

# Factores psicológicos y socioculturales en la vida sexual de los adultos mayores

*Self-care psychological and sociocultural factors in the sexual life of the elderly*

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## Resumen

La sexualidad desempeña un papel muy importante a lo largo de la vida, así que no existe motivo alguno para creer que con la edad desaparecen el interés o las prácticas sexuales; el placer no solo depende del aparato genital, sino también de toda una serie de excitaciones y actividades efectuadas desde la infancia, las cuales producen un placer que no puede reducirse a la satisfacción de una necesidad fisiológica básica, denominada como “normal” en el amor sexual. Por lo general, la sociedad relaciona más a la sexualidad con la juventud, alimentando muchos estereotipos negativos acerca de la sexualidad en la vejez.

El objetivo del presente estudio es identificar los factores psicológicos y socioculturales que intervienen en la percepción de las personas adultas mayores de 60 a 80 años de edad que viven en el poblado de Sabancuy perteneciente al Municipio del Carmen, Campeche. Para ello se utilizó el método descriptivo, no experimental con alcance cualitativo, con instrumentos: ficha de identificación, test bienestar psicológico y la satisfacción sexual en parejas de edad adulta media y edad adulta tardía, Inventario de Autoestima de Coopersmith, versión para adultos. El análisis de datos se realizó mediante un ordenador personal (PC) con herramientas tales como:

manejador de bases de datos (Word) y hoja de cálculo (Excel). Los sujetos objeto de estudio fueron 50 personas adultas mayores de 60 a 80 años de edad. En los resultados se encontró que la autoestima, considerada un factor psicológico, no intervino en su percepción de mantener una vida sexual activa, ya que la mayoría de la población manifestó tener autoestima alta, aunque estos no tienen una vida sexual activa, es decir, la autoestima no influyó de manera directa en la actividad sexual de los adultos mayores investigados. Se preguntó a los adultos mayores en estudio: ¿cree que es malo para la salud, especialmente en la vejez, la actividad sexual?, ante lo cual, 20 % de los hombres con rango de edad de 70 a 79 contestó en las encuestas que no es malo para la salud tener relaciones sexuales, pero que ya no lo realizan porque ya no es lo mismo; asimismo, se les preguntó si en la actualidad mantenían relaciones sexuales, y los resultados mostraron que 34 adultos mayores ya no tienen relaciones sexuales y 10 hombres sí tienen relaciones sexuales aunque ya no sea con su pareja. Al preguntar a los adultos mayores si consideran necesaria la penetración o coito para obtener satisfacción sexual, 13 de los adultos mayores varones respondieron que consideran necesaria la penetración para obtener satisfacción sexual. En conclusión, la creencia de que la edad y el declinar de la actividad sexual están inexorablemente unidos, ha provocado que no se preste atención suficiente a una de las actividades que provee mayor calidad de vida, la sexualidad. Sin embargo, la mayoría de las personas de edad avanzada son capaces de tener relaciones y de sentir placer en toda la gama de las actividades como sucede en las personas más jóvenes.

**Palabras clave:** factores psicológicos y socioculturales, vida sexual activa, autoestima, prejuicios.

### Abstract

Sexuality plays a central role throughout life, so there is no reason to believe that with age disappear on the interest or sexual practices; the pleasure not only depends on the genital tract, but also a range of excitations and activities carried out since childhood, which produce a pleasure that cannot be reduced to the satisfaction of a basic physiological need, referred to as "normal" in sexual love. In general, society relates more to sexuality with youth, feeding many negative stereotypes about sexuality in old age.

The objective of the present study is to identify the psychological and socio-cultural factors influencing the perception of older adults from 60 to 80 years of age who live in the town of Sabancuy belonging to the municipality of el Carmen, Campeche. This qualitative scope, with instruments not experimental, descriptive method was used: identification card, test psychological well-being and sexual satisfaction in pairs of middle adulthood and late adulthood, Coopersmith self-esteem inventory, adult version. The data analysis was performed using a personal computer (PC) with tools such as: Manager databases (Word) and spreadsheet (Excel). The subjects under study were 50 older adults 60 to 80 years of age. The results found that self-esteem, considered a psychological factor, did not intervene in their perception of maintaining an active sexual life, since the majority of the population stated have high self-esteem, even if these do not have an active sexual life, i.e. self-esteem did not directly influence the sexual activity of older adults investigated. Seniors in the study were asked: do think that it is bad for health, especially in old age, sexual activity?, whereupon, 20% of men with age range of 70 to 79 replied in surveys is not bad for health to sexual intercourse, but that already do not perform it because it is not the same; also, asked if currently maintained sexual relations, and the results showed that 34 older adults no longer have sex and 10 men yes have sex even though it is no longer with your partner. Asked if considered necessary penetration or intercourse to get sexual satisfaction to older adults, older adults males 13 responded that they consider necessary the penetration to get sexual satisfaction. In conclusion, the belief that age and declining sexual activity are inexorably linked, has caused to be paid not enough attention to one of the activities that provides better quality of life, sexuality. However, most of the elderly people are able to have intercourse and feel pleasure in the range of activities as in younger people.

