

Research Article

Sexual Activities of Pre-Elderly and Elderly Women Who Visit the General and Elderly Examination Ward of the UPTD Mengwi II Public Health Center

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ABSTRACT

Background: The pre-elderly and elderly endure several changes in the function of their body systems as they get older. Changes can have an impact on parts of pre-elderly and elderly people's lives, including sexual activity. **Purposes:** The purpose of this study was to determine the description of the sexual activity of pre-elderly and elderly women who visit the General and Elderly Examination Ward of the UPTD Mengwi II Public Health Center. **Methods:** This study is a quantitative descriptive study involving 88 samples selected through the Purposive Sampling technique. Data were collected using the Female Sexual Function Index (FSFI) questionnaire. **Result:** The results of the study showed that the sexual activity of pre-elderly women had an average value of 56.33 which was considered not to have sexual dysfunction, while the sexual activity of elderly women had an average value of 53.79 which was considered to have sexual dysfunction (cut off point of 55). Age ($p=0.020$), education ($p=0.003$), disease history ($p=0.000$), menopause ($p=0.000$), and perception ($p=0.000$) are all associated with pre-elderly women's sexual engagement. Age ($p=0.020$), education ($p=0.001$), disease history ($p=0.000$), menopause ($p=0.000$), and perception ($p=0.000$) are all associated with senior women's sexual activity. **Conclusion:** Based on the research results, it was found that most of the low values in this study that led to sexual dysfunction were influenced by factors of medical history, the elderly who had mostly experienced menopause, and the understanding that engaging in sexual activity at an advanced age was considered taboo by the respondents.

Keywords: elderly, pre-elderly, sexual activity

INTRODUCTION

The elderly stage is considered the final phase in the human life cycle (1). This stage includes various age groups such as pre-elderly (45-59 years) and elderly (≥ 60 years) (2). Throughout these stages, both pre-elderly and elderly individuals begin to experience several physiological changes in their bodily systems, such as declines in hormones affecting the reproductive system of the elderly (3). Other changes that can occur due to hormonal shifts include decreases in sexual desire, sexual arousal,

vaginal lubrication, orgasm, and sexual satisfaction (4). These changes impact the quality of their sexual relationships (5).

Pre-elderly and elderly individuals experience a decline in sexual activity capability due to "natural selection," meaning that natural physiological changes reduce bodily functions, rendering those in the pre-elderly and elderly age unable to perform sexual activities (6). A spontaneous decline in sexual desire also occurs due to psychological changes such as feelings of being old, depression, and

feeling unattractive (7). Previous studies have revealed that as the aging process continues in the pre-elderly and elderly stages, there is also a decline in sexual capabilities (8). A study by Ansori et al., (2016) reported that a majority of the elderly have low-quality sexual relationships (68%) (5). Other researchers have noted that 54.8% of elderly individuals rarely engage in sexual activities and can experience dissatisfaction in their sexual relationships, which may lead to disagreements and disputes resulting in divorce (9).

The decline in physical condition, including the capability for sexual activity in the elderly, can lead to psychological burdens and cause low self-esteem (10). If this condition of LSE persists, it may lead to more serious problems such as depression (11). Depression can indirectly affect the quality of life of the elderly (12).

A preliminary study on 20 elderly individuals found that 14 out of 20 (70%) reported rarely engaging in sexual activities, while the remaining six (30%) stated they no longer engage in marital relations. Interviews identified several factors influencing this condition, including reduced sexual desire, physiological inability, and even a lack of need for sexual activity.

Based on the background provided, the researcher is interested in conducting further research on the sexual activity patterns of pre-elderly and elderly women visiting the general examination room and elderly at UPTD Mengwi II Public Health Center.

