



RESEARCH ARTICLE

STATUS OF SEXUALITY AMONG HEALTHY OLDER NIGERIAN ADULTS ACCESSING RECREATIONAL FACILITIES

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ABSTRACT

Background: Sexual activities are natural phenomenon that comes with some levels of satisfaction, interest, urge, desire and sensation which usually decline with advancing age.

Objective: To determine the status of sexuality among healthy older Nigerian adults accessing recreational facilities and to verify the null hypotheses of no significant differences.

Methods and Materials: A descriptive survey research was done on 480 healthy older Nigerian adults accessing recreational facilities using simple random sampling procedure. Data was collected through interview method and questionnaire. The descriptive statistics was employed in analyzing the quantitative data. All the analyses were conducted using SPSS version 21.

Results: The study revealed that the status of sexuality among healthy older Nigerian adults accessing recreational facilities was satisfactory. Statistically, significant difference existed on some socio-demographic variables while no significant difference was indicated on others at 0.05 level of significance.

Conclusion: The status of sexuality among healthy older Nigerian adults accessing recreational facilities was satisfactory. However, sexuality is a life time activity and thus should be given optimum considerations irrespective of socio-demographic differences.

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INTRODUCTION

Sexuality is considered as a sensitive issue in human life and thus holds strong value in every society. Contextually, Frederick (1991) defined sex as the sum of the structural, functional and behavioural characteristics of living beings that sub-serve reproduction by two interacting parents. The outcome of the interaction is measured by the level of satisfaction. However, there is a vital link between one's sexuality and recreation. Indeed, recreation, which is an aspect of physical education, provides a unique setting for social interaction and relationship with opposite sex. Such settings often enhance an avenue to hold discussions on topics relating to sexuality and satisfaction. This realization denotes that human sexuality, life satisfaction and healthy ageing are intrinsically connected. In a nutshell, human sexuality is an integral part of life fulfillment that provides maximum satisfaction. Naturally, sexual decline is linked with advancing age. Available literature revealed a decrease in the four domains -desire, erection, orgasm and ejaculatory functions, with increasing age (Helgason *et al.*, 1996).

However, the cause of sexual decline with advancing age may be time-related, medical or psychosocial (Taylor and Gosney, 2011). The delay in arousal was described with greater need of genital stimulation; reduced penile rigidity and vaginal lubrication; loss of the sensation of ejaculatory inevitability and increased anorgasmia as time-related factors (Masters and Johnson, 1966). The authors considered drugs; diseases; surgery of the prostate or uterus; physical barriers; poor mobility due to arthritis or stroke; change of body image; and depression, leading to loss of interest in sex as medical factors. However, the psychosocial factors include cases of having no partner; lack of privacy and social conditioning. In reality, there is a general societal belief that older adults are asexual and a false assumption that physical attractiveness and beauty are solely dependent on the younger ones. Consequently, many young people have difficulty believing that older adults are sexually inspired or motivated. The assumption has always been that they are old with no sexual strength, urge, interest, and desire. Interestingly, available research indicated that interest in sex among older men has increased over the last 10 years (Lindau and Gavrilova, 2010). This was attributed to other factors including accessibility to effective drugs for erectile dysfunction, healthy lifestyle, improved access to recreational facilities, and healthcare services.

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Considerably, holding discussions on sexuality irrespective of health status of individuals has always been a difficult task. However, the healthy adults might be comfortable having discussions regarding sexuality at recreational centres unlike the elderly patients who are always in contact with the caregivers. Although, the men were found to always initiate sexual interactions rather than the women (Ehrenfeld *et al.*, 1999). There are also reports that elderly patients do not feel comfortable discussing topics such as sexuality unless they feel there are adequate time and privacy (Sarkadi and Rosenqvist, 2001). Other research found that the elderly do not feel comfortable discussing sexual issues in front of their adult children (Hillman, 2000). This, therefore, suggests the need for a study such as the present which provides for anonymous responses to items on sexuality. A similar study was conducted by Gott and Hinchliff (2003) with a smaller sample size of 44 people aged 50-92 in the UK, to investigate how important sex is to older people. There is also evidence of gender differences especially in older age groups with 41.2% of males aged 75-85, compared with 11.4% of females of the same age (Lindau and Gavrilova, 2010). Despite the overwhelming evidence showing decline in sexual activities with advancing age, data regarding the status of sexuality among specified group such as the healthy older adults especially in developing regions such as Nigeria is still not sufficient. The researchers, therefore, deemed it expedient to fill the gap.

