

## ***ABOUT THIS MODULE***

Included here you will find a sampling of some of the pages out of this educational module which is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of these modules is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments. Full copies of the modules in pdf format are available. Please contact us for the fee schedule for these modules at [gerontology@ksu.edu](mailto:gerontology@ksu.edu).

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Center on Aging  
Kansas State University  
103 Leasure Hall  
Manhattan, KS 66506-3501  
785-532-5945  
[gerontology@ksu.edu](mailto:gerontology@ksu.edu)

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# Pioneering Change

## Sexuality in Nursing Homes Education Module



to

**P**romote **E**xcellent **A**lternatives in **K**ansas  
**Nursing Homes**



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## **Course Objectives:**

1. Understand the meaning and functions of sexuality for older adults.
2. Identify barriers for residents' sexual needs.
3. Identify strategies to help residents appropriately express their sexual needs.
4. Identify inappropriate sexual expressions and strategies to respond to them.
5. Identify fundamental elements for effective staff training on sexuality.





## Sexuality in Nursing Homes

### Introduction

*“Young love is about wanting to be happy. Old love is about wanting someone else to be happy.”*

--Mary Pipher, psychologist

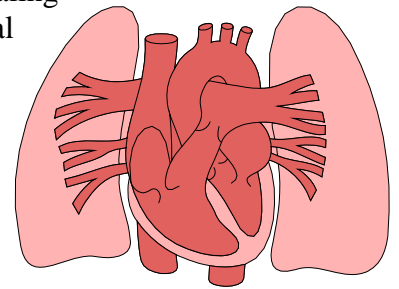


Some of the most difficult situations for nursing home staff involve the sexual activity and sexual desires of residents. This difficulty is compounded when nursing home administration, staff and families do not have candid discussions about these issues. Most situations related to residents' sexuality are handled individually in hushed voices without making it a learning opportunity for staff. Sexuality of older people is rarely addressed in staff training. The subject of different sexual orientation is rarely considered for staff education or discussion. This module provides some talking points to begin these discussions and increase staff awareness and sensitivity related to residents' sexual needs.

Most of us have grown up not wanting to believe that our grandparents ever had sex, let alone that they might be having sex now. Little research has been conducted about the frequency of these activities in the older generation (Low, Lui, Lee, Thompson & Chau, 2005). Despite the aging of the population on an unprecedented scale, the sexuality of older Americans is not well researched (Lindau, Schumm, Laumann, Levison, O'Muircheartaigh & Waite, 2007). The lack of interest related to older individuals' sexuality is based on the assumption that older people are asexual.

However, when older adults were surveyed, they revealed that sex was not an activity exclusively reserved for young people. More than a quarter of those between the ages of 65 and 85 report having an active sexual life (Low et al., 2005). In a study involving 250 nursing home residents, 8% of residents reported sexual activity in the past month, and 17% expressed a desire for sexual activity. Ninety percent of the residents had sexual thoughts and fantasies. The residents who were interviewed were cognitively intact, even though they were physically dependent (Lantz, 2004). Interest in sex and level of sexuality in later life corresponds to when people were young (Bretschneider & McCoy, as cited by Miles & Parker, 1999). The most often cited reason by older adults for having no sexual activity was lack of a partner (Lantz, 2004).

Sexuality generates many positive benefits for older adults. Sex restores and enhances energy and inspires healing (Karlen, 1992). “Sexual activity... is good muscle exercise, it stimulates...nerves, and, like any good exercise, it also helps maintain fitness. It raises heart and breathing rates. The genitals are kept in shape and all body systems function better.” (Rankin, 1989)



In the last decade, there has been a strong movement to increase nursing home residents' quality of life. Even though sexual health has been known to be an important part of quality of life for many people, it has



not been easy for staff to encourage older people to express themselves through sexual activities or even accept their needs in this area (Low et. al., 2005). Consequently, sexuality is another loss for elders, expanding the list of other losses such as one's independence, a spouse, an individual lifestyle, a home environment, familiarity of one's surroundings, etc. for the majority of older adults living in nursing homes. Loss of physical and emotional intimacy is a profound and often ignored source of suffering for elderly individuals.



