



Coping With Problem of Low Sexual Activities among the Aged: The Moderator Variables

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ABSTRACT

This study investigated coping with problem of low sexual activities among the aged: the moderator variables. The design is descriptive survey while the area of study is Mbaise, Imo State, Nigeria. One research question was posed and one hypothesis was formulated to guide the study. Relevant data for analysis were collected from 446 literate aged respondents through the administration of copies of researchers' developed instrument called "Coping with Sexual Problems Questionnaire of the Aged" on them. The test re-test reliability co-efficient of this instrument within an interval of two weeks from the first administration was 0.88. The research question was answered with mean and standard deviation while the hypothesis was tested with 2 x 2 x 3 x 2 factorial analysis of variance. The results among other things show that the influences of educational level and marital status on the coping of the aged with low sexual activities are significant. These results were discussed and some recommendations stated. One of the recommendations is that besides evaluating how the aged cope with problem of low sexual activities, professional guidance counsellors and psychologists should also teach them how to cope with the problem of low sexual activities.

Key words: Coping, sexual, activities, moderator and variables.

BACKGROUND OF THE STUDY

Sexual activities among human beings include sexual intercourse, masturbation, romance, sexual fantasy, etc. Like any other biological and psychological factor, these sexual activities change and decline with

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advancing age (Belsky, 1990 & Agbakwuru, 2000). Research reports (Hyde, 1994; Schiavi, 1990; Riportell-Multer, 1989; and Agbakwuru, 2000) show that for the males, the most significant changes/declines are reduction in the quantity of testosterone produced by the endocrine system, problem of achieving and sustaining full erection, infrequent morning erection and lengthening of the refractory period, that is, the time after reaching orgasm before another erection or orgasm can occur. Others are diminished sex flush and muscle tension that signal sexual excitement, decrease in the force of the ejaculate and reduction in the size of the testes.

On the part of the women, the major changes/declines include gradual decline in the functioning of the ovaries, decline in the quantity of estrogen produced by the ductless gland, lessening of the intensity of breast engorgement and other signs of sexual arousal, shrinking of the walls of the vagina, shrinking of the vagina both in length and width – a situation which makes penile insertion painful and difficult, and decrease in the amount of vaginal lubrication.

These changes/declines are usually accompanied by problems such as reduced libido, difficulty of engaging in sexual activities, painful sexual intercourse especially among women, inability of the vagina to accommodate the size of a fully erect penis as it used to do during the pre-menopause years and irritation of the bladder and urethra during sexual intercourse due to the inability of the thin and inelastic walls of the vagina to absorb the pressure from the thrusting penis.

The aged adopt various strategies to cope with these changes/declines and the accompanying problems. Review of literature (Hurlock, 1968; Bischof, 1976; Papalia, Olds and Feldman, 2004; & NFO Research Inc., 1999) have shown that some of the strategies, which the aged adopt in coping with their problem of low sexual activities include:

- Channeling the decline sexual power into other useful activities.
- Manipulating the genital artificially in order to arouse sexual desire.
- Exchanging sexual partners/engaging in extra-marital love affairs.
- Consumption of much alcohol to reduce sexual inhibition and thus, induce sexual appetite.
- Seeking for medical and psychological help from therapists to restore sexual vigour.
- Disengagement from sexual intercourse.
- Irregular engagement in sexual intercourse.
- Diffusing the sexual feelings into other love objects.
- Recalling one's youthful sexual exploits through story telling, watching photographs, etc.
- Cracking of sex jokes or engaging in sex humour.
- Hugging and kissing each other.
- Re-marrying a younger person with the hope that such person will revive their waning sexual power.

- Showing greater interest in religious affairs and being more committed to one's faith.

While the above cited research reports on the sexual lives of the aged are commendable, it is however necessary to state that a comprehensive understanding of the sexual lives of the aged can only be achieved when one looks beyond the problems and coping strategies and investigates the moderator variables of coping with the low sexual activities among the aged.

Although Agbakwuru and Joshua (2003) have investigated the factors influencing the sexual problems of the aged, there is still dearth of research reports on the factors influencing coping with the problem of low sexual activities among the aged. In the present circumstance, the problem of the study posed as a research question is "what are the moderator variables of coping with the problem of low sexual activities among the aged?" The answer of this question will not only fill a vital gap in literature, it will also be of immense help in the quest for a better understanding of the sexual lives of the aged. In fact, the results will help professional guidance counsellors and psychologist to identify and adopt appropriate intervention strategies to help the aged cope effectively with the problem of low level of sexual activities.

Research Question

This study is guided by one research question thus "to what extent does sex, level of education, type of previous work and marital status of the aged influence their coping with low sexual activities".

Research Hypothesis

One null hypothesis formulated to guide this study is "sex, level of education, type of previous work and marital status of the aged do not significantly influence their coping with the problem of low level of sexual activities". This type of hypothesis is considered more appropriate in this study because the analysis provides the opportunity for one to know how each of the independent variables influences the sexual coping of the aged as well as the interactive effect of the variables.