**Key words:** psychological and socio-cultural factors, sexual activity, self-esteem, prejudice.

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## Introduction

Sexuality plays a very important role throughout life, there is no reason to believe that with age disappear on the interest or sexual practices; the pleasure not only depends on the genital tract, but also a range of excitations and activities carried out since childhood, which produce a pleasure that cannot be reduced to the satisfaction of a fundamental physiological need and which is referred to as "normal" in sexual love. In general, society relates more to sexuality with youth, feeding many negative stereotypes about sexuality in old age.

Sexual ability does not disappear with age and the availability of a sexy and willing partner is the most important factor to maintain a satisfactory sex life. The old man needs to convince that having sexual desires is not immoral, unusual, or abnormal. You have to get to understand the physical and psychological changes that occur in this evolutionary age, that does not mean the renunciation of pleasure.

The subject of sexuality is perhaps one of those who most requires a comprehensive vision that includes biological, psychological and social aspects. Even among young people who refer to present some kind of sexual dysfunction, the vast majority of the time this can be attributed to poor or inadequate information, social taboos or psychological problems. When the theme interact it with aging, the situation complicates even more, because there are indeed biological changes that are experienced with age and that add to the social and cultural nature.

### **Sexuality in old age**

According to the World Health Organization (OMS, 2006):

sexuality is a central aspect of human beings present throughout his life. It includes sex, identity and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation. Is experience and is expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality may include all these dimensions; However, not all of them are live or always express themselves. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (OMS, 2006).

**Religion and sexuality**

Finke, C. y Starr, L. (2001) It mentioned that it is important to note that in old age a greater degree of religious activity occurs due to the need to relate either by the loss of a spouse or simply to make sense of life. Many people who choose this lifestyle do so for religious reasons. In period of Lent and during Holy Week, some Catholics practice abstinence. The loss of sexual satisfaction in women happens more by fear of pain at the time of intercourse or embarrassment; evangelists is women who take refuge in religion and more the least coital, unlike evangelists men, who hold more sex though not with his current partner.

**Sexual satisfaction**

Sexual satisfaction can be defined as the emotional response that occurs as a result of the evaluation the person makes positive and negative aspects related to sex. It involves the degree to which a person is happy with the sexual aspect of the relationship. The most imperfect form of satisfaction sexual instincts in humans is masturbation, because it does not lead to any human communication and only evokes the biological output voltage of the sexual instinct. For a pleasurable satisfaction, the person must not only release the biological stress, but also have the ability to build relationships and deep sex. Thus, to satisfy their sexual instincts, the human being must not only intercourse but transcend it (De Lamater, J., 2008).

**Major factors involved in the sexual life of adults**

According to Freud (2000), there are various psychological and sociocultural factors that adversely affect sexuality. Sexuality surrounds everything that we are, which is why sexuality is not a "thing" that suddenly appears in adolescents or young adults. Raising and education, as well as age, culture, the region where one lives, family and historical times directly affect the way in which each person lives his sexuality.

It often happens that the concept of sexuality is confused with the concepts of gender or sex, restricting the experience of sexuality only to genital contact; However, besides the pleasure, sex and intercourse, sexuality includes issues such as love and human relations. For example, affect a person feels itself, also called self-esteem and affection for others, part of sexuality (Freud, S., 2000).

