

The Nursing Approachs to Sexual/Reproductive Health in the Elderly: A Topic Ignored in Turkey

Yaşlılarda Cinsel/ Üreme Sağlığına Hemşirelik Yaklaşımları: Türkiye’de Gözardı Edilen Bir Konu

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ABSTRACT

Old aging is a social and cultural event involving physical and cognitive degradation, loss of health, and changes in social status. The physiological, psychological, and social changes that take place in this period affect individuals’ sexuality and partner relationships. Sexual dysfunctions are one of the physiological factors that affect the frequency of sexual activity of older women and men. Healthcare professionals working in the field of geriatric health have education, counseling, and reassurance roles in terms of sexual dysfunctions and interventions. Nurses have great responsibilities in determining the needs of elderly individuals and providing nursing care to meet these needs. It is needed to create suitable environments with a holistic nursing approach where individuals or couples can comfortably discuss their sexual problems, assess their sexual functions, consider these in the care plan and carry out more training towards the protection of sexual health in patient educations. All these practices play an important role in increasing quality of life, preserving sexual health, and improving it. As reproductive health services and problems as a whole covering sexuality are an issue that concerns men and women at all ages, they need to be dealt with as a whole in continuity.

Keywords: Elderly, Sexual and Reproductive Health, Nursing.

ÖZ

Yaşlılık fiziksel ve bilişsel olarak gerilemenin, sağlık kaybının ve sosyal durumda değişimin olduğu toplumsal ve kültürel bir olaydır. Bu dönemde meydana gelen fizyolojik, psikolojik ve sosyal değişiklikler bireylerin cinselliğini ve eş ilişkilerini etkilemektedir. Cinsel işlev bozuklukları yaşlı kadın ve erkeklerin cinsel aktivite sıklığını etkileyen fizyolojik faktörlerin başında gelmektedir. Yaşlı sağlığı alanında çalışan sağlık profesyonellerinin cinsel işlev bozukluğu ve müdahale konusunda eğitim, danışmanlık ve güvence sağlayıcı rolleri bulunmaktadır. Hemşirelerin yaşlı bireylerin ihtiyaçlarını belirlenmesinde ve ihtiyaçların giderilmesi için hemşirelik bakımının sağlanmasında büyük sorumlulukları bulunmaktadır. Birey veya çiftlerin cinsel sorunlarının bütüncül hemşirelik yaklaşımı ile rahatlıkla anlatabilecekleri uygun ortamların oluşturulması, cinsel işlevlerinin değerlendirilmesi, bakım planında ele alınması, hasta eğitimlerinde cinsel sağlığın korunmasına yönelik eğitimlerin daha fazla yapılmasını gerektirmektedir. Bütün bu uygulamalar yaşam kalitesinin yükseltilmesinde, cinsel sağlığın korunmasında ve gelişiminde önemli rol oynamaktadır. Üreme sağlığı hizmetleri ve sorunları cinselliği kapsayan bir bütün olarak her yaştaki kadın ve erkekleri ilgilendiren bir konu olduğu için süreklilik içinde bir bütün olarak ele alınmalıdır.

Anahtar kelimeler: Yaşlı, Cinsel ve Üreme Sağlığı, Hemşirelik.

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INTRODUCTION

Old age is a period of losses with unique problems where there are physical and cognitive degradations, loss of health, and change in social status, interpersonal support is weakened, and productivity is left. As a result of the combination of these losses, the person cannot receive enough satisfaction from their life, and their self-respect decreases.¹ Old age is not only a biological and physical event, but it is also a social and cultural event, and it shows differences based on societies and time.²

The World Health Organization accepts the age of 65 as the onset of old age, and the elderly population is constantly increasing.³ While the ratio of youth and adult used to be higher than that of the elderly in the past, as the average age today has increased, the elderly population is constantly increasing, and considering the increase in people's lifespans, the age distribution in the society changes. While the ratio of individuals over the age of sixty was not even 5% at the beginning of the century, it has now reached about 15%. This ratio shows that there are more elderly individuals in today's society.⁴

The World Health Organization considers sexual health as a whole in a bodily, mental, social and spiritual sense and defines it as positive strengthening and enrichment of identity, communication and love.⁵ Reproductive health is a person's possession of a satisfying, safe sexual life and the ability to reproduce, and their free capacity of deciding on whether or not they would use this ability or when and how frequently.⁶ This is why reproductive health needs to be considered with life-long health of reproduction approach as a whole covering sexuality, and it should be accepted as a basic life right of all people, including men and women and youth and the elderly.⁵ Sexual dysfunctions experienced in the period of old age are not one of the topics that are focused on as much as organic and psychiatric diseases. Nevertheless, an elderly person's feeling of being sexually healthy would increase their feelings of self-esteem and independence and lead them to feel younger.