Objective: To determine the status of sexuality among healthy older Nigerian adults accessing recreational facilities and to verify the null hypotheses of no significant differences.

MATERIALS AND METHODS

A descriptive survey research was done on 480 healthy older Nigerian adults accessing recreational facilities using simple random sampling procedure. Data was collected through interview method and questionnaire. The validated item statements measured the status of sexuality with four point response options. That is to say that, each of the items has four options for selection. Descriptive statistics was employed for data analysis. All the analyses were done using SPSS version 21. The cut-off point for the weighted mean score was 2.50 accrued from four-point response options. Thus, the mean value of 2.50 and above signifies satisfactory while below indicates dissatisfaction. All the postulated null hypotheses were verified at 0.05 level of significance. This study was approved by the Research Review Committee of Ministry of Health in Nigerian. The informed consent of the respondents was obtained. This consent was approved by the Ethical Committee of Nigerian Universities and the Ministry of Education.

RESULTS

A total of 480 healthy older Nigerian adults accessing recreational facilities were studied. The frequency and percentage representatives of socio-demographic profile of the subjects were thoroughly verified and presented (see Table 1). As contained in the Table, about 59.4% were males while approximately 41% were females. A greater percentage of the subjects were urban dwellers with approximately 65% while only 35.4% were rural dwellers. A good number of the subjects live in owned and rented apartments with approximately 46% and 38% respectively. Only 4.2% were squatted while approximately 13% live in hired apartment.

Table 1. Socio-Demographic Profile of the Subjects (N = 480)

Variables	Frequency	Percentage (%)
Gender		
Male	285	59.4
Female	195	40.6
Location		
Urban	310	64.6
Rural	170	35.4
Housing Apartment		
Rented	180	37.5
Owned	220	45.8
Hired	60	12.5
Squatted	20	4.2
Age Distribution		
55-64	120	25.0
65-74	167	34.8
75+	193	40.2
Religious Affiliation		
Christianity	336	70.0
Muslim	64	13.3
Pagan	33	6.9
Traditional	47	9.8
Occupation		
Civil Servant	130	27.1
Transporter	48	10.0
Professional	53	11.0
Self-employed	100	20.8
Farmer	44	9.2
Trader	10	2.1
Retired	95	19.8
Marital Status		
Single	13	2.7
Married	330	68.8
Separated	40	8.3
Divorced	52	10.8
Widowed	45	9.4
Educational Qualifications		
FSLC	35	7.3
WASSC/ GCE	230	47.9
Bachelor's Degree	85	17.7
Master's Degree	110	22.9
Doctorate Degree	20	4.2
Living Condition		
With Family	265	55.2
Alone	50	10.4
With Relatives	120	25
With Friends	45	9.4

Table 2. Presenting the Status of Sexuality among the Subjects (N = 480)

Status of Sexuality	Mean	Standard Deviation	Remark
Level of satisfaction	2.47	0.011	Dissatisfied
Sexual interest/ desire	2.65	0.101	Satisfied
Sexual urge	2.48	0.311	Dissatisfied
Strength/ capabilities	2.56	0.061	Satisfied
Erection/ orgasm/ ejaculation	2.58	0.210	Satisfied
Grand Mean Value	2.55	0.139	Satisfied

Interestingly, about 40.2% were within the ages of 75 years and above, while only 25% were within the ages of 55-64 years and approximately 35% fall within the ages of 65-74 years. A greater percentage of the subjects were Christians with about 70% while approximately 10% and 7% were in groups of Tradition and Pagan respectively. Only 13.3% of the subjects were Muslims. Approximately 21% and 20% were self employed and retired in relation to occupation while about 27.1% were civil servants. Only 2.1%, 9.2% and 10% were traders, farmers and transporters respectively. Convincingly, approximately 69% of the subjects were successfully married while about 10.8% and 9.4% were divorced and widowed respectively. Approximately 3% were single while only 8.3% were separated. Approximately 48% had WASSC/ GCE while only 4.2% and 7.3% had Doctorate Degree and FSLC holders respectively. About 17.7% had Bachelor's Degrees while approximately 23% had Master's Degrees. About 55.2% of the subjects live with family members while only 9.4% live with friends. Only 10.4% live alone while about 25% live with relatives.

