

DEVELOPMENT AND VALIDATION OF THE QUESTIONNAIRE "PECULIARITIES OF SEXUALITY OF PEOPLE 60+"*

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Abstract

The article describes the procedure for the development and validation of the author's questionnaire "Features of the sexuality in adults 60+". It presents the results of methodological testing of a cohort of Russian-speaking Israeli adults 60 to 91 years old. To our knowledge, the proposed survey is the first psychometric tool that allows diagnosing the characteristics of the sexuality of older people such as "stereotypes about sexuality", "sexual behavior", "sexual health", "attitude towards the body", and also allows measuring the overall level of sexuality. Unlike previous clinical and sexology scales, this tool is not aimed at identifying problems in the sexual space of the elderly, but at identifying the specific features and characteristics of the sexuality of older adults. Studies that used this questionnaire indicate sufficient construct validity and high reliability for internal consistency (Cronbach's Alpha of 0.943). The content validity of the survey was confirmed using the expert review methodology, with Spearman's correlation coefficient between the first and second examinations of 0.975, which indicates the stability of the survey's outcomes. The collected data suggested that the proposed questionnaire is a reliable diagnostic tool for both research purposes and for practical use by clinicians working with older adults (e.g., psychologists, sexologists, social workers).

Key words: Sexuality; Sexual health; Sexual behavior; Sexual activity; Elderly.

1. Introduction

Even though sexuality is an integral part of the personality and is a central aspect of a person's being across lifespan, it is one of the phenomena that has not been sufficiently studied, especially in elderly. Sexuality-related measures used in

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research and psychotherapeutic practice are based mostly on the description of sexual disorders and impairments, and they don't provide the information on specific characteristics of sexuality of the elderly. At the same time, the available tools for sexuality evaluation in adolescents and adults younger than 60 often cannot be applied to older people due to the incorrectness and irrelevance of questions for this age category.

Both researchers and practitioners working with elderly note that sexuality issues are often of great concern to older adults (Zelikova, 2018; Slavinski, 2021; Slavinski & Yashchenko 2020a; Slavinski & Yashchenko, 2020b). Furthermore, studies demonstrate that despite a decrease in libido with age, older people remain sexually active until very old age (Chernyshkova, 2011). These data indicate that it is necessary to reconsider the existing paradigm of sexuality in elderly as an exclusively deficient and fading function. It should be noted that sexuality at this age acquires a new meaning and a completely different character, and one of the unmet needs of psychology and modern sexology is to study and investigate the nature of sexuality in older adults. The relevance of this problem is particularly actual now as the world's population is rapidly aging, and the percentage of older people is increasing. Special efforts are needed to ensure the quality of life of the elderly, who can still be socially active and useful to society.

2. The theoretical framework

The World Health Organization Aging Criteria-2020 (WHO, 2002) defines sexuality as "an organic part of the personality of any human being. Its full development depends on the satisfaction of basic human needs, such as the desire for contact, intimacy, emotional expression, pleasure, tenderness, and love." Sexuality is of great importance in interpersonal relationships. Sexuality can be viewed as a specific, psychosomatic body language, as a form of initially non-verbalized communication. From a psychosomatic point of view sexuality expresses passion, affection, trust, security and satisfaction, which are all important at any age and especially in the elderly. According to the WHO (WHO, 2015), "sexual health is an integral aspect of health and psychological well-being throughout the entire life." Emphasis is made on "the need to seek recognition of sexual pleasure as a component of psychological well-being." Sexual health is a state of physical, emotional, mental and social well-being associated with sexuality; it is not merely the absence of a disease, physical disorder, or infirmity. Sexual interest and activity have important meaning and play an essential role in human life, including at a later age.

Despite numerous claims that the sexual and erotic determinants of elderly life affect their psychological state to a large extent by determining their active or passive psychological attitude towards themselves and their surroundings the issues related to the sexual aspect of the life of older adults remains understudied (Krishtal, 2002).