As the elderly have less knowledge regarding sexuality in comparison to young individuals, sexual education should also be provided for individuals in this age group.⁷

As reproductive health services and problems are an issue that concerns men and women of all ages, they should be considered as a whole within continuity. As reproductive health has unique problems starting with the adolescent period and continuing with the reproductive period, postmenopausal period and elderly period, there is a need to make regulation towards the solution of the existing problems.⁸

Sexual/Reproductive Health in the Elderly

Due to the reduction in the hormonal levels in women at old age, atrophy is seen in the genital organs.^{4,9} The vaginal tissue is drier, less elastic, and the breasts are harder and less sensitive. These changes start in the menopause period, and some of these changes may be associated with sexual activity.^{9,10} In addition to this, loss of sexual desire and motivation and difficulty in having an orgasm is the most frequently encountered problems.¹¹ While there are fewer changes in the genital system in men, most men are fertile until the end of their lives.^{4,9} In this period, in men, reduction in testosterone hormone production, decrease in the number of sperms and seminal fluid, reduction in the size of sexual organs and growth in the prostate, erectile dysfunction and premature ejaculation are observed.^{9,11}

Advanced age is not the only reason for the sexual problems experienced by individuals. The physiological, social, and psychological changes that occur at old age also affect an individual's sexuality and partner relationships. Sexual dysfunctions are at the top of the physiological factors that affect the frequency of sexual activity in women and men.^{10,11} A study that investigated sexual dysfunctions and sexual behaviors in aging women and men reported that 39% of women and 28% of men had at least one sexual dysfunction. In a recent study on sexuality

which also involved Turkey, it was found that 17% of elderly men and 23% of elderly women did not feel sexual desire, and 68% of men and 60% of women supported the usage of medical treatment methods to continue sexual activity.¹¹ Another study on sexual function and activity in middle-aged and elderly women determined sexual dysfunctions in women in these age groups.¹²

Menopause is a physiological and psychosocial factor that affects the sexual life of elderly women.¹¹ The most significant causes of sexual disorders in this period are the physiological changes of the body, psychological problems, and lack of sexual knowledge. Sexual disorders in menopause also lead to the degradation of mental health. Aggressiveness and fights between couples may be associated with sexual problems. Sexual desire affects all aspects of an individual's life, and sexual relationships are one of the most important factors in happiness in marriage. While it was estimated that the prevalence of sexual dysfunctions among all women is 25%-63%, this ratio was found to increase up to 68%-86.5% in menopause. Sexuality is more prominent in life than other activities in culture, society and emotional values. Thus, sexual desire affects all aspects of the individual's life.¹³

The changes that occur as a result of the functions of the testes being affected at old age are described with the term andropause. In this period, there is a decrease in sexual desire and performance, pleasure, frequency of erection, frequency of sexual intercourse and orgasm. Risk factors that lead to sexual problems include age, psychological factors, stress, depression, chronic diseases, diseases of the penis and prostate, pain, injury in sexual organs or the groin region, surgeries, radiation treatment applied to these regions, urination problems and problems related to one's job or partner.¹³⁻¹⁵

Social prejudices and sexual myths such as dispraising sexuality in the elderly and accepting it unique to the youth by frowning upon it in them are among the factors that affect elderly sexuality. Societies have the idea that sexuality in elderly individuals is a

funny and disgusting thing, it should not be experienced, and the elderly are asexual. Because of this perception, elderly individuals may avoid sexual behaviors and be hesitant about the continuation of their sexual desire. These negative attitudes also prevent elderly individuals from receiving sufficient sexual healthcare services.^{16,17} The continuation of the sexual functions of individuals at advanced ages is dependent on their life-long, regular performance of sexual activities.¹⁷

The elderly think that they are less attractive than young people, and their self-perceptions about sexuality are poor. They believe they should have a lesser right to get pleasure from sexuality.¹⁷ While they do not have sufficient knowledge regarding sexuality, they are disturbed by talking about and discussing this issue. Although the elderly in Turkey do not have sufficient knowledge about sexuality, it is seen that they are ready to talk about the issue when good communication is established.¹⁸ Healthcare professionals treating elderly individuals may forget to address problems related to sexually transmitted infections by falling into the misconception that elderly people would not take part in risky sexual behaviors.^{17,18}

Role of the Nurse in Sexual/Reproductive Health in the Elderly

Aging is a period where pathological events that reduce the quality of life of the individual take place which should be especially taken on by healthcare professionals. Nurses working in the field of geriatric health have great responsibilities in determining the needs of the elderly and providing nursing care towards the determined needs.^{13,20} Sexual health, which is an indispensable part of health, may be negatively affected by several factors, and as a result, degradation in sexual functions may occur. For this reason, it is needed to create suitable environments with a holistic nursing approach where individuals or couples can comfortably discuss their sexual problems, assess their sexual functions, consider these in the care plan and carry out more training towards the protection of sexual health in patient education. All these practices play a

significant role in increasing quality of life, protecting sexual health and improving it.^{16,20,21}