METHODS

This study employs a descriptive-analytical design. It was conducted at UPTD Mengwi II Public Health Center

during October-November 2023. The study population consisted of all pre-elderly and elderly individuals visiting UPTD Mengwi II Public Health Center, totaling 735 people. The sample included 88 pre-elderly and elderly individuals selected through the purposive sampling technique. The data source was primary data collected using the Female Sexual Function Index (FSFI) questionnaire from R. Rosen et al (2000). The FSFI questionnaire is a closed-ended questionnaire that uses a Likert scale with graded answer choices. The FSFI questionnaire consists of 19 questions and has 6 domains consisting of desire, sexual arousal, lubrication, orgasm, satisfaction, and pain or discomfort. This questionnaire uses a scoring system with a score range of 1-5. Respondents will get a score of 5 for the answer "always/very high", a score of 4 for the answer "often/high", a score of 3 for the answer "sometimes/moderate", a score of 2 for the answer "several times/low", a score of 1 for the answer "never or very low". The calculation of the indicator score is multiplied by the factor, where this "factor" is already a calculation provision from the original journal of the questionnaire. The total score is obtained from the sum of the 6 indicator scores. The higher the score, the more normal the sexual function. The data were analyzed univariate and bivariate using the Spearman's Rank correlation test. The research was approved as ethically compliant by the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Bina Usada Bali, as per the ethical clearance letter number 317/EA/KEPK-BUB-2023.

RESULTS

Table 1 illustrates that the majority of respondents are pre-elderly (45-59 years)

(55.7%), with most having completed higher education (65.9%). A significant proportion of respondents have a history of hypertension (44.3%), and the majority have already undergone menopause (55.7%). Furthermore, a substantial portion of the respondents (55.7%) do not consider sexual activity to be taboo.

Table 1. Characteristics of Pre-Elderly and Elderly Respondents Visiting the General and Elderly Examination Room at UPTD Mengwi II Public Health Center (N=88)

Respondents Characteristics	n	%
Age		
Pre-elderly (45-59 years)	49	55,7
Elderly (≥ 60 years)	39	44,3
Education Level		
No formal education	0	0
Completed elementary school	0	0
Completed Middle School	0	0
Completed High School	30	34,1
Completed Higher School	58	65,9
Health History		
No Known illness	29	33,0
High blood pressure/hypertension	39	44,3
Heart Disorders	6	6,8
Other	14	15,9
Menopausal Status		
Yes (Post-Menopausal)	49	55,7
No	39	44,3
Perception		
Yes (Consider it Taboo)	39	44,3
No (Does not consider it Taboo)	49	55,7

Table 2 presents the average scores of sexual activity for pre-elderly and elderly women. It shows that pre-elderly women have an average score of 56.33, while elderly women have an average score of 53.79 (in last 4 weeks).

Table 2. Sexual Activity of Pre-Elderly and Elderly Women Visiting the General and Elderly Examination Room at UPTD Mengwi II Public Health Center

Sexual Activity	n	Min-Max	Mean±SD
Pre-elderly	49	38-62	56.33±4,819
Elderly	39	38-60	53.79±5,172

Table 3 presents the p-values indicating the significant relationship between various factors and the sexual activity of pre-elderly women. The factors include age (p=0,020), education level (p=0,003), health history (p=0,000), menopausal status (p=0,000), and perception of sexual activity (p=0,000).

Table 3. Sexual Activity of Pre-Elderly Women Based on Age, Education, Health History, Menopausal Status, and Perception

Characteristics	Pre-elderly Sexual Activity
Age	0,020
Education Level	0,003
Health History	0,000
Menopausal Status	0,000
Perception	0,000

Table 4. Sexual Activity of Elderly Women Based on Age, Education, Health History, Menopausal Status, and Perception

Characteristics	Elderly Sexual Activity
Age	0,020
Education Level	0,001
Health History	0,000
Menopausal Status	0,000
Perception of Sexual Activities	0,000

Table 4 demonstrates the association between various factors and the sexual activity of elderly women. Factors include age characteristics (p=0,020), education level (p=0,001), health history (p=0,000),

menopausal status ($p=0,000$), and perception of sexual activity ($p=0,000$).

DISCUSSION

The sexual activity of pre-elderly women averages 56.33, while among the elderly, it is 53.79, indicating the presence of sexual dysfunction influenced by several factors such as age, education, health history, and perception.

The aging process is typically noticeable around the age of 40 when both women and men begin to exhibit declining sexual behaviors in terms of nature and physical capability (sexual activity and frequency of sexual intercourse decrease) (13). Changes in sexual activity during old age are experienced by individuals since pre-elderly age, with various causes originating from both the elderly individuals themselves and their partners, such as health or the absence of a partner (14). Sexual activity also decreases by around 20% at the age of 60 compared to younger ages (15). Age and aging lead to a decrease in hormone levels affecting changes in sexual organs and sexual function as individuals enter old age, such as reduced mucus secretion, weak ejaculation, decreased vaginal lubrication, vaginal mucosa thinning, and pain during sexual intercourse, which can affect sexual desire and experiences (16).