Research of sexual health in elderly has not been a priority so far. This can be explained by the fact that aging is often viewed as a process more associated with problems, shortcomings and unacceptance of pleasures and changes, i.e., as an isolated period of life, rather than as a full-fledged and meaningful part of the life

cycle. Therefore, it is important to study sexuality and sexual activity across lifespan. These concepts may include the following elements (Slavinski & Yashchenko, 2020a):

- ability and willingness to accept age-related changes in sexual behavior (such as finding new alternatives to achieve sexual satisfaction);
- realization of various possibilities of sexual self-expression;
- positive self-esteem;
- awareness of personal sexual attraction;
- positive attitude towards own body.

It is important to emphasize that a person who

- a) accept his/her sexuality as an integral and important part of life,
- b) expresses the needs and desires, and
- c) is able to establish satisfying sexual relationships, can focus on maintaining and strengthening sexual well-being, which, in turn, is an important component for achieving overall psychological well-being (Zelikova, 2018; Ben Zion, 2003).

In the process of working on methodology for studying sexuality and sexual well-being in older people as a potential factor influencing their psychological well-being, we searched published literature on this topic. We reviewed a number of questionnaires on sexuality including Eysenck's *Questionnaire of attitudes towards sex* (Eysenck & Eysenck, 1975; Eysenck & Wilson, 2000); Domoratsky's *Female Sexual Formula* (Domoratski, 2003) and *Male Sexual Formula* (Domoratsky, 2009); Buryatsky & Krishtal' *Questionnaire for studying the level of socio-pedagogical and sexual-behavioral adaptation of a married couple* (Burtyansky & Kkrishtal, 1982; Krishtal & Aghisheva, 1985; Krishtal, 1998); Rosen's *International Index of Erectile Dysfunction* (Rosen et al., 1997) and *Female Sexual Function Index* (Wiegel, Meston & Rosen 2005); Lazarus's *Marriage Satisfaction Questionnaire* (Lazarus, 2001); Berg-Cross's *Sexual Satisfaction Questionnaire* (Berg-Cross, 2004), O'Leary's *Brief Sexual Function Questionnaire for Man* (O'Leary et al., 1995; Mykletun, Dahl, O'Leary & Fosså, 2006). These tools have been used to assess sexual interest, sexual activity, satisfaction, and sexual physiological dysfunction, for studying the sexuality of adolescents and younger adults. Majority of these surveys focus more on the physiological rather than on the psychological aspect of sexuality. Most of the existing questionnaires are aimed at determining sexual dysfunction (physiological or psychological) for subsequent appropriate treatment.

In the study of the sexuality in elderly, it seems not always ethical and tactful to raise questions related to the physiological side, due to general extinction of the physiological functions (e.g., male and female menopause which is a natural process in every person). Therefore, an ethical dilemma arises as to how to study the sexual health in older people without offending their dignity. For example, if a person has some type of physical defect or disability, then we cannot investigate the related functioning, but only how the person feels about it and how he/she copes with it. However, clinical practice cases show that many older people retain sexual

interest and sexual function, with certain age-related features (Slavinski, 2021; Zelikova, 2018).

We also found that the sexuality of the elderly is not sufficiently studied both in theoretical scientific research and in clinical research, possibly because of the lack of appropriate methodological tools. Therefore, we aimed to develop a questionnaire that would allow to explore the sexual features of older adults and at the same time would follow ethical standards and consideration related to old age. Accordingly, we have built a valid author's questionnaire developed by the expert review method.

3. Methods

3.1. Stages of constructing a questionnaire

Stage 1. *Selection of questions*: Based on the studied sexuality questionnaires and through personal interviews with respondents on the topic of the study, we compiled a list of questions that may be relevant to the study.

Stage 2. *Expert review*: We contacted ten leading experts from related fields of science - psychology, sexology, psychotherapy – and requested their evaluation of the proposed survey items. Eight specialists have agreed to participate in our tool content evaluation providing with subject matter expertise:

- Prof. Itzach Ben-Zion, Chief Psychiatrist of the Southern District of Israel; Certified Sexologist and Sex Therapist; Director of the Sex Health Clinic of Soroka Hospital in Beer-Sheva, Israel.

- Prof. Andrea Ifergane, Professor of Psychology and Sexology at Ben Gurion University, Israel; Certified Sexologist and Sex Therapist; Chair of the Attestation Commission of Israeli Association of Sexologists and Sex-therapists.