Table 3. Presenting Socio-demographic Differences on Status of Sexuality and Significant Differences between Variables (N = 480)

Variables	N	Mean	S.D	Status	t-cal	P-value	Remark	Decision
Gender					-1.2	.54	*	Rejected
Male	285	2.54	.120	Satisfied				
Female	195	2.46	.512	Dissatisfied				
Location					-1.1	.02	**	Accepted
Urban	310	2.66	.622	Satisfied				
Rural	170	2.35	.012	Dissatisfied				
Housing Apartment					.027	.65	*	Rejected
Rented	180	2.75	.091	Satisfied				
Owned	220	2.58	.027	Satisfied				
Hired	60	2.12	.212	Dissatisfied				
Squatted	20	2.42	.454	Dissatisfied				
Age Distribution					-9.3	.12	*	Rejected
55-64	120	2.50	.034	Satisfied				
65-74	167	2.34	.320	Dissatisfied				
75+	193	2.72	.342	Satisfied				
Religious Affiliation					-4.2	.01	**	Accepted
Christianity	336	2.70	.093	Satisfied				
Muslim	64	2.33	.430	Dissatisfied				
Pagan	33	2.70	.932	Satisfied				
Traditional	47	2.82	.023	Satisfied				
Occupation					-1.2	.03	**	Accepted
Civil Servant	130	2.71	.209	Satisfied				
Transporter	48	2.10	.010	Dissatisfied				
Professional	53	2.60	.321	Satisfied				
Self-employed	100	2.08	.026	Dissatisfied				
Farmer	44	2.92	.557	Satisfied				
Trader	10	2.13	.483	Dissatisfied				
Retired	95	2.81	.473	Satisfied				
Marital Status					-0.7	.29	*	Rejected
Single	13	2.73	.034	Satisfied				
Married	330	2.88	.543	Satisfied				
Separated	40	2.33	.940	Dissatisfied				
Divorced	52	2.10	.743	Dissatisfied				
Widowed	45	2.94	.043	Satisfied				
Educational Qualifications					.022	.14	*	Rejected
FSLC	35	2.33	.573	Dissatisfied				
WASSC/ GCE	230	2.52	.302	Satisfied				
Bachelor's Degree	85	2.77	.040	Satisfied				
Master's Degree	110	2.29	.402	Dissatisfied				
Doctorate Degree	20	2.62	.011	Satisfied				
Living Condition					.021	.02	**	Accepted
With Family	265	2.52	.330	Satisfied				
Alone	50	2.04	.039	Dissatisfied				
With Relatives	120	2.54	.012	Satisfied				
With Friends	45	2.43	.065	Dissatisfied				

* Significant, ** Not Significant at 0.05

From Table 2, it was found that the average mean value 2.55 and standard deviation 0.139 on the status of sexuality among healthy older Nigerian adults accessing recreational facilities was above the cut-off point of 2.50, implying satisfactory. It was also found that the subjects were dissatisfied on the items: level of satisfaction; and sexual urge. The Table further showed that the subjects were satisfied with sexual interest/desire; strength/ capabilities; and erection/ orgasm/ ejaculation. Data in Table 3 presented the socio-demographic differences on the status of sexuality among healthy older Nigerian adults accessing recreational facilities and the significant differences between variables. From the Table, it was found that the status of sexuality differs within variables of the subjects. For instance, the Table revealed that the Female subjects; Rural dwellers; subjects living in hired apartments; those within the ages of 65-74 years; Muslims; Transporters, Self employed, and Traders; Separated and Divorced; FSLC and Master's Degree holders; those living alone and living with friends, were dissatisfied with sexuality (see Table 3). The Table further revealed that Male subjects; Urban dwellers; subjects living in rented, owned and squatted apartment; those within the ages of 55-64 and 75 years and above; Christians, Pagans and Traditionalists; Civil Servants, Professionals, Farmers and Retirees; Single, Married and Widowed; WASSC/ GCE, Bachelor's and Doctorate Degrees; those living families and relatives, were satisfied with sexuality (see Table 3). Statistically, there were evidences of significant differences between variables of the subjects. Thus, significant differences existed on variables of gender; housing apartment; age distribution; marital status; and educational qualification (P-value > 0.05) while no significant difference was shown on location; religious affiliation; occupation; and living condition (P-value < 0.05) of the subjects in relation to status of sexuality.