As stated earlier, sexuality of older adults is a neglected topic, especially when it is related to living in nursing homes. When the subject is discussed, it causes embarrassment for many staff and residents. Surveys of nursing home staff showed that 80% of staff members believe that residents have sexual needs. However, less than 40% think that older adults should discuss sexual topics or work on being physically attractive. It is important for nursing home staff "to acknowledge that adults, including the elderly, maintain an interest and desire in sexuality" (Lantz, 2004, p.34).

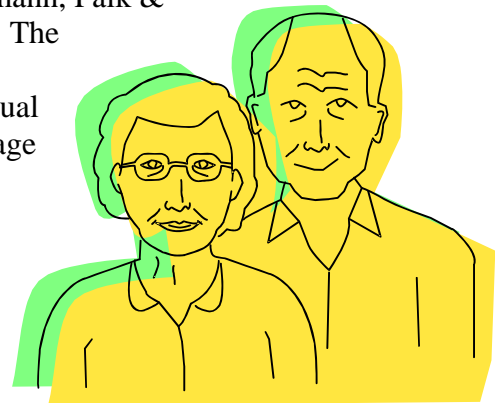
Education programs for staff have proven to be effective in increasing their awareness of normal sexuality throughout the human lifespan. A program may promote elders' independence as well as their need for privacy and respect of confidentiality. Training encourages staff to discuss their opinion of sexual activities for older adults. It also directs staff attention to the admission process, as it addresses a new residents' sexual needs, increases their awareness

about residents' sexual needs and enhances staff sensitivity to different sexual orientations (Lantz, 2004). Sexual needs of older adults receiving long-term care services "must be addressed with the same priority as nutrition, hydration, and other well-accepted needs." (Wallace, 2003, p.53)

## Diverse Ways of Expressing Sexuality

*"I truly feel that there are as many ways of loving as there are people in the world and as there are days in the life of those people."*  
-Mary Calderone, physician and pioneer in the field of human sexuality (1904-1998)

Sexuality is a basic human need and it does not go away with aging. However, being older may contribute to difficulties in this area (Hajjar & Kamel, 2003). With age, the frequency of sex decreases or sexual intercourse may be replaced with different intimate expressions. The physiological slowing down process is a normal component of aging. In addition to this, some older people are affected by illnesses such as arthritis that further impact intimacy (Rankin, 1989). However, sexual problems and dysfunction are not part of the aging process (Laumann, Paik & Rosen, 1999). The likelihood of continued sexual activity with age is strongly correlated to self-reported health (Lindau et al., 2007). Most people





living in nursing homes are frail older adults, and consequently sexuality is not on the forefront of the long-term care industry's educational agenda. Nevertheless, nursing home residents' sexual needs should not be neglected just because they pertain to a minority.

For most people sexual activity is associated with sexual intercourse. However, human intimate and emotional needs can be expressed in many ways. They can be met by a simple human touch on the hand, face or shoulder, or by a hug. Sexuality of older adults may be manifested through affection, romance, enjoyment of each other's company, taking care of one's physical appearance, having the need to feel attractive and still wanting to be seen as a woman or as a man. Studies report that the most frequent sexual expression among nursing home residents is manifested through maintenance of their physical attractiveness (Hajjar & Kamel, 2003). Other studies identify handholding, kissing, petting and masturbation as commonly observed sexual behavior among residents (Roach, 2003).

Each person's sexual experience is unique. Sexual intimacy is connected to a person's life experience and self-esteem. It reflects how a person forms relationships with others and is affected by the impact of physiological changes of aging on a person's sexual functioning (Kamel, 2001).