RESEARCH METHODOLOGY

This study adopted a descriptive survey design. It was carried out in Mbaise, Imo State, Nigeria. The area of study lies between 5-6 degrees latitude and 7-7.30 degrees longitude (Agulanna, 2008). The sample of the study consists of 446 literate aged respondents. Aged respondents here refer to those from 60 years and above. The characteristics of the sample shows that 295 are males

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while 151 are females; 356 possess academic qualifications that are below the Nigeria Certificate in Education (N.C.E) or its equivalent while the remaining 90 have the Nigeria Certificate in Education (N.C.E) or its equivalent as their minimum academic qualifications. In terms of their types of previous work, 394 were former workers of public establishments while the remaining 11 were self-employed. Finally, 380 are still married while 66 others are single by circumstance of the death of their spouses or not married at all. They were composed through stratified random sampling technique from 15 autonomous communities in the area of study. Autonomous communities here refer to traditional units of local administration that are recognized by the state government. It is the fourth tier of government and each of them is headed by a traditional ruler.

Relevant data for answering the research question and testing the null hypothesis stated for the study were collected through the personal contact method of administration of copies of Coping with Sexual Problems Questionnaire of the Aged (CSPQA) on the subjects. The instrument was developing by the researchers based on information gathered through review of literature (Bischof, 1976, Hurlock, 1968 & Agbakwuru, 2003) as well as informal interviews with the aged. It consists of items which elicited information from the respondents regarding their personal data (sex, level of education, type of previous work and marital status) and the extent to which they have been coping with their problem of low sexual activities. The items used in determining the extent to which the aged are coping with their sexual problems were developed in the pattern of a modified 4-point Likert-type scale of strongly agree, agree, disagree and strongly disagree. To control response set, the items were framed in the alternate form.

The instrument was pilot-tested with 50 literate aged respondents who did not form part of the final study group. A test re-test method of reliability estimate within an interval of two weeks from the first administration yielded a reliability co-efficient value of 0.88. The research question was answered with mean and standard deviation, while the null hypothesis was tested with the 2 x 2 x 3 x 2 factorial analysis of variance. However, the researchers focused on the main and the 2-way interaction influences.

RESULTS

The results of the analysis are presented in the following tables and figures:

Table 1: Group means and standard deviations of respondents' scores on extent of coping with low sexual activities.

S/N	Factor	Group	N	Mean	S.D
1.	Sex	1 (Males)	295	10.78	2.39
		2(females)	151	10.66	2.46
2.	Level of education	1(Below N.C.E)	356	10.79	2.48
		2(N.C.E and above)	90	10.56	2.20
3.	Type of previous work	1(Public servants)	394	10.70	2.38
		2(Staff of private Establishments)	41	10.93	2.83
		3(Self-employed)	11	11.45	2.42
4.	Marital status	1(Married)	380	10.72	2.41
		2(Single)	66	10.86	2.53
Total sample			446	10.74	2.42

The results of research question one show that aged males cope better than aged females. Those with below N.C.E. qualifications also cope better than those with N.C.E. and above. In a related way the self-employed cope better than the former staff of private establishments while this particular group also copes better than former public servants. Finally, the singles cope better than those who are married.

The results of the influences of gender, level of education, type of previous work, and marital status of the aged in coping with low sexual activities show that the influence of educational level and marital status are significant. Those with level 1 (below N.C.E.) and its equivalent tend to cope with sexual problems more than those with level 2(N.C.E. and above). Those that are single (level 2) also tend to cope with sexual problems more than those that are married (level 1). However, these are cases of statistical significance as opposed to practical significance since the differences in the mean scores are very minimal. One interaction influence (previous work by marital status) is also significant. The display of the cell mean scores for the significant interaction is shown on Table 3 while the plot of those mean scores is shown on Figure 1.

Table 2: Result of factorial ANOVA of influences of gender, level of education, type of previous work, and marital status of the aged people in Mbaise on the coping with problem of low sexual activities.

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Source of variation	Sum of Squares	df	Mean square	F	Level of significance
Main influences	114.23	5	22.85	3.84*	.03
Gender	22.32	1	22.32	3.75	.06
Educational level	26.72	1	26.72	4.49*	.04
Previous work	30.92	2	15.46	2.60	.08
Marital status	34.27	1	34.27	5.76*	.02
2-way interactions	118.86	9	13.21	2.22*	.03
Gender by educational level	.39	1	.39	.07	.80
Gender by previous work	29.90	2	14.95	2.51	.08
Gender by marital status	15.84	1	15.84	2.66	.10
Educational level by previous Work	30.12	2	15.06	2.53	.08
Educational level by marital status	2.92	1	2.92	.49	.48
Previous work by marital status	39.69	2	19.85	3.33*	.04
3-way interactions	20.39	3	6.80	1.14	.36
4-way interactions	0.00	0	0.00		
Explained (Model)	69.05	17	4.05	.68	.82
Residual	2548.30	428	5.95		
Total	2617.35	445	5.88		

R² = .03; *Significant at .05 level.

