



Original Article

A Study of Knowledge, Attitudes, and Importance of Sexuality in the Aged*

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Abstract

Purpose: The purpose of this research was to identify knowledge of, attitude toward, and the importance of, sexuality in the elderly. **Method:** By convenience sampling, 152 elderly people aged 60 and over who registered at 3 elderly schools located in W city were selected. Knowledge and attitude toward sexuality were measured with ASKAS. Perceived importance toward sexuality was measured with an instrument developed by the investigator. Data was analyzed by descriptive statistics, t-test, ANOVA, and Pearson's correlation. **Results:** Elderly males, elderly couples, and elders perceiving themselves as healthy reported higher scores in knowledge on and the importance of sexuality. Elderly males, elders with higher education, and elders perceiving themselves as healthy showed a more acceptable attitude toward sexuality. The higher knowledge of sexuality, the more acceptable the sexuality. The higher knowledge of and more acceptable attitude toward sexuality, the higher significance of sexuality. **Conclusions:** Sexuality is an important issue in elderly life. To improve knowledge,

positive views of sexuality, recognition of its importance, education and consulting programs on sexuality need to be developed, reflecting characteristics of the elderly. These programs should be provided not only to the elderly but also to people caring for the elderly and their families.

Key words : Sexuality, Knowledge, Attitude, Importance, Aged

65
가 1990 5.1% 2005
9.1% 가 2020 15.7%
(National Statistical Office, 2005).
가 가

* 2003 : 2005 11 19 1 : 2005 11 28 : 2005 12 9

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(sexuality) (Kang & Park, 2003; Kim & Lee, 2000; Han et al., 2003; Oh, 1998) 가

(Barber, 1996). (Oh, 1998)

가 (Han, Kim, & Chi, 2003), 가 가

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(Ebersole & Hess, 1998; Kwon, Kim, Lee, Lee, & Chung, 2002).

(Kwon, 2001; Han et al., 2003; Lee, 1999)

1980

(Byers, 1983; Gott & Hinchliff, 2003; Kaplan, 1990; Matthias, Lubben, Atchison, & Schweitzen, 1997; Trudel, Turgeon, & Piche, 2000; White, 1982-b, Wiley & Bortz, 1996)

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(Kaplan, 1990; Matthias et al., 1997; Trudel et al., 2000; White, 1982-b).

1990

(Han et al., 2003)

(Kang & Kim, 2002; Kim, 2003; Kwon, 2001; Kwon et al., 2002; Lee, 1999; Lee, Choi, Chun, Kim, & Kim, 2001; Lee, 2004; Park, 2004)

W 3

60 300

60 180

60 60

180

61.5±12.71 (80.9%) '65 가
 50% 70 '(80.3%)', '65 가
 가 '(78.9%)
 가 가
 가 '(14.5%) 가
 가

<Table 1> Knowledge on sexuality (N=152)

Items	Correct answer(%)
Sexual activity in aged persons is often dangerous to their health	53.3
Males over the age of 65 typically take longer to attain an erection of their penis than do younger males	78.9
Males over the age of 65 usually experience a reduction in intensity of orgasm relative to younger males	77.0
The firmness of erection in aged males is often less than that of a younger persons	80.9
The older female (65+) has reduced vaginal lubrication secretion relative to younger females	80.3
The aged female takes longer to achieve adequate vaginal lubrication relative to younger females	73.7
The older female may experience painful intercourse due to reduced elasticity of the vagina and reduced vaginal lubrication	67.8
Sexuality is typically a lifelong need	73.0
Sexual behavior in older people (65+) increases the risk of heart attack	25.0
Most males over the age of 65 are unable to engage in sexual intercourse	64.5
The relatively most sexually active younger people tend to become the relatively most sexually active older people	54.6
There is evidence that sexual activity in older persons has beneficial physical effects on the participants	39.5
Sexual activity may be psychologically beneficial to older persons participants	64.5
Most older females are sexually unresponsive	40.8
The sex urge typically increases with age in males over 65	65.8
Prescription drugs may alter a person's sex drive	41.4
Females, after menopause, have a physiological-induced need for sexual activity	45.4
Basically, changes with advanced age(+65) in sexuality involve a lowering of response time rather than s reduction of interest in sex	68.4
Older males typically experience a reduced need to ejaculate and hence may maintain an erection of the penis for a longer time than younger males	14.5
Older males and females cannot act as sex partners as both need younger partners of stimulation	19.1
The most common determinant of the frequency of sexual activity in older couples is the interest or lack of interest of the husband in a sexual relationship with his wife	68.4
Barbiturates, tranquilizers, and alcohol may lower the sexual arousal levels of aged persons and interfere with sexual responsiveness	52.0
Sexual disinterest in aged persons may be a reflection of a psychological state of depression	55.3
There is a decrease in frequency of sexual activity with older age in males	79.6
There is a greater decrease in male sexuality with age than there is in female sexuality	54.6
Heavy consumption of cigarettes may diminish sexual desire	52.6
An important factor in the maintenance of sexual responsiveness in the aging male is the consistency of sexual activity throughout his life	71.1
Fear of the inability to perform sexually may bring about an inability to perform sexually in older males	55.9
The ending of sexual activity in old age is most likely and primarily due to social and psychological causes rather than biological and physical causes	54.6
Excessive masturbation may bring about an early onset of mental confusion and dementia in the aged	19.7
There is an inevitable loss of sexual satisfaction in post-menopausal women	24.3
Secondary impotence (or non-physiologically caused) increases in males over the age of 60 relative to younger males	44.7
Impotence in aged males may literally be effectively treated and cured in many instances	31.6
In the absence of severe physical disability males and females may maintain sexual interest and activity well into their 80s and 90s	48.7
Masturbation in older males and females has beneficial effects on the maintenance of sexual responsiveness	37.5
Total	61.5 ± 12.71