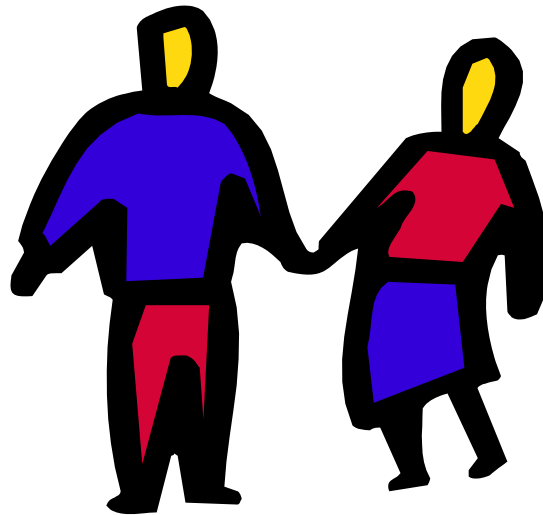
One human need is to be connected to other people. The need for connection does not

necessarily need to be expressed in a sexual manner. Caring for each other and spending time with another person builds an emotional closeness and social intimacy between people. Researchers have concluded that the memory of love is present even if one's memory is compromised (Loue, 2005). "Love is instrumental to life. Intimacy is the core of love" (Calderone, 1971, as cited by Loue, 2005). Maria Calderone, 1971, identified five aspects of intimacy:

- Choice
- Mutuality
- Reciprocity
- Trust
- Delight

All five of these elements form a circle resulting in all the elements being connected with each other. None of these elements can occur without time and privacy (Loue, 2005).

Miles and Parker, 1999, suggest that the concepts of loneliness and intimacy help us understand the human need for sexuality. Thus, these two elements may provide answers for studying the importance of sexuality. Loneliness is feeling that one is deprived of intimate relationships. "Intimacy is a sense of being in a deeply rewarding, emotionally intense relationship in which one has a confidante for safe self-disclosure." (Miles and Parker, 1999, p.37) Intimacy may be expressed in many different ways. Residents identified social intimacy as the most important element of intimacy. Sexual or physical intimacy was rated the lowest (Lichtenberg, 1997).





Sexual intimacy can be expressed in terms of genital and non-genital caressing. The latter one reflects the need for sharing the warmth of another body. Many researchers highlight the importance of touch in order to maintain health, well-being and a sense of self-esteem. For older adults touch may be of an even greater value, perhaps meeting their psychic needs and not necessarily sexual desires. Psychic needs could be the result of loss of a spouse or feeling deprived. For cognitively impaired people touch has the additional dimension of facilitating communication with other people. It may give a person a sense of security, having control over the environment, or belonging to others (Loue, 2005)

Researchers from Scotland (Hubbard, Tester & Downs, 2003) observed residents' social relationships in nursing home environments. They noticed that one of the many interactions that occurred between males and females were flirtations. These flirtations were interwoven with humor which served as a means to display affection. Another form of expressing fondness was passing compliments. Some of the affection between males and females was romantic and sexual.

The Scottish researchers concluded that in nursing homes that were supportive of residents' sexuality, non-sexual interactions like flirtation were more common, in contrast to the homes where residents felt that staff did not approve of intimacy among elders (Hubbard, Tester & Downs, 2003). With appropriate training and understanding of the functions of sexuality for older adults, staff can be instrumental in creating a

suitable environment for residents who want to express their sexual needs or feel less lonely through forming a new relationship.

For some older adults, development of a same-sex relationship may take place in a nursing home for the first time in their lives. Two widowed women may find comfort hugging each other, resting in the same bed, and holding hands. The need for physical touch may be strengthened by grieving together for their deceased husbands, as well as relieving loneliness. Their union may or may not be seen as a lesbian relationship regardless of whether it is expressed through sexual activities (Sisk, 2007). No matter how this relationship is viewed by staff or the nature of the union, as long as they are two consenting adults who find comfort with each other, staff should not judge them just as they should not judge any other relationship between consenting adults.