Table 3: Display of the cell means and sizes for the significant interaction influence of factors on coping with low sexual activities.

Type of previous work	Marital status	
	1	2
1	10.66 (333)	10.95 (61)
2	11.05 (38)	9.33 (3)
3	11.65 (9)	10.50 (2)

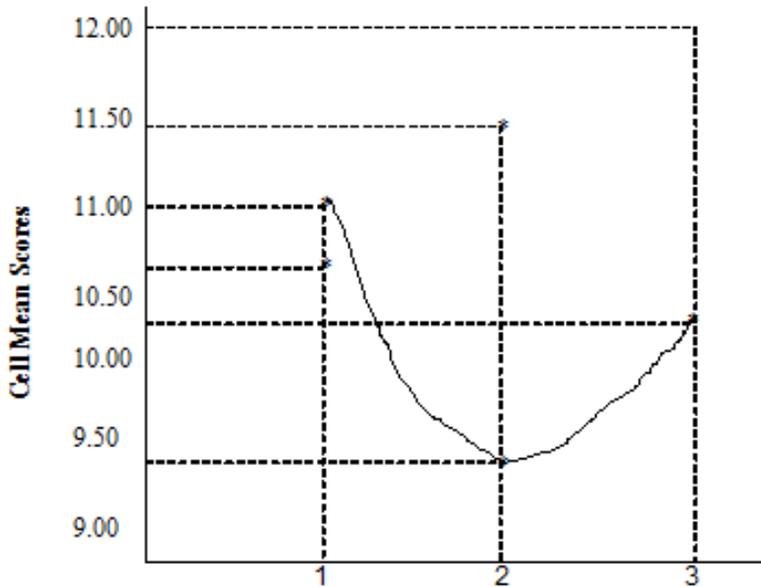


Fig. 1: Plot of cell means of significant type of previous work by marital status interaction on coping with low sexual activities.

The information of Table 3 and Figure 1 show that for the retired public servants, both the married and single tend to cope at the same level with sexual problems. For the retired private establishment employees and the retired self-employed, the married ones tend to cope more than the singles with reference to sexual problems.

DISCUSSION

The results of the analysis of the research question show that sex, level of education, type of previous work and marital status of the aged respondents has some slight influences on their coping with low sexual activities. The males cope slightly better than the females while those with below N.C.E. or its equivalent cope slightly better than those with N.C.E. or its equivalent and above. In a related way, the self-employed cope slightly better than the former staff of private establishments and former public servants in that order. Finally, the singles cope slightly better than the married. These results can be deduced from the slight differences in the mean scores of the various groups.

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The standard deviation scores of the groups also range from 2.20 – 2.83. The closeness in the standard deviation scores of the groups also show that their responses to the items dealing with coping with sexual problems are not widely spread or varied.

In a related way, the results of the hypothesis on the influence of the four main factors on the sexual problems coping of the aged show that sex and type of previous work have no significant influence on the coping of the aged. On the other hand, level of education and marital status has significant influence on coping with the sexual problem among the aged. The respondents who have lower educational qualifications (Below N.C.E.) or its equivalent cope better with sexual problems than those with higher educational qualifications (minimum of N.C.E) or its equivalent. Although this result seems shocking, its explanation may be attributed to the fact that the higher level of enlightenment of those with minimum of N.C.E. or its equivalent may have helped them to realize that most of the sexual coping listed for them in the questionnaire rarely work. Bischof (1976) has earlier recognized this fact hence he opined that artificial attempts to stimulate sexual appetite rarely work. Equally, the practice of exchanging partners to excite the libido is of no value. According to the same source, the success of therapy in correcting any sexual problem depends upon many interdependent factors. The higher score of those with below N.C.E. or its equivalent qualification on sexual coping listed on the questionnaire suggests that they have not recognized that all of them do not work effectively in ameliorating sexual inadequacies among the aged. Their low level of awareness makes them to believe everything they hear. This is not the case with the highly learned, who prove something before believing or applying it.

In a related way, the results also show that the aged respondents who are single cope better with sexual problems than those who are married. This result is surprising as it is in sharp contrast with common sense and research report (Bischof, 1976). However, it seems to indicate a situation whereby the subjects say one thing but do another thing. This attitude is a major problem confronting those who conduct studies on the sexual life of adults. Besides this explanation, the result may also be viewed in terms of the varied experiences of the subjects in life. This calls for further investigation which is outside the scope of this paper.

RECOMMENDATIONS

In the light of the discussions in this paper, the researchers hereby recommend that:

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1. Professional guidance counselors and psychologists should thoroughly evaluate how the aged cope with problem of low sexual activities and the factors influencing them.
2. After thorough evaluation, they should determine the most appropriate ways for coping and teach them to the aged.

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