**Self esteem**

Although there is no single conceptualization of self-esteem, you get to the same concept: a state of health and well-being for the person. Self-esteem refers to the characteristic feelings that people have about themselves, these being consistent, trans-situational and trans-temporal. Self-esteem is the function evaluated oneself, is the vision we have of ourselves, trust and security in society to develop ourselves in a good shape. One of the basic needs of every human being is to feel accepted, loved, accepted, belonging to something and someone, these feelings where self-esteem is based. Therefore, there can be self if the individual perceives that other dispense it (Brown, A; Dutton, J. y Cook, K., 2001).

For Roger, C. (1989) self-realization is what distinguishes a healthy person from another mismatched, is the quality of the relationship between self (ideals, values, expectations, interests) and experience. Mature and balanced personality is the result of the self, that is, the process of becoming a person. This involves cultivating, growing and maturing in harmony. So although it may seem a long-term project, it is not; It means knowing how to live the present. Self-realization is not an end but a process: knowing how to enjoy life, accepted without removing the possibility of change, assess what one thinks and feels, be independent, value relationships with others without submitting to their expectations, properly solve conflicts and also take responsibility for their own lives.

In the hierarchy of needs of Abraham Maslow and the Maslow pyramid, proposed by him in 1943, later expanded talks about human motivation. Maslow formulated a hierarchy of human needs and his theory contends that as we satisfy our basic needs, humans develop higher needs and desires. The Maslow's hierarchy of needs is often described as a pyramid consisting of five levels: the first four levels can be grouped together as deficiency needs, and the top level is termed as a necessity of being (Rogers, C., 1989) .

**Prejudice**

Atieza, J. (2005) states:

It should be noted that the human being is a social being, as is seen in association with others to form groups where everyone meets their physical, emotional and social needs. Labels to differentiate people, in influencing customs and social context in which we are used. Culture (set of values, norms and beliefs) shapes the behavior of members of society in order to achieve social harmony. This cultural background also includes patterns of sexual behavior necessary for social interaction.

## **Methodology**

The study has a non-experimental design since the phenomenon that is studied, as presented in its natural context, in reality, without intentionally altering the variables involved. It is also descriptive because it refers all its dimensions and focuses on collecting data describing the situation as it is. The study also has a qualitative approach that takes into consideration the stage where there are facts and sees people from a holistic perspective, trying to understand them from the environment where they live, using the humanistic analysis method.

## **Variables**

Independent: psychological and sociocultural factors.

Dependents: sexual life, older person, perception.

## **Selection criteria**

Adults aged 60 to 80 years of age, living in Sabancuy village in the municipality of Carmen, Campeche included.

## **Instrument**

an identification sheet, a questionnaire on sexuality and self-test, same as described below: For this study three instruments were applied:

a) identification card participante.- The purpose of this document is to obtain personally identifiable socio-demographic data of the elderly research participants. It consists of three sections; the first, called general data, including age, sex, marital status, current occupation, educational level, religion and current condition. The second paragraph corresponds to the currently prescribed medications and the third indicates socioeconomic status to which it belongs.

b) Questionnaire adult sexuality mayor.- The objective of this instrument is to measure the perception of sexuality in older adults (Gomez, L., 2009).

c) Test autoestima.- The objective of this instrument is to inquire about the perception of self-worth of older adults participating in research and prejudices on the subject under study. This test is taken from the Self-Esteem Inventory Cooper Smith, adult version, consisting of 22 items with Likert scale.

**Objective research**

Identify psychological and sociocultural factors involved in the perception of adults aged 60 to 80 years of age living in the Sabancuy, in the municipality of Carmen, Campeche.

**Results**

EDAD	60-69	70-79	80 Y MAS
Total	17/34 %	25/50 %	8/16 %

Half, 50% of older respondents are within the age range of 70 to 79, following them with 34% of 60 to 69 years and, finally, with 16% of 80 years and more.

SEXO	60-69	70-79	80 y MÁS
Total	Mujeres- 10 Hombres- 7	Mujeres- 14 Hombres- 11	Mujeres- 2 Hombres- 6

