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Title: IDENTIFYING KNOWLEDGE AND ATTITUDES TOWARD SEXUAL EXPRESSION AMONG SELECTED 65 TO 74 YEAR OLDS, UTILIZING A STRUCTURED INTERVIEW

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The two major purposes of this study were to gather data relative to the knowledge and attitudes toward sexual expression among sixty-five to seventy-four year olds and to determine whether or not significant differences existed between the sexes. The study focused on six research questions: These were:

1. Do older females and males differ significantly in terms of overall knowledge related to sexual expression?
2. Do older females and males differ significantly in terms of specific knowledge categories related to sexual expression?
3. Do older females and males differ significantly in terms of overall attitudes related to sexual expression?
4. Do older females and males differ significantly in terms of specific attitude categories related to sexual expression?
5. Are there significant differences between older females and males in terms of overall knowledge when they are grouped according to: marital status, education, religious attendance, self perceived health status and occupation?

6. Are there significant differences between older females and males in terms of overall attitudes when they are grouped according to: marital status, education, religious attendance, self perceived health status and occupation?

The population selected for study was a voluntary organization of older adults, who resided in Marion County, Oregon. Thirty-two members, ages sixty-five to seventy-four who volunteered to participate in this study comprised the sample.

A structured interview guide was utilized for data collection. Validity of the instrument was established through input from professional experts. Reliability was determined by comparing consistency of responses between three groups: a pilot test group, one in-study group matched to the pilot group and one in-study group selected at random.

Both parametric and non-parametric statistical tools were used to analyze the data. These included the t test for research question one; Mann Whitney U for research questions two through four; the f test for research question five; and Chi Square for research question six. Although some minor differences were found to exist between males and females in terms of knowledge and attitudes regarding sexual expression, the differences were not found to be significant at the.05 level. Results of the study indicated the existence of misinformation, conflicting attitudes, and the desire for sexuality information by older adults.

Because the sample in this study was found to be non-representative of the general older population, results may not be generalizable. Summaries of personal characteristics and self perception can be located in Tables 7 and 8. Suggestions for future replications of the study are made. Recommendations and implications for educators and service providers who work with older adults are also included.

IDENTIFYING KNOWLEDGE AND ATTITUDES TOWARD SEXUAL EXPRESSION AMONG SELECTED 65 TO 74 YEAR OLDS, UTILIZING A STRUCTURED INTERVIEW

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Finally, my thanks to an irreplaceable friend. At important points I was reminded -- all goals are within reach, once achieved new goals will be found just a short distance away.

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CHAPTER I

INTRODUCTION

The Sex Information and Education Council of the United States asserts that we are sexual beings from the day we are born until the day we die (Calderone, 1971). This life cycle perspective about people as sexual beings suggests that one's sexual nature is a common thread throughout the whole of life. How is it that people acquire an understanding of their sexual natures and the predispositions to express themselves sexually over a life span? What knowledge and attitudes influence the expression of one's sexual nature at important points in the life cycle? In particular, how do older people view the importance of their sexual natures during this part of their life?

Historically, research in the broad area of sexuality has focused on knowledge, attitudes, and/or behavior. There has been, however, only a limited amount of research about sexuality in old age. Kinsey, Masters and Johnson, and the Duke University Center for the Study of Aging and Human Development have provided research data which support the idea that specific sexual behaviors or forms of sexual expression do exist in old age. One common finding of all three of these studies is that "there are substantial differences in sexual behavior between men and women at any given age, including old age" (Pfeiffer, 1969, p. 154). Yet knowledge and attitudes among the

older cohort with respect to sexual expression remains a virtually unexplored research area.

Because sexology and gerontology are both relatively new areas of study (Atchley, 1977; Butler, 1975; Gagnon, 1977; Woodruff and Birren, 1975), the amount of knowledge common to both fields is limited. The need for further research about sexuality and aging is consistently reported in professional literature (Berezin, 1976; Christenson and Gagnon, 1965, Friedeman, 1978a; Newmann and Nichols, 1960; Pfeiffer, 1975; Van Keep, 1978). Rubin (1965) notes, for example, that:

> . . . the fullest expression of the sexual needs and interests of men and women over sixty cannot take place in a society which denies or ignores the reality of these needs and interests; or in an atmosphere which prevents full and open inquiry into them. (p. 231)

Several conceptual models regarding sexual expression in old age have been developed (Friedeman, 1978a; Shippe, 1979). Of particular interest to this investigator was the conceptual model proposed by Joyce Sutkamp Friedeman. In this model, Friedeman postulates a way of viewing key variables that may influence sexual expression in older persons. The concepts embodied in this model, according to Friedeman, can be applied to a wide variety of sexual activities engaged in by one's self or with a partner.