- Dr. Michal Nir, Certified Sexologist and Sex Therapist; Coordinator of the Sexual Therapy program at Bar-Ilan University, Israel.

- Prof. Aglaia Bolboceanu, Habilitated in Psychology, Research-Profesor, Institute of Educational Sciences, Moldova.

- Prof. Carolina Platon, Habilitated in Pedagogical Sciences, Doctor in Psychology, Professor, Moldova State University, Moldova.

- Prof. Valentina Bodrug-Lungu, Habilitated in Pedagogical Sciences; Professor, Moldova State University, Moldova.

- Dr. Svetlana Tolstaia, Doctor in Psychology, Associate Professor, Moldova State University, Moldova.

- Dr. Natalia Buraga, Doctor in Psychology; University Lecturer, Moldova State University, Moldova.

Stage 3. *Finalization of the questionnaire*: after an independent expert evaluation of the questions, a final list included 30 statements, which describe four dimensions of sexuality in older adults: "Stereotypes about sexuality in old age", "Sexual behavior", "Sexual health", "Attitude to the own body". Additional scale characterized sexually active responders.

Stage 4. *Testing*: the forms were distributed to the respondents according to the principle of sample accessibility; some respondents (about 40%) returned blank

forms or did not return them at all, which was most likely due to perceived taboo of the topic of sexuality or perceived rejection and shame towards this topic.

Stage 5 *Statistical analysis*: the received and processed questionnaires were statistically analyzed for the validity and reliability of the final content.

3.2. Description of the questionnaire

The questionnaire "Features of sexuality in adults 60+" consists of 30 statements with which a person can agree or disagree using five Likert-type (McLead, 2008; Jamieson, 2017; Cherry, 2018) alternative answers: absolutely disagree - 1 point, disagree - 2 points, somewhat agree - 3 points, agree - 4 points and absolutely agree - 5 points. The following instructions were attached to the questionnaire: "Statements below describe how you feel about yourself and your life. Please remember that there are no right or wrong answers here. Please correlate your answers with a scale of 1 to 5, where 1 is "strongly disagree" and 5 is "strongly agree"

The survey has four subscales that include questions from 1 to 24; each of the subscales consists of 6 items. Questions 25 to 30 focus on those older people who remain sexually active, e.g., they have a regular partner(s) / occasional partners / masturbation, etc. Thus, the last 6 questions form an additional subscale - "active sex life".

Description of the questionnaire subscales:

1. *Stereotypes about sexuality* - a high score on this subscale indicates that sexual relationships in elderly are acceptable for the respondent and he/she does not see obstacles from the society and / or public opinion to express his/her own sexuality. A low score on this subscale, on the contrary, indicates a significant dependence of the respondent's opinion about sexuality on stereotypes and public discourse, which, in turn, may inhibit the manifestation of the respondent's sexuality.

2. *Sexual behavior* - a high score on this subscale indicates that the respondent accepts the manifestation of sexual activity in the form of interaction with potential sexual partner; that a person evaluates his/her sexual life as successful, and that a person is open to using various sexual techniques if necessary. A low score on this subscale indicates the respondent's dissatisfaction with his/her sexual life or a lack of sexual life, as well as the difficulty of establishing contact with potential sexual partner.

3. *Sexual health* - a high score on this subscale indicates that the respondent i) accepts sexual health as an integral part of overall health; ii) doesn't consider health problems as a barrier for sexual life in old age; iii) and has a desire to have sexual contact, regardless of physiological capabilities. A low score on this subscale indicates a lack of sexual desire.

4. *Attitude towards the body* - a high score on this subscale indicates that the respondent accepts his/her own body, age-related changes in it and treats the body as an instrument for the manifestation of his/her sexuality. A low score indicates a lack of acceptance of age-related changes and dissatisfaction with the body image, which prevents the manifestation of sexuality.

5. *Active sexual life* - a high score on this subscale indicates that the respondent i) positively assesses current sexual relationship; ii) is satisfied with their actual sex life; and iii) believes that sexual relationships have a positive effect on psychological well-being.