Nurses should be able to define sexuality unique to individuals, have knowledge regarding sexuality and sexual function, be a good listener, improve their communication skills, be comfortable regarding sexuality, not have a judgmental attitude, have skills of counseling and be aware of the values, attitudes, and beliefs of themselves and women regarding sexuality.^{10,22} In order to be able to overcome the concerns of the elderly regarding sexuality, nurses need to make a systematic assessment. Nurses have stated that the individual has a set of obstacles to assess sexuality. At the top of these obstacles is the lack of knowledge of nurses on the effects of diseases or treatments on sexual health. Additionally, the inadequacy of guides towards assessing sexuality is another significant obstacle. Taylor and Davis reported that patients preferred to share their concerns about sexual health and sexuality firstly with nurses.²³

As they have difficulty in understanding elderly sexuality and associated behaviors, healthcare professionals display negative

attitudes and behaviors, and therefore, prevent the expression of sexual health.^{6,24,25} Especially young healthcare professionals show negative attitudes towards sexual behaviors in the elderly. In a study by Gümüş et al., it was observed that nurses working in the field of geriatric care did not make a diagnosis in terms of sexuality/reproductive health.²⁵ Studies where nursing diagnoses were investigated have shown that the field of sexuality/reproductive health is at the top of the fields where nurses collected the least data.²⁶

Healthcare professionals working in the field of geriatric health have roles in providing education, counseling and reassurance regarding sexual dysfunctions and interventions. Increasing awareness of the pathological and physiological changes in the sexual functions in the elderly may increase the acceptance of these changes in individuals and reduce excessive fear.^{27,28} Nursing practices that take on sexual dysfunctions or sexual function changes will increase the level of awareness by helping individuals or couples receive the necessary information and help them overcome their concerns related to the issue.^{28,29}

CONCLUSION AND RECOMMENDATIONS

Consequently, providing healthcare professionals with training on old age and sexuality during their education process and after graduation will be more effective for the appropriate care and treatment of elderly individuals and preservation and improvement of their sexual health. These developments will also contribute to increasing the quality of the care that is

applied and quality of life. The knowledge of healthcare professionals on sexuality in the elderly, counseling and patient education should be improved, and in order to prevent sexual myths and prejudices that are not true, piece of training and studies that assess sexual/reproductive health in the elderly should be carried out.

REFERENCES

1. Softa, HK, Karahmetoğlu, GU, Erdoğan, O, Yavuz, S. (2015). "Yaşlılarda yaşam doyumunu etkileyen bazı faktörlerin incelenmesi". *Yaşlı Sorunları Araştırma Dergisi*, (1), 12-21.
2. Karakuş, B. (2018). "Türkiye'de yaşlılara yönelik hizmetler, kurumsal yaşlı bakımı ve kurumsal yaşlı bakımında illerin durumu" (s:60), Ankara: Ertem Basım Yayın Dağıtım San. ve Tic. Ltd. Şti.
3. Heidari, S. (2016). "Sexuality and older people: a neglected issue". *Reproductiv eHealth Matter*, 24, 1-5.
4. Yıldırım, B, Özkahraman, Ş, Ersoy, S. (2012). "Yaşlılıkta görülen fizyolojik değişiklikler ve hemşirelik bakımı". *Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 2 (2), 19-23.
5. Kokanalı, D, Üstün, YE. (2019). "Reproductive Health In Older Women". *Jinekoloji - Obstetrik ve Neonatoloji Tıp Dergisi*, 16 (2), 97-100.
6. Aydın, S. (2000). "Erkek Üreme Sağlığı". *Van Tıp Dergisi*, 7(3), 117-119.
7. Wallace, MA. (2008). "Assessment of Sexual Health in Older Adults". *AJN, American Journal of Nursing*, 108(7), 52-60.
8. Özvarış, ŞB, Ertan, EA. "Üreme sağlığında yaşam boyu yaklaşımı". http://www.huksam.hacettepe.edu.tr/Turkce/SayfaDosya/ureme_sagliginda_yasam_boyu.pdf. Erişim Tarihi: 07.11.2019.