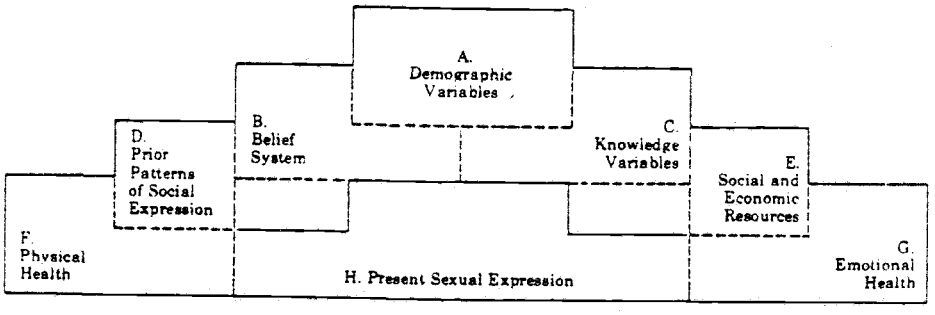

FIGURE 1. Conceptual Model Illustrating Selected Variables Which May Influence Present Sexual Expression in Older Persons. Source: Journal of Psychiatric Nursing and Mental Health Services 16 (July 1978a), p. 35.

Emphasizing that previous researchers have focused mainly on demographic factors, such an age and marital status, Friedeman (1978a) urges further research in the areas of belief systems and knowledge variables:

> Facets of an older individual's belief system, his attitudes and values in relation to sexuality have not been studied. The extent of sexual knowledge in the aged is unknown (p. 46).

Statement of the Problem

Although current research has provided some data concerning differences in male - female sexual expression, less attention has been paid to the potential differences which may exist in knowledge and or attitudes related to sexual expression. The broad area of sexual expression and older people appears to be clouded by three basic yet related issues: (1) the limited amount of research in the combined areas of sexology and gerontology; (2) the sparcity of studies focusing on knowledge and attitudes; (3) the lack of a standardized instrument to assess knowledge and attitudes. It is this investigator's belief that these distinct yet congruent issues create a climate conducive to additional research - research which is, according to experts, clearly needed.

Purpose of the Study

The purpose of this study was:

1. to gather information regarding the knowledge and attitudes held by older people regarding sexual expression and;
2. To ascertain if significant differences existed between the sexes in relation to knowledge and attitudes regarding sexual expression.

Scope and Limitations of the Study

This study assessed the knowledge and attitudes toward sexual expression among thirty-two selective older people ages sixty-five through seventy-four. The sample was drawn from the membership of the Mid-Willamette Valley American Association of Retired Persons (AARP), Chapter 312. The subjects involved in this study resided in Marion County, Oregon among a population of 151,309 persons.

Subjects included in this study differed from the general population and from their age cohort. Research results indicated that these subjects attended church more frequently than the general Oregon population and that their average educational level exceeded the educational level most indicative of the majority of older individuals. These differences may preclude making generalizations about the findings to other older persons ages sixty-five through seventy-four.

Justification

Older persons are the fastest growing population in the United States. Not only are they living longer, but increasing numbers of older persons are remarrying or choosing to live with other older people. The majority of people over sixty-five are non-married females. Few of these single females have socially sanctioned, sexually active partners; thus this study may identify specific attitudes and knowledge related to sexual expression that are unique to this older population.

Since guidance and counseling, education and the health-related helping professions are highly dependent upon basal information regarding prospective clients, a study of this kind should be of special use to those specializing in the concerns of older persons. Additionally, those individuals who are responsible for planning and disseminating sexuality information throughout the life span should find this information useful.

Professionals today agree that sex education for older people is very much needed (Anderson and Cote, 1975; Berezin, 1969; Butler, 1975; Cleveland, 1976; Lobsenz, 1975; Long, 1976; Masters and Johnson, 1970; Rowland, 1978; Sander, 1976; Sviland, 1978). The information gleaned from this study may assist in determining criteria appropriate for the development of educational objectives and content. The identification of knowledge and attitudes regarding sexual expression among older people may also enable practitioners to develop a methodology of presentation that will appeal to older people, and may assist in developing sexuality related terminology appropriate to the older cohort.