The subscale score is calculated by summing the scores for all items in the subscale. The total integral score is formed from the sum of the scores calculated for all items of the questionnaire (for sexually inactive respondents – total of 24 questions, and total of 30 questions for those who indicated their sexual activity). For convenient interpretation, due to the possible difference in the number of questions depending on the sexual activity of the respondents, the total score is calculated by dividing the total score by the number of questions. We propose three levels of sexuality corresponding to each subscale score and the overall score as shown in Table 1.

Table 1. Correspondence of subscale scores to the levels of sexuality

| Scale | Low | Average | High |
|-----------------------------|----------|-----------|-----------|
| Stereotypes about sexuality | 1,0-2,30 | 2,31-3,61 | 3,62-5,00 |
| Sexual behavior | 1,0-2,30 | 2,31-3,61 | 3,62-5,00 |
| Sexual health | 1,0-2,30 | 2,31-3,61 | 3,62-5,00 |
| Attitude towards the body | 1,0-2,30 | 2,31-3,61 | 3,62-5,00 |
| Active sexual life | 1,0-2,30 | 2,31-3,61 | 3,62-5,00 |

3.3. Sample Description

81 people attending elderly community centers in Southern Israel volunteered to participate in the survey. All respondents were cognitively preserved, heterosexual and were Russian-speaking immigrants from the countries of the former USSR, living in Israel at the time of the study. The age of respondents ranged from 60 to 91 years. The average age of the respondents was 75.5 years. 56 responders identified themselves as women (69.1%) and 25 respondents identified themselves as men (30.9%) of. The marital status of the respondents varied: 48 were married (59%); 13 were single (16%); 20 were widower/widows - (25%). The respondents' education level was upper secondary education in 48 people (58.3%); lower secondary/specialized in 18 (22.2%) basic/primary in 15 people (19.5%). This study was approved by Ethics Committee for Human Studies at the Moldova State University and by the Elah Center for Coping Loss in Israel.

We determined that the sample size >80 subjects would give us power $\geq 85\%$ (two-tailed test at level 0.05) to rule out a Cronbach's alpha less than 0.7 for the overall score (30 items) and each of the subscales (6 items) (Stewart, Hays & Ware 1992) assuming that the true Cronbach's alpha would be at least 0.85 (overall scale) or 0.735 (subscales). Power was calculated using PASS 2008 (NCSS Software, Kaysville, UT).

4. Results

Assessment of the validity and reliability of the instrument

To determine the *construct validity* of the questionnaire, we used the Cronbach's Alpha internal consistency method (Cronbach, 1951). Internal consistency gives an idea of how much the questions of the questionnaire measure the same feature. Internal consistency is analyzed by correlating the answers to each item with the overall outcome of the tool. An internal consistency is considered acceptable if the calculated Cronbach's Alpha coefficient is greater than 0,7.

Based on our analysis, the index of internal consistency of the questionnaire in our sample of 81 older adults was 0,943, which indicates that the developed tool has internal consistency, and all items reveal a single construct.

Cronbach's Alpha internal consistency coefficients for each subscale are presented in Table 2. Each coefficient is greater than 0,7 indicating internal consistency for each subscale.

Table 2. Cronbach's Alpha internal consistency coefficients for the subscales of the questionnaire

| Scales | Questionnaire items | Cronbah's Alpha Consistency coefficient |
|-----------------------------|------------------------|---|
| Stereotypes about sexuality | 1, 4, 5, 12, 17, 21 | 0,857 |
| Sexual behavior | 6, 8, 9, 15, 18, 24 | 0,865 |
| Sexual health | 3, 11, 14, 16, 20, 22 | 0,787 |
| Attitude towards the body | 2, 7, 10, 13, 19, 23 | 0,739 |
| Active sexual life | 25, 26, 27, 28, 29, 30 | 0,764 |

To assess the *content validity*, we applied the expert review method. Eight world-renowned specialists served as subject-matter experts who reviewed the content of the developed tool and provided expert opinion. All specialists worked independently and provided a written summary of their review of the questionnaire. The experts assessed the following criteria:

- whether the statements of the questionnaire corresponded to the selected subscales;
- whether the questions are correctly asked, considering the specifics of the sample;
- assessment of overall content validity.

