

Effect of Personality and Health Behaviors on Sexuality Among Older Adults



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ABSTRACT

This study explored the effect of personality on sexual behavior in older adults. The effect of health and associated health behaviors on personality traits and sexuality were also investigated. The current study is a secondary data analysis from the National Social Life, Health, and Aging Project: Round 3. Results from statistical analysis were mixed with two of the included tests, self-reported sexuality and perception of personality attractiveness and importance of sex and self-reported body shape, showing no significant association and one of the tests, emotional satisfaction of sexual relationship and frequency of physical activity, indicating a moderately statistical significance. It is hypothesized that overly positive self-perceptions may have affected the results.

INTRODUCTION

Significance of Study

- Sexuality is an important contributor to overall wellbeing and quality of life across the lifespan.
- Ageist attitudes, stereotypes, and a lack of recognition regarding the importance of sexuality in later life stages have resulted in limited research.

Purpose

- The purpose of the study is to consider the effect of personality on sexual functioning and behavior, and the additional effects of health and health behaviors.

Research Questions

- What is the relationship between personality type, as identified by the big five trait taxonomy and represented by the perception of personality attractiveness, and sexuality among older adults?
- How do the mediating variables of health behaviors, such as physical activity, affect sexuality among older adults of different personality types?

Hypotheses

- A more positive view of personality attractiveness would result in more positive sexual attitudes and experiences.
- Overall physical health and positive health behaviors are associated with more positive views and experiences of sexuality.

LITERATURE REVIEW

Conceptual Framework

- The five factored model of personality (“Big Five”).

Sexuality

- Sexuality is a complex construct influenced by many factors.
- Sexual satisfaction in older adulthood has positive outcomes.

Personality

- Personality traits are an important correlate of attitudes toward sexuality and health behaviors.

Health/Health Behaviors

- Physical changes during the aging process influence sexual activity and function, although negative impacts can be mitigated through health behaviors such as exercise.

Gaps in Current Research

- Research specific to older adults is limited.

METHODS

Research Design and Data Collection Procedures

- The current study is a secondary analysis of data from Round 3 of the National Social Life, Health, and Aging Project (NSHAP).
- The NSHAP is a national population-based study of older community-dwelling Americans exploring the interactions among emotional and physical health, health behaviors, illness, cognitive function, sexuality, and social connectedness.
- The design of the NSHAP is a multistage area probability sample.
- The collection of data consisted of three components: an in-person questionnaire, biomeasure collection, and a leave behind questionnaire.

Sample and Sampling Method

- Round 3 re-interviewed the original cohort and their partners, including respondents from Rounds 1 and 2.
- Data were also collected from a second cohort of community dwelling adults born between 1948 and 1965 and their partners.
- African Americans and Hispanics were sampled at a higher rate.
- 4,777 interviews were completed including 2,409 returning participants and 2,368 new cohort participants and their partners.

Measures

- Independent Variables: Personality type as represented by perception of personality attractiveness, Health (self-rated), Physical health, body shape, and amount of physical activity
- Dependent Variables: Sexuality, sexual pleasure, importance of sex, and emotional satisfaction with the sexual relationship.

Sample Characteristics (N=4,377)

Characteristic	f	%
Gender		
Male	2003	45.8
Female	2374	54.2
Age in years	<i>M</i> = 67.63	<i>SD</i> = 10.949
Marital Status		
Married	2,755	62.9
Living with a partner	139	3.2
Separated	85	1.9
Divorced	542	12.4
Widowed	629	14.4
Never Married	227	5.2
Race (self-identified)		
White/Caucasian	3,194	73.2
Black/African American	719	16.5
Asian, Pacific Islander, American Indian, or Alaskan Native	452	10.4
Hispanic/Latino ethnicity		
No	3,859	88.3
Yes	509	11.7
Education		
Less than high school	635	14.5
High school or equivalent	1,051	24.0
Vocational certificate, some college, associate degree	1,171	34.7
Bachelor's degree or higher	57	26.8
Household income (last year)		
0-\$24,999	835	23.9
\$25,000-\$49,999	876	25.1
\$50,000-\$99,999	1,051	30.1
\$100k or higher	732	21.0