9. Pehlivan, S, Karadakovan, A. (2013). "Yaşlı bireylerde fizyolojik değişiklikler ve hemşirelik tanılaması". Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 2 (3), 385-395.
10. Silva, LCS, Cunha, LP, Carvalho, SM, Tocantins, FR. (2015). "Health needs of the elderly woman in the context of primary health care: integrative review". Enfermeria Global, 14(40), 375-388.
11. Ören, M, Kızıltepe, R, Özeker, BÇ. (2016). "Yaşlılıkta cinsellik (Sexuality in the elderly)". Ege Tıp Dergisi, 55, 38-44.
12. Addis, IB, Van Den Eeden, SK, Wassel-Fyr, CL, Vittinghoff, E, Brown, JS, Thom, DH. (2006). "Study Group. Sexual Activity and Function in Middle-Aged and Older Women". Obstet Gynecol, 107 (4), 755-764.
13. Heidari, M, Ghodusi, M, Rezaei, P, Abyaneh, SK, Sureshjani, EH, Sheikhi, RA. (2019). "Sexual Function and Factors Affecting Menopause: A Systematic Review". Journal of Menopausal Medicine, 25, 15-27.
14. Buttaro, TM, Koeniger-Donohue, R, Hawkins, J. (2014). "Sexuality and Quality of Life in Aging: Implications for Practice". The Journal for Nurse Practitioners- JNP, 10(7), 480-485.
15. Yaşlı Sağlık Modülleri, (2011), (s:312-315). T.C. Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü. Ankara: Anıl Matbaacılık.
16. Reyhan, F, Özerdoğan, N, Arık, E. (2018). "İhmal edilen bir konu: Yaşlılıkta cinsellik". Sağlık Bilimleri Dergisi, 27 (1), 76-79.
17. Aguilar, RA. (2017). "Sexual expression of nursing home residents: Systemic review of the literature". Journal of Nursing Scholarship, 49(5), 470-477.
18. Editörler: Eker, E, Şimşek, F. (2007). Bilgilendirme Dosyası-2 "Erkeklerde Cinsel Sağlık ve Üreme Sağlığı Açısından Sağlıklı Yaşlanma". Cinsel Sağlık ve Üreme Sağlığı Alanında Ulusal ve Yerel Medya Yoluyla Savunuculuk Projesi. Cinsel Eğitim Tedavi ve Araştırma Derneği. [http://www.cetad.org.tr/CetadData/Books/26/pdf-dosyasini-indirmek-icin-tiklayiniz.pdf]. İstanbul.
19. Canlı, S, Karataş, N. (2018). "Yaşlılar İçin Bir Halk Sağlığı Hemşireliği Yaklaşımı: "Fiziksel Aktivite Danışmanlığı"". ASHD, 17 (2), 36-45.
20. Sinković, M, Towler, L. (2019). "Sexual Aging: A Systematic Review of Qualitative Research on the Sexuality and Sexual Health of Older Adults". QualitativeHealthResearch, 29 (9), 1239-1254.
21. Fışkın, G, Beji, NK. (2014). "Cinsel fonksiyonun değerlendirilmesi ve hemşirenin rolü". Androloji Bülteni, 16 (56), 73-76.
22. Karakoyunlu, FB, Öncel, S. (2009). "Cinsel fonksiyon bozukluklarında kadına ait hemşirelik bakım süreci örneği". Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi, 12 (3), 82-92.
23. Taylor, B, Davis, S. (2006). "Using the extended PLISSIT model to address sexual health care needs". Nurs Stand, 21 (11), 35-40.
24. Şen, S, Usta, E, Aygin, D, Sert, H. (2015). "Yaşlılık ve cinsellik konusunda sağlık profesyonellerinin yaklaşımları". Androloji Bülteni, 17 (60), 64-7.
25. Gümüş, AB, Şıpkın, S, Keskin, K. (2012). "Fonksiyonel sağlık örüntüleri modeli ile bir huzurevinde yaşayan yaşlıların bakım gereksinimlerinin belirlenmesi". Psikiyatri Hemşireliği Dergisi, 3, 13-21.
26. Sabancıoğulları, S, Ata, E, Kelleci, M, Doğan, S. (2011). "Bir psikiyatri kliniğinde hemşireler tarafından yapılan hasta bakım planlarının Fonksiyonel Sağlık Örüntüleri Modeli ve NANDA tanımlarına göre değerlendirilmesi". Psikiyatri Hemşireliği Dergisi, (2), 117-122.
27. Alam, RR, Fadila, DS. (2016). "Knowledge, attitude and practice of elders about sexuality". Journal of Nursing Education and Practice, 6 (12), 24-33.
28. Ege, E, Akın, B, Arslan, SY, Bilgili, N. (2010). "Sağlıklı kadınlarda cinsel fonksiyon bozukluğu sıklığı ve risk faktörleri". TÜBAV Bilim Dergisi, 3 (1), 137-144.
29. Muliira, JK, Muliira, RS. (2013). "Sexual Health for Older Women, Implications for nurses and other health care providers". Sultan Qaboos Univ Med J., 13 (4), 469-476.