found refer to sexual activity as sexual intercourse and not the manifestations of sexuality as a broader concept, as addressed in this study. Also, consider that the assessment of sexuality in older adults "lacks a multidisciplinary approach" and is influenced by cultural traits that are usually negative (Rodríguez, 2015).

The contrast of positive attitudes in Colombian studies with negative attitudes of the Mexican study could be showing strong differences between cultural contexts and invites to continue researching the subject; as suggested by the study of C. Molina (Molina, 2015) who concludes that television and society contribute to prejudices about the sex life of elderly.

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