Finally, it is hoped that this study will contribute to the small body of knowledge which currently exists regarding older people and sexual expression. Over a period of time additional studies of this nature may identify changes in knowledge and attitudes regarding sexual expression with succeeding generations.

The Problem Focus

The problem was focused and restated in the form of questions. These questions were:

1. Do older females and males differ significantly in terms of overall knowledge related to sexual expression?

2. Do older females and males differ significantly in terms of specific knowledge categories related to sexual expression?

3. Do older females and males differ significantly in terms of overall attitudes related to sexual expression?

4. Do older females and males differ significantly in terms of specific attitude categories related to sexual expression?

The following additional questions of related importance to this study were also included:

5. Are there significant differences between older females and males in terms of overall knowledge when they are grouped according to: marital status, education, religious attendance, self perceived health status and occupation?

6. Are there significant differences between older females and males in terms of overall attitudes when they are grouped according to: marital status, education, religious attendance, self perceived health status and occupation?

Definition of Terms

To facilitate clarity and consistency, the following definitions apply whenever the terms appear in this study.

1. Attitudes - those precursors of behavior which represent predispositions to act in specific ways toward persons, objects or events.
2. Knowledge - those precursors of behavior which include the acquisition of facts, range of information, awareness and/or understanding.
3. Older people - individuals between 65 and 74 years of age.
4. Sex education - programs which share three primary goals: "(1) acquisition of knowledge, (2) development of favorable attitudes or values and, (3) the development of appropriate sex behavior patterns" (Schmall, 1977, p. 3).
5. Sexual expression - the ways in which individuals derive contentment, gratification and/or pleasure through overt behaviors or through the instrumentality of symbolism, e.g., touching, smiling, fantasizing; not limited to sexual intercourse (Betheras, 1977; Hinkley, 1976; Lobsenz, 1975; Long, 1976; Pfeiffer, 1975).

6. Sexuality - "a dimension and expression of personality" (Bischof, 1976, p. 122); "the sum total of one's feelings and behavior not only as a sexual being, but as a male or female . . . a deep and pervasive aspect of one's total personality" (Kirkendall, 1970, p. 4).
7. Interviewing - "a specialized pattern of verbal interaction initiated for a specific purpose, and focused on some specific content area, with subsequent elimination of extraneous material" (Kahn and Cannell, 1964, p. 16).
8. Interview Guide - a listing of questions, their sequences and answer options (Steward and Cash, 1974, Borg and Gall, 1979).
9. Categorical knowledge - that knowledge which falls under a specific classification. These classifications are: Basic Physiology, Physiological Changes with Age, Touching and Pleasuring Behaviors, Health Problems, Drug Use, and Resources Available.
10. Categorical attitudes - those attitudes which fall under a specific classification. These classifications are: Social Myths, Self Attitudes, Dealing with Loneliness and Loss, Barriers, Touching and Pleasuring Behaviors, and Resources Available.

11. Cohort - "group who have the same year of birth or some prescribed number of years which have given the group a unique background" (Neugarten In Bischof, 1976, p. 55). The cohort of this study are those individuals born between 1906 and 1915.
12. Self perceived health status - a composite of the description of one's own health (Item #94, interview guide) and the description of one's own health status as compared to others of the same age and sex (Item #95, interview guide).

Assumptions of the Study

In conducting this study, certain assumptions were made. These were:

1. Verbal responses are representative of knowledge and attitudes held by respondents.
2. Although there may be dissonance between knowledge and attitudes as verbally stated and as manifested in behavior, knowledge and attitudes are precursors to behavior.
3. The interview, as a process of social interaction, is an appropriate method for securing information regarding sexual expression. (Specific details regarding the interview process and the instrumentation used in this study are included in Chapter III.)

Summary

Although some research has focused on the area of older people and sexual behavior, the amount of data in the areas of knowledge and attitudes related to sexual expression is sparce. This lack of data imposes a barrier to fully understanding the importance of sexual expression in later life. Service providers as well as older people could profit from such information.

The purpose of this study was to identify knowledge and attitudes toward sexual expression among persons 65 to 74 years old through the use of a structured interview. This chapter discussed the problem, the purpose, scope, and limitations of study, its probable use, assumptions underlying the study, and terms defined for use throughout the study. Four basic questions and two related questions were generated specific to knowledge and attitudes toward sexual expression among the older cohort.

CHAPTER II

REVIEW OF LITERATURE

This chapter reviews research pertinent to measuring knowledge and attitudes regarding sexual expression among older people. The topics include: instrumentation, assessment of sex education programs, volunteerism and a discussion of knowledge, attitudes and behavior research regarding sexuality and aging. Although this study did not focus on the behavioral component of sexual expression, research specific to behavior has been included so that knowledge, attitudes, and behaviors could be viewed in totality.