가 3.30±.79 , 3.49±1.05
 '(19.1%), '(19.7%) <Table 1> 가 가 '(4.57±
 2.44) 가 '(3.07±2.15)
 3. 가
 99.2±24.92 50% '가
 104 , 가
 가 '(4.97±
 2.36)
 가 가 ,
 7 '(4.71±2.36)

<Table 2> Attitudes toward sexuality (N=152)

Items	M ± SD
Attitudes to general sexuality	
Aged people have little interest in sexuality(Aged = 65+ years of age)	3.10 ± 2.24
An aged person who shows sexual interest brings disgrace to himself/herself	3.07 ± 2.15
As one becomes older(say, past 65) interest in sexuality inevitably disappears	4.32 ± 2.49
It is immoral for older persons to engage in recreational sex	4.32 ± 2.47
I would like to know more about the changes in sexual functioning in older years	3.21 ± 2.45
I feel I know all I need to know about sexuality in the aged	4.56 ± 2.23
Masturbation is an acceptable sexual activity for older males	3.92 ± 2.38
Masturbation is an acceptable sexual activity for older females	4.29 ± 2.23
Masturbation is harmful and ought to be avoided	3.81 ± 2.31
Sexual relations outside the context of marriage are always wrong	4.57 ± 2.44
Subtotal	3.30 ± .79
Attitudes to sexuality in the institutionalized aged	
Institutions, such as nursing homes, ought not to encourage or support sexual activity of any sort in their residents	3.87 ± 2.37
Male and female residents of nursing homes ought to live on separate floors or separate wings of the nursing home	4.04 ± 2.52
Nursing home have no obligation to provide adequate privacy for residents who desire to be alone, either by themselves or as a couple	3.34 ± 2.44
If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would complain to the management	4.07 ± 2.56
If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would move my relative from this institution	4.39 ± 2.58
If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would stay out of it as it is not my concern	4.71 ± 2.36
If I knew that a particular nursing home permitted and supported sexual activity in residents who desired such, I would not place a relative in that nursing home	4.28 ± 2.59
I would complain to the management if I knew of sexual activity between any residents of a nursing home	4.26 ± 2.49
I would support sex education courses for aged residents of nursing home	3.28 ± 2.41
I would support sex education courses for staff of nursing home	3.24 ± 2.33
Institution, such as nursing homes, ought to provide large enough beds for couples who desire such to sleep together	3.31 ± 2.50
Staff of nursing homes ought to be trained or educated with regard to sexuality in the aged and/or disabled	2.38 ± 2.10
Residents of nursing homes ought not to engage in sexual activity of any sort	3.40 ± 2.44
Institution, such as nursing homes, should provide opportunities for the social interaction of men and women	2.41 ± 2.06
Institution, such as nursing homes, should provide privacy such as to allow residents to engage in sexual behavior without fear of intrusion or observation	4.08 ± 2.47
If family members object to a widowed relative engaging in sexual relations with another resident of a nursing home, it is the obligation of the management and staff to make certain the such sexual activity is prevented	4.97 ± 2.36
Subtotal	3.49 ± 1.05
Total	99.2 ±24.92

가 가 '가 (2.91±.79) 가 (2.38±2.10) (2.60±.84) 가

<Table 3>.

'(2.41±2.06) <Table 2>.

5.

4.