Education is a factor related to knowledge, whereby individuals with higher education can develop coping mechanisms and a good understanding of essential information for women, enabling them to make decisions regarding their health issues, easily accept new things/change, and adapt to issues including those related to sexual activity (17). Another factor influencing sexual activity is menopause because sexual activity in

menopausal women can cause discomfort due to vaginal wall thinning caused by decreased estrogen hormone, subsequently resulting in reduced blood flow to the vagina, thinning of vaginal epithelial cells, increased vaginal pH leading to dryness, burning sensation, irritation, and pain during sexual intercourse (9). The menopausal period leads to bodily changes due to estrogen and progesterone hormone deficiencies, such as the emergence of vasomotor, somatic, psychasthenic, neurological complaints, disrupting sexual activity and leading to rejection of sexual activity (18).

Health status and conditions are also associated with the continuity of sexual life, with several diseases accompanying old age that can endanger the elderly sexual function, thus any health problems or disorders (diseases) will affect the sexual needs and confidence of the elderly in their sexual life processes (19). Psychological changes that can affect sexual activity include taboo. Sexual problems that are still considered taboo for discussion and discussion because of feeling uncomfortable and always avoided for discussion make individuals less open to their sexual partners, thereby affecting sexual activity (20).

This research is in line with and supported by previous studies stating that the majority of pre-elderly female respondents in Tipar Subdistrict, Puskesmas Tipar Kota Sukabumi, experienced a decrease in sexual activity (72.3%) (4). The results of this research are consistent with previous studies that also found that the majority of elderly female respondents (83.7%) experienced sexual dysfunction (21). This research is also supported and aligned with previous studies finding that education related to pre-elderly

knowledge because low education leads to a lack of information about menopause, making women less able to adapt to some libido disturbances due to decreased hormone levels (estrogen and progesterone) causing vaginal atrophy, dryness, less elasticity, and genitalia shrinkage (22). This research is also supported and aligned with previous studies finding that age, education, menopause are related to sexual activity, the elderly with better health status and easily talking to their partners about sexual life are also more likely to report satisfaction during sexual activity (23).

CONCLUSION

The sexual activity of pre-elderly and elderly individuals shows a decline, which can occur due to various factors such as age, education, health history, menopause, and perception.

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CONFLICT OF INTEREST

There are no conflicts of interest, and there is no affiliation or connection with any entity or organization that could raise questions of bias in the discussion and conclusions of the manuscript.

REFERENCES

1. Sibuea RV. Hubungan Dukungan Spiritual Terhadap Kualitas Hidup Lansia. *Nutr J.* 2020;4(2):36.
2. Kartolo laurensia R masken, Jeanny R. Pengaruh Senam Otak Terhadap Fungsi Kognitif Usia Pralansia di Wilayah Kerja Puskesmas

- Parongpong. *CHMK Nurs Sci J.* 2020;4(April):220-7.
3. Titania NA. Hubungan Antara Tingkat Aktivitas Fisik Lansia Dengan Resiko Terjadinya Hipertensi Di Dusun Kajang Desa Mojorejo Kec Junrejo Kota Batu. Malang: Universitas Muhammadiyah Malang; 2023.
4. Octascriptiriani N, Putri K. Hubungan Perubahan Fungsi Seksualitas Dengan Frekuensi Hubungan Seksual Pada Lansia Wanita Usia 45- 59 Tahun Di Kelurahan Tipar Wilayah Kerja Puskesmas. *J Heal Soc.* 2022;11(1):14-21.
5. Ansori MR, Pratiwi YS, Bagus CT. Pengaruh Senam Ergonomik terhadap Kualitas Hubungan Seksual pada Lansia di Posyandu Jambu 30 Desa Pancakarya Kecamatan Ajung Kabupaten Jember. *Jumantik.* 2016;29.
6. Setiyowati W, Elliana D. Faktor-Faktor Minat Berhubungan Seksual Wanita Pasangan Lansia Usia 60-70 Tahun di Kota Semarang. *Indones J Midwifery.* 2019;2:23-9.
7. Istighosah N, Arashima A. Perilaku Seksual pada Usia Menopause di Posyandu Lansia Dahlia RW 9 Kelurahan Dandangan (Kecamatan Kota Kediri). *J Kebidanan Dharma Husada.* 2017;6(2):78-86.
8. Fatmawati V, Faidlullah HZ, Imron MA. Analisis Perilaku “Sexual Intercourse” Pada Lansia (Studi Kasus Pada Lansia Yang Mengalami Penurunan Gerak Dan Fungsi). *J Psikohumanika.* 2017;9(2):1-20.
9. Mulyawati W. Hubungan Perubahan Fungsi Seksualitas Dengan Frekuensi Seksualitas Pada Lanjut