Each expert' summary highly valued the questionnaire, appreciated the developed items, and confirmed its applicability to adults 60 years old and older.

The *reliability* of the tool implies the relative constancy of the outcomes when applied on the same sample in the primary and subsequent studies; thus, the reliability of the technique indicates how much you can trust the results obtained using the technique. The reliability of the survey "Features of sexuality of people 60+" was determined based on an assessment of the homogeneity of the

questionnaire using the "splitting & re-test" method. To assess the *homogeneity* of the questionnaire, the questions were divided into two equal parts according to the even/odd criterion, and then the Spearman-Brown correlation coefficient was calculated. The correlation coefficient score of 0,912 indicated a high level of homogeneity of the technique.

To determine the *re-test reliability*, we carried out a second application of the survey in the same sample 3 months after the initial study. The correlation coefficient between the first and second tests indicates the stability of the r tool if it is not lower than 0,80 (22). Table 3 presents the Spearman correlation coefficients (test-retest) for each subscale of the questionnaire and for the overall sexuality.

Table 3. The Spearman correlation coefficients (test-retest)

| Scales | Correlation Coefficient | Significance level |
|-----------------------------|-------------------------|--------------------|
| Stereotypes about sexuality | 0,912 | 0,05 |
| Sexual behavior | 0,952 | 0,05 |
| Sexual health | 0,96 | 0,05 |
| Attitude towards the body | 0,933 | 0,05 |
| Active sexual life | 0,975 | 0,05 |

The summary characteristics of the questionnaire "Features of sexuality of people 60+" are presented in Table 4., which allows us to conclude that the author's questionnaire is a valid and reliable instrument for measuring sexuality of people in old age on all scales.

Table 4. The summary characteristics of the questionnaire "Features of sexuality of people 60+"

| Parameter | Contents |
|-----------------|---|
| Aim | Studying the features of sexuality in older people |
| Tool | Questionnaire |
| Target audience | Respondents aged 60 and over |
| Outcome | Self-report |
| Tool structure | The questionnaire consists of 30 statements corresponding to five dimensions of sexuality 1. Stereotypes about sexuality in old age 2. Sexual behavior 3. Sexual health 4. Attitude towards the body 5. Active sexual life |
| Measures | Ordinal scale, 5 Likert-type alternative answers, where 1 point - strongly disagree, 2 points - disagree, 3 points - somewhat agree, |

| | |
|---------------------|---|
| | 4 points - agree and 5 points - strongly agree |
| Validity | Assessed in a sample of 81 respondents with Cronbach's Alpha internal consistency coefficients for Stereotypes about sexuality: 0,857 Sexual behavior: 0.865 Sexual health: 0,787 Attitude towards the body: 0,739 Active sexual life: 0,764 |
| Reliability | The Spearman-Brown correlation coefficient was 0,912 (high level of homogeneity of the tool) |
| Re-test reliability | Spearman's correlation coefficient between the first and second tests was 0,975 (high stability of the tool outcomes) |

5. Discussion of results

We present here a new tool that was designed and validated to assess the features of the sexuality in older adults. This relatively brief questionnaire provides with the information on five major domains of human sexuality (stereotypes of sexuality; sexual behavior; sexual health; attitude towards the body and sexual activity) and allows evaluating of the overall level of sexuality in older adults. It was tested on active people 60+ attending elderly community centers in Southern Israel.

There were several challenges with this study. Because the topic of sexuality is often a taboo for public discussion and evokes the emotions of shame and embarrassment (Srinivasan, Glover, Tampi, Tampi & Sewell 2019), we had to administer this questionnaire to the respondents only individually and in writing. The concern was that the use of this tool in group setting or in verbal form would distort the outcomes.

Another challenge, also related to the stigma and forbiddance of the research topic, is the reliability of self-reported data. Frankness, which directly binds to reliability, may be a barrier in studies of sexuality in people of any age, and particularly of older age. For example, the literature describes the results of surveys on erectile function in older men and women (Mykletun, Dahl, O'Leary & Fosså 2006); however, they are based on self-reported data and cannot be verified. Our questionnaire too relies on the respondents' honest answers, and it is extremely important to build trustful and safe environment to help older adults feel comfortable answering the survey.