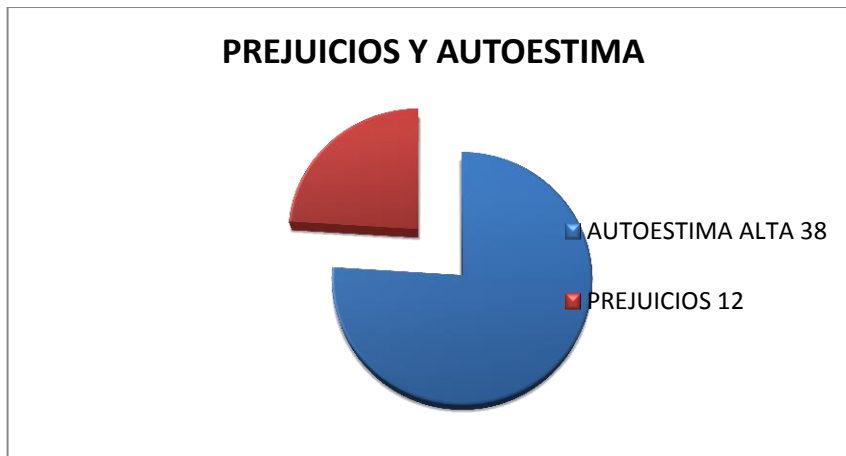
In the age range of 70-79 years there are 14 women and 11 men, corresponding to 28% and 22% of the study population.





With regard to religion, 30 of the study subjects (60%) externaron who are Catholic, 9 are evangelists, 2 Mormons 1 7th Day Adventist, 1 living water, and 7 who profess no religion.

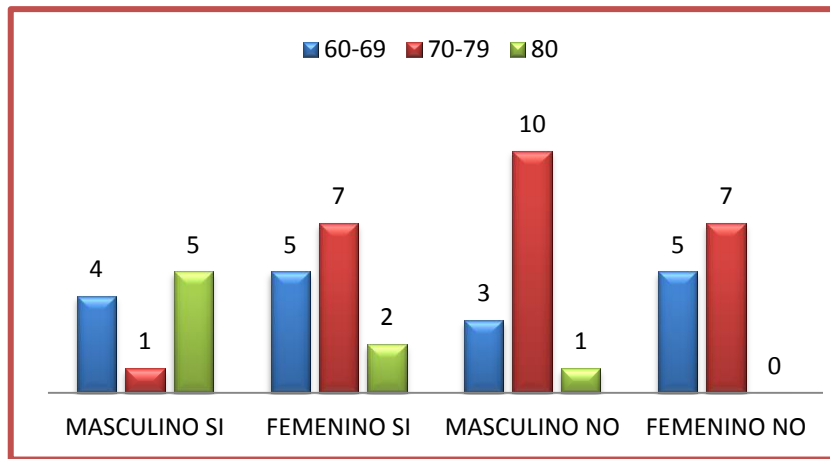
Finke C, and Starr L. (2001) say it is important to note that seniors are presented in greater religious activities because of the need to relate either by the loss of a spouse or simply to make sense life; many people who choose this lifestyle do so for religious reasons. The loss of sexual satisfaction in women happens more by fear of pain at the time of intercourse or embarrassment. The evangelists women's refuge in religion and are the least practiced coitus; on the contrary, the evangelists men hold more sex though not with his current partner.



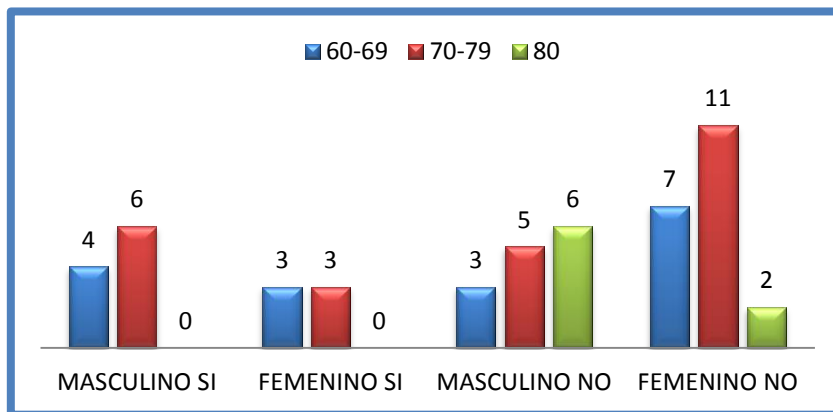
Self-esteem, considered a psychological factor, was not involved in the perception of an active sex life, since most of the population reported having high self-esteem; however, they do not have an active sex life, that is, self-esteem did not influence directly on the sexual activity of older adults investigated.

Atieza, J. (2005) argues that prejudices come in many forms. It should be noted that the human being is a social being, as is seen in association with others to form groups where everyone meets their physical, emotional and social needs. The labels used to distinguish people by influencing customs and social context.