- Usia Di Pos Binaan Terpadu. *J Keperawatan 'Aisyiyah*. 2021;8(2):101–12.
10. Fachrunnisa F, Daryanto D, Putri VS. Hubungan Gangguan Fungsi Fisik dan Dukungan Keluarga dengan Harga Diri Lansia di Puskesmas Putri Ayu Kota Jambi Tahun 2019. *J Akad Baiturrahim Jambi*. 2019;8(2):73–81.
 11. Sutejo. *Keperawatan Jiwa*. Yogyakarta: Pustaka Baru Press; 2017.
 12. Utami AW, Gusyaliza R, Ashal T. Hubungan Kemungkinan Depresi dengan Kualitas Hidup pada Lanjut Usia di Kelurahan Surau Gadang Wilayah Kerja Puskesmas Nanggalo Padang. *J Kesehat Andalas*. 2018;7(3):417.
 13. Amiruddin. Studi Perilaku Seksual Pria Pralansia (male climacterium) Pada Etnik Tolaki Perkotaan dan Pedesaan. *J Ilm Obs*. 2023;15(3):208–16.
 14. Windayati AM, Prastowo B, Ainun S. Aktivitas Seksual Lansia Pada Musculoskeletal Disorders (MSDs): Studi Literatur. *Muhammadiyah J Geriatr*. 2023;4(1):44–51.
 15. Pamungkas RA. *Modul Keperawatan Gerontik*. Jakarta: Universitas Esa Unggul; 2018.
 16. Zhang F, Yang Z, Li X, Wang A. Factors influencing the quality of sexual life in the older adults: A scoping review. *Int J Nurs Sci*. 2023 Apr;10(2):167–73.
 17. Fadhilla ES arrel, Amirudin I, Agustriyani F. Factors associated with menopause complaints in the Prolanis group at Aisyah Medical Center (AMC) Lampung, Indonesia. *J Curr Heal Sci*. 2023;3(1):25–30.
 18. Alazizah SZM. Hubungan Perubahan Fungsi Seksual terhadap Frekuensi Hubungan Seksual pada Wanita Menopause. Universitas Diponegoro; 2017.
 19. Ramesh A, Issac TG, Mukku SSR, Sivakumar PT. Companionship and Sexual Issues in the Aging Population. *Indian J Psychol Med*. 2021 Sep;43(5_suppl):S71–7.
 20. Rasid H Al, Masfuri, Kariasa IM. Studi Fenomenologi: Pengalaman Perubahan Fungsi Seksual Pada Klien Dengan Cedera Medula Spinalis. *J Ilm Keperawatan Orthop*. 2019;3(1):16–27.
 21. Wardhani A. Gambaran fungsi seksual pada lanjut usia di Kota Makassar. Makassar: Universitas Hasanuddin; 2022.
 22. Maharani D, Jafar N, Multazam M. Hubungan Pengetahuan dan Kolesterol Terhadap Disfungsi Seksual Wanita Premenopause di Wilayah Kerja Puskesmas Kassi-Kassi Kota Makassar. *J Kesehat Delima Pelamonia*. 2018;2(2):141–8.
 23. Wang B, Peng X, Liang B, Fu L, Lu Z, Li X, et al. Sexual activity, sexual satisfaction and their correlates among older adults in China: findings from the sexual well-being (SWELL) study. *Lancet Reg Heal - West Pacific*. 2023 Oct;39:100825.