DISCUSSION

There is substantial amount of evidence that the status of sexuality among healthy older Nigerian adults accessing recreational facilities was satisfactory (see Table 2). The expected finding could be attributed to the fact that a greater percentage of the subjects were males and Christians (see Table 1). Physiologically, the males were created to remain sexually active throughout life, unlike the females with some limits in reproductive functions. Secondly, the Christians unlike other denominations –Muslim, Pagan, among others, were bestowed with some moral and marital responsibility to remain faithful and sexually attached to the life-partners. Nonetheless, these might have influenced their responses to a great extent. As evidenced in the study, a greater percentage of the subjects were successfully married (see Table 1).

Surprisingly, there was indication that the subjects were dissatisfied with the level of sexual satisfaction and sexual urge (see Table 2). In addition, the females; rural dwellers; subjects living in hired apartments; those within the ages of 65-74 years; Muslims; transporters, self employed, and traders; separated and divorced; FSLC and Master's Degree holders; those living alone and living with friends, indicated sexual dissatisfaction. Contradictorily, the position of Muslims draws more attention since their religion and doctrines provide ample opportunity for multiple sexual partners –Polygamous marriage. The position of the female subjects was not surprising and could be attributed to some obvious factors such as menopause, decline in fecundity and physiological changes in reproductive organs which comes with age. It is possible that their sexual interest and satisfaction would be affected by those changes in the reproductive organs. Similarities occurred with Buono *et al.* (1998) who found significant less interest in sex among the older participants.

However, the available research consistently suggested that increasing age is associated with a decreased interest in sex (Taylor and Gosney, 2011). Thus age was considered a determining factor in the present study. Previous research also found that older respondents had less interest in sex, with 98% of 50–59 year olds compared with 72% of 70–80 year olds (Helgason *et al.*, 1996). Relatively, the present study found that the subjects within the ages of 55-64 and 75 years and above were satisfied. The present study indicated that approximately 48% of the subjects had WASSC/ GCE, 4.2% had Doctorate Degree, with about 17.7.2% and 23% having Bachelor's and Master's Degrees respectively. This was a clear indication that a good number of the subjects were educated, which might have contributed immensely to their understanding of the importance of sex to health, education and ageing. Although, the present study was restricted to healthy older adults, there were evidences of significant differences between variables of gender; housing apartment; age distribution; marital status; and educational qualification while no significant differences were found on location; religious affiliation; occupation; and living condition (see Table 3). However, previous study concurred (Lindau and Gavrilova, 2010).

Conclusion

The status of sexuality among healthy older Nigerian adults accessing recreational facilities was satisfactory. However, sexuality is a life time activity and thus should be given optimum considerations irrespective of socio-demographic differences.

Acknowledgement

Nil

Competing Interest

The authors have no competing interests.

Authors' Contributions

UCU and ECU analyzed and interpreted the data. OJI wrote the manuscript. ICC contributed to the study concept and design, acquisition of subjects and manuscript review. UCU drafted the manuscript and revising it critically for important intellectual content. All authors have read and approved the final version of the manuscript

REFERENCES

- Buono, M. D., Urciuou, O., and De Leo, D. 1998. Quality of life and longevity: a study of centenarians. *Age and Ageing*, 27, pp. 207–216
- Ehrenfeld, M., Bronner, G., Tabak, N., Alpert, R. and Bergman, R. 1999. Sexuality among institutionalized elderly patients with dementia. *Nurs Ethics*, 6 pp. 144-9
- Frederick, C. M. 1991. Webster's ninth new collegiate dictionary. Ontario: Thomas Allen and Son Limited
- Gott, M., and Hinchliff, S. 2003. How important is sex in later life? The views of older people. *Soc Sci Med*, 56, pp. 1617–28
- Helgason, A. R., Adolfsson, J., Dickman P *et al.* 1996. Sexual desire, erection, orgasm and ejaculatory functions and their importance to elderly Swedish men: a population based study. *Age and Ageing*, 25, pp. 285–291.
- Lindau, S. T., and Gavrilova, N. 2010. Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *BMJ*. 340, pp. 810
- Masters, W., and Johnson, V. 1966. Human sexual response. Boston: Little Brown.
- Sarkadi, A., and Rosenqvist, U. 2001. Contradictions in the medical encounter: female sexual dysfunction in primary care contacts. *Fam Pract*. 18, pp. 161–6
- Taylor, A. and Gosney, A. M. 2011. Sexuality in older age: essential considerations for healthcare professionals. *Age and Ageing*, 0, pp. 1–6