**SEXUAL ACTIVITY**



Older adults in the study were asked: Do you think that is bad for health, especially in old age, sexual activity? 20% of men in the age range of 70 to 79 years said that it is not unhealthy to have sex, but it no longer made because it is no longer the same; now suffer some disorders or diseases whose incidence and prevalence have increased with age, leaving them unable to be sexually active, or enjoy sexual activity.



They were asked if you currently have sex, and the results show that 34 adults no longer have sex and 10 men do have sex, but not with your partner. Although in matters of sex clearly age does not matter, most men and many older women no longer want to have sex as they age.

## **DISCUSSION**

According to the results, self-esteem, considered a psychological factor, not directly intervened in the perception of an active sex life, since most of the population reported having high self-esteem; however, the study subjects reported not having an active sex life, that is, self-esteem apparently did not influence directly in their sexual activity.

The prejudices of the study subjects themselves as sociocultural factors influenced the fact that they had no sexually active; the population considered most important opinions of others get carried away by their emotions, especially women.

Its predominant socioeconomic level is low, a factor in the decline of active sex.

The self-perception of sexual attraction is an important social factor. Society generally believes that elderly are quickly losing her sex appeal, possibly because an earlier loss of reproductive capacity in comparison to men occurs.

Climacteric anticipates "feeling old" in women, feeling that in man comes two decades later.

In general, women's sexuality is still something that refuse themselves to be victims of education and culture. It is a myth to consider that with age the sexual appetite is lost. The only thing that has been proven is that the duration of orgasmic phase in women of 50-75 years suffer a gradual decline minor.

Many women mistakenly believe that after losing reproductive function also lose their sexuality. But actually sexuality remains largely unchanged.

Should be kept, as far as possible, a balance between privacy, dignity and rights of the elderly, even when there is some degree of mental disability, because it still has the ability to feel pleasure, and often requires more touch and be touched, to feel warmth.

Finally, most of the men who participated in the study have active sex life, either their wives or a younger woman. Women who maintain an active sex life only have sex with her husband.

## **CONCLUSION**

The belief that age and the decline of sexual activity will inevitably together, has caused enough attention to an activity that provides quality of life, sex is not given. No doubt, most seniors are able to have sex and to feel pleasure as well as younger people.

Sexuality in the elderly is a way to express emotions and commitments, which requires a lot of communication with your partner, in a relationship where trust, love and pleasure is shared, with or without intercourse. In the elderly this concept should be based primarily on optimizing the quality of the relationship, rather than quantity. Here the concept of sexuality is to be understood broadly, integrating the role of personality, gender, identity, thoughts, feelings, emotions, values and affinities. The results of the surveys show a sharp decrease in sexual interest and an increase in the frequency of sexual dysfunction associated with age. In elderly sexual function it is affected primarily by the physiological and anatomical changes that aging occurs in the healthy body. A commonly accepted error is to think that aging and disease are always presented together.

Psychological, social and cultural characteristics of any relationship influence sexual function. According to the results, considering the initial hypothesis of this study, namely, that psychological factors such as prejudice and socioeconomic status of the elderly end up affecting your sex life right.

Elderly men keep better desire and sexual activity, while women show a decline in both areas due to the belief that it is normal to stop having sex with their partners or husbands. several important individual variations in sexuality are presented, indicating that changes in sexual activity in the elderly is multifactorial.

Increased sexual dysfunction in the elderly has also been observed by various studies on the subject. Sexual dysfunction may arise due to medical, psychological and / or as a side effect of medication administered causes as well as psychological factors.

In the last decade there has been a significant change with regard to sexuality, greatly increasing the number of elderly seeking treatment for erectile dysfunction. However, even for much of this stock for many health professionals, sexuality in the elderly remains a taboo topic that downplayed. The renunciation of sexual activity by the elderly should never be caused by prejudice.

## **RECOMMENDATIONS**

- Gaining confidence first elderly person when inquire on issues related to sexuality, a topic often overlooked but is an important part of the life of every human being.
- Keep Some preventive measures for possible complications of sexually character.
- To Promote sexual communication between couples to enjoy this activity without fears or taboos.

With help of a degree in gerontology change stereotypes about sexuality, false beliefs and taboos of society in relation to sex at the stage of aging and insist that sexuality is part of life, regardless of the age of the individual.

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