11.3±2.72

50% 10

(t=-4.23, p=.00), 가

(t=-2.36, p=.02)

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<Table 3> Importance of sexuality (N=152)

Items	M ± SD
Sexual activity is important to maintain physical health	2.89± .74
Sexual activity is important to maintain mental health	2.91± .79
Sexual activity is important to maintain social activity	2.60± .84
Sexual activity is important to life	2.88± .85
Total	11.3±2.72

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(F=3.57, p=.03).

(t=-5.47, p=.00),

(F=4.25, 0=.01),

(F=3.69, p=.03)

<Table 4> Knowledge, attitudes and importance of sexuality by individual characteristics of the subjects (N=152)

Characteristics	Items	f(%)	Knowledge		Attitudes		Importance	
			M ± SD	t or F (p)	M ± SD	t or F (p)	M ± SD	t or F (p)
Age	60 - 64	32(21.0)	65.5±11.31	1.57	103.3±20.18	1.24	11.0±2.05	.20
	65 - 69	53(34.9)	61.6±11.12	(.20)	101.6±20.08	(.30)	11.4±2.42	(.90)
	70 - 74	53(34.9)	59.7±14.39		94.0±29.36		11.4±3.29	
	≥ 75	14(9.2)	59.2±13.78		100.2±31.72		11.1±3.00	
Gender	Male	72(47.4)	57.2± 9.67	-4.23	88.4±25.02	-5.47	12.0±2.23	3.25
	Female	80(52.6)	65.4±13.89	(.00)	108.9±20.59	(.00)	10.6±2.96	(.00)
Spouse	Yes	111(73.0)	59.9±11.24	-2.36	98.5±24.62	-.57	11.6±2.56	2.77
	No	41(27.0)	66.0±15.29	(.02)	101.1±25.95	(.57)	10.3±2.94	(.01)
Religion	None	29(19.1)	59.9± 9.86	1.40	98.2±25.71	4.16	11.8±3.01	.91
	Catholicism	27(17.8)	65.2±13.48	(.24)	115.4±24.76a	(.00)	11.0±2.30	(.46)
	Christianity	37(24.3)	59.7±13.26		97.6±22.05		11.7±2.46	
	Buddhism	51(33.6)	62.7±13.22		93.9±24.85a		11.1±2.75	
	Other	8(5.2)	55.9±11.89		88.9±14.28		10.1±3.87	
Education	Below elementary	36(23.7)	65.0±15.86	2.08	109.8±25.60a	4.25	10.8±3.33	1.86
	Middle school	31(20.4)	63.5±10.13	(.11)	102.9±22.84	(.01)	10.6±2.42	(.14)
	High school	63(41.4)	59.0±12.34		93.1±22.19a		11.8±2.38	
	Above college	22(14.5)	60.5± 9.95		93.9±28.65		11.5±2.77	
Economic status	Low	22(14.5)	59.6±11.62	.35	99.9±24.52	.64	11.6±3.46	.82
	Middle	105(69.1)	61.7±12.56	(.70)	100.3±25.65	(.53)	11.3±2.63	(.44)
	High	25(16.4)	62.6±14.47		94.0±22.31		10.7±2.39	
Occupation	Yes	28(18.4)	59.0±10.54	-1.18	96.9±23.84	-.53	11.6±1.99	.79
	No	124(81.6)	62.1±13.12	(.24)	99.7±25.22	(.60)	11.2±2.86	(.43)
Health perception	Bad	32(21.0)	66.6±15.27a	3.57	106.8±21.93a	3.69	10.5±3.19a	3.85
	moderate	70(46.1)	59.5±11.38a	(.03)	100.6±26.94	(.03)	11.1±2.85	(.02)
	Good	50(32.9)	61.0±12.71		92.3±22.31a		12.1±1.95a	

a : differ significantly at p<.05 by the Scheffè post-test

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 (F=4.16, p=.00).
 (t=3.25, p=.00),
 (t=2.77, p=.01),
 (F=3.85, p=.02)

Han (2003)

Han

<Table 4>.

(2003)

6.

(r=.34, p=.00) ,
 (r=-.34, p=.00) ,
 (r=-.32, p=.00)

(Kang & Kim, 2002; Kim, 2003)

<Table 5>.

<Table 5> Correlation among knowledge, attitudes, and importance of sexuality (N=152)

	Attitudes	Importance
Knowledge	.34(.000)	-.34(.000)
Attitudes		-.32(.000)

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(Choi & Lee, 1996; Han et al., 2002; Kim & Lee, 2000; Kim, 2003; Kwon et al., 2002)

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(Kwon, 2001)

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(Choi & Lee, 1996; Kwon, 2001)

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(Kang & Park, 2003)

(Kim, 2003)

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Kwon (2002)

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(Oh, 1998)

Matthias

(1997) Trudel (2000)

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(Trudel et al., 2000)

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(Trudel et al., 2000; Han et al.,

2003).

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