Our study had several limitations. First, this questionnaire was developed to study the sexuality of heterosexual adults, and we did not test its applicability and validity for use in older adults of different sexual identity, orientation or practices (such as lesbian, gay, bisexual, transgender, non-binary or intersex individuals). Probably, with proper stylistic and linguistic correction and inclusion of questions regarding specific sexual subcultures, this questionnaire may be adjusted for use in non-heterosexual older adults.

Also, the questionnaire was designed to study the sexuality of older people, so the use of this tool in adolescents, young, middle-age and pre-retirement adults is not advisable. In fact, there is a sufficient number of surveys on sexuality for these age categories.

Our questionnaire is intended for use in respondents with a preserved cognitive-mental function (e.g., without cognitive impairment). It may be not appropriate for studying the sexual features of elderly with dementia, because one of the characteristics of this mental health disorder is disrupted perception of reality. Formally, part of the dementia patients may show a high score on total sexuality, but this score may not reflect their sexuality accurately and lead to false evaluation. For example, study of Srinivasan *et al.* (Srinivasan, Glover, Tampi, Tampi & Sewell, 2019) showed that brain areas responsible for the manifestation of sexuality were disinhibited in older adults with dementia. Such people may experience a pathological hypersexuality, i.e., be excessively sexually focused and have many sexual acts. However, despite their high sexual activity, they don't appreciate the relationship with the partner and don't value the intimacy, which are fundamental components of sexuality. Therefore, high score on total sexuality assessed in such individuals using our questionnaire would reflect only physiological aspect of their sexuality but not its psychological aspect that may be even more important for overall psychological health in older adults.

This questionnaire was tested in Russian language version, in a sample of Russian-speaking older adults living in Israel. It is possible that this questionnaire may need some adjustments to be applied to Russian-speaking elderly in other countries due to country-specific customs and cultural context; although it is likely that the questionnaire will work in the countries of the former Soviet Union, since all respondents have come these countries and thus share background and many cultural references.

Human sexuality is influenced by many bio-psycho-social factors such as age, gender, race, disability, education, occupation, personal beliefs, prior experiences, cultural, ideological, religious, and other factors (Potki, Ziaei, Faramarzi, Moosazadeh & Shahhosseini, 2017). It would be important to evaluate these factors in the future studies on generalizability of our questionnaire and its adaptation for other populations (e.g., with different languages, religiosity, etc.).

6. Conclusion

The results of our study indicate that, for all subscales of the questionnaire, high correlation coefficients were obtained, exceeding 0.9, therefore, we can conclude that the questionnaire "Features of sexuality of people aged 60+" has a high-re-test reliability, the tool's outcomes are stable and not subject to random changes over time.

This new survey appears to be a valid and reliable tool for measuring the sexuality of older adults including four important features: "Stereotypes of sexuality in old age", "Sexual behavior", "Sexual health", "Attitude towards the body" (as summarized in Table 4).

The significance of the developed questionnaire is high as this tool can be used for further scientific research in the field of sexuality in elderly, as well as for clinical practice by specialists working with older people (such as psychologists, sexologists, social workers), to evaluate the characteristics of the sexuality in elderly. Such evaluation is particularly important in counseling of older adults expressing dissatisfaction with their lives including sexual lives. Diagnosing and resolving issues with sexuality in elderly is important for improving their quality of life.

Furthermore, the questionnaire can expand the methodological resources for the development of new tools for studying the sexuality of older people representing different cultures, marital status, sexual practices, etc. With world shifts in demographic trends towards rapidly aging population, increased life expectancy and delayed retirement age in many countries, studying elderly sexuality as one of major components of psychological and physical well-being becomes an unmet need. The outcomes of our questionnaire may be compared with various aspects of sexuality assessed in adolescents, young and mature adults for better understanding of the timeline of changes in this area and potential prevention of fading away its important components.

Finally, our questionnaire can be used in training courses on geropsychology, psychology of aging, developmental psychology, to help future specialists better understand the specific features of sexuality in older adults.

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