RESULTS

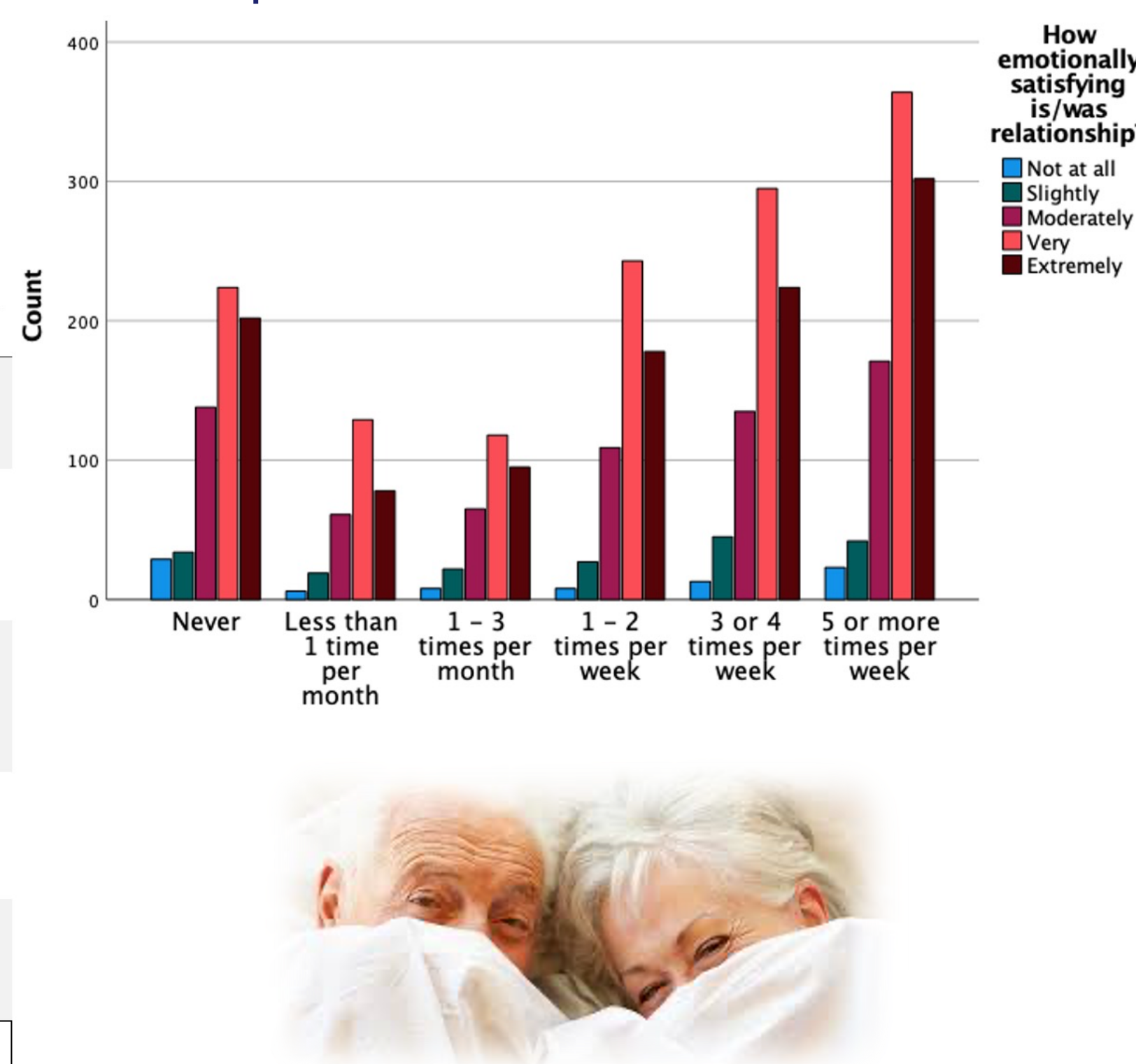
Personality Attractiveness and Sexuality

- A chi-square test was utilized, which showed no significant association between sexuality as defined by the degree of physical pleasure that resulted from the relationship and the perception of personality attractiveness.

Respondent's perception of personality attractiveness	How physically pleasurable is the relationship (count/percentage)				
	Not at all	Slightly	Moderately	Very	Extremely
1 (Attractive personality)	49/3.9	75/6.0	254/20.4	467/37.5	400/32.1
2 (Somewhat attractive personality)	45/3.8	72/6.1	234/19.9	488/41.4	339/28.8
3 (Neither attractive nor not attractive personality)	29/4.3	51/7.6	136/20.3	263/39.3	190/28.4
4 (Somewhat not attractive personality)	5/3.7	10/7.4	32/23.7	48/35.6	40/29.4
5 (Not attractive personality)	2/5.9	5/14.7	4/11.8	13/38.2	10/29.4
$\chi^2 = 14.308$ $p = .576$ $n = 3,261$					

Health Behaviors and Sexuality

- A chi-square test was utilized, which showed a moderately significant association between sexuality as defined by the degree of emotional satisfaction that resulted from the sexual relationship and the respondent's health behaviors as



Health and Sexuality

- A chi-square test was utilized, which showed no significant association between sexuality as defined by the degree of importance of sex and the respondent's overall health as determined by body shape from thin to obese.

Respondent's self-reported body shape	How important is sex (count/percentage)				
	Not at all important	Somewhat important	Moderately important	Very important	Extremely important
1 (Thin)	189/33.9	125/22.4	129/23.1	90/16.1	25/4.5
2 (Somewhat thin)	294/50.9	197/20.7	238/25.1	183/19.3	38/4.0
3 (Neither thin nor obese)	388/50.1	273/21.2	309/24.0	246/19.1	73/5.7
4 (Somewhat obese)	175/54.3	104/20.4	104/20.4	93/18.2	34/6.7
5 (Obese)	61/39.6	31/20.1	26/16.9	32/20.8	4/2.6
$\chi^2 = 23.368$ $p = .104$ $n = 3,461$					

CONCLUSIONS

Summary of Findings

- Self-reported sexuality and perception of personality attractiveness showed no significant association.
- The importance of sex and self-reported body shape also showed no significant association.
- The emotional satisfaction of the sexual relationship and frequency of physical activity indicated a moderate statistical significance.
- It is hypothesized that overly positive self-perceptions may have affected the results.

Implications for Practice and Policy

- Sexuality is a vital component of wellbeing necessitating further research specific to the older adult population.
- Older adults are engaging in emotionally satisfying and physically pleasurable sexual relationships and it is imperative that social workers fight against ageist attitudes that portray older adults as asexual.
- Social workers must address sexuality with clients with the goal of improving sexual functioning and quality of life.

Strengths

- The use of recent data obtained from a large number of respondents, including information related to older adult sexuality that is not often available.
- The data can be generalized to community-dwelling older adults in the United States.

Limitations

- The use of the variable “perception of personality attractiveness” to represent the five factored model of personality was limiting.
- The final sample may not be fully representative of all personality types, as some personality types would be less likely to complete the questions related to sexuality.
- As the data is collected from older adults living in the community, it cannot be applied to those living in institutional settings
- Reporting bias is possible as all measures were self-reported.

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