Instrumentation

There are no standardized test instruments for older people in the areas of knowledge and attitudes related to sexual expression. Although Tests in Print II describes instruments generally accepted in sexology, items contained in those tests may be irrelevant or inappropriate for the older cohort. Although Lawton (1972) does not address sexual expression per se, he does support the above assumption by stating:

> our own clinical experience indicated that the structure of test items written for the general adult population was frequently unsuited to people in the 70 - 90 age range. (p. 145)

Three research studies in three different geographical settings in the United States have attempted to deal with this lack of adequate instrumentation. Caution should be used in generalizing from their

results, since all three research attempts (efforts to ascertain the knowledge, attitude and or behaviors of the elderly group) were conducted in institutional or congregate settings. However, because each of these three attempts provided unique findings of importance to this study, pertinent aspects regarding their instrumentation are discussed in the following sections.

Brower and Tanner (1979) found that available instruments in the area of sexuality were geared toward younger rather than older persons. As a result, they attempted to reword and adapt items from the Sex Knowledge and Attitude Test (SKAT) and the Attitude and Knowledge Assessment in order to assess knowledge and attitude of individuals attending a program on human sexuality. Their pilot group of older individuals consisted of volunteers who frequented a federally funded center in Dade County, Florida. This center served as a family surrogate for older, impoverished inner-city isolates. Brower and Tanner applied their instrument on a pre/post test basis in this group setting. In their own assessment of the project they state:

> . . . the cognitive abilities of the participants had been overestimated. Many could not read and had to have the test read to them (p. 38).

Furthermore, they concluded:

> . . . data gathering (should be) deemphasized. Perhaps use of personal interviews as a data-gathering mechanism would be less threatening than formalized group testing (p. 39).

Friedeman (1978b) designed a twenty-five item Sex Knowledge Inventory (SKI) specifically for older women in order to examine the impact of selective variables (education, age, religiosity, and marital

status) on sexual knowledge. The inventory was utilized in interviewing 100 caucasian and black women between the ages of sixty and ninety in various elderly congregate housing units. Friedeman recommended that: (1) more research was needed to further refine the tool; (2) further tests of validity and reliability were necessary; (3) subsequent revisions of the tool would facilitate research replication.

In a related study, McIntoch (1978) sought to investigate sexual attitudes regarding various aspects of womanhood and sexual concerns, as well as the relationship between the variables cited in Friedeman's study and sexual permissiveness. The McIntosh inventory, the Sexual Attitude Scale (SAS), consisted of twenty items to which respondents were asked to indicate their agreement, disagreement, or uncertainty of opinion. Scale items were limited to three response modes so that interviewees' memories would not be taxed beyond limit. This study indicated that the SAS was in need of additional refinement because respondents' lacked knowledge or understanding of the terminology utilized in the instrument.

White (1980) reported on a survey in two Texas counties regarding social climate and facility data in relation to sexuality in the institutionalized aged. The survey involved 250 institutionalized men and women, mean ages eighty-one and eighty-three, and a random sample of 178 staff employees. The measurement instruments consisted of a cluster of five separate tools, including one entitled the Aging Sexuality Knowledge and Attitude Scale (ASKAS). This measurement tool included twenty-three knowledge items, each with

three response modes, and fifteen attitude items, each with five response modes. Published data concerning the validity and reliability of this measurement tool was not available. The method choosen for data collection in this study involved private individual interviews conducted by older aged (mean age seventy) and trained same-sex interviewers. Group orientations were held in each facility prior to interviews in order to explain the research project. Two dollars was contributed to the facility's resident activities fund for each completed interview.

Sex Education Programs

After reviewing both formal and informal sex education programs for older people, the literature review found only three relevant research studies. The first, the Brower and Tanner (1979) study, which was previously discussed, attempted to:

> ascertain if significant changes took place in older adults' knowledge and attitudes about human sexuality following a two-session course on the subject. (p. 36)

Pre and post tests were utilized in evaluating this project. The results of this study demonstrated a need for providing sex information to older people. However, serious problems relative to the pre/post testing situation were identified: only four of the original thirty individuals included in this study completed the post test. This reluctance of older subjects to complete the post test was consistent with the findings of Riegel (1968), which indicate age as a factor in resistance to retesting. This factor may then skew research findings which involve older people in test/retest situations.

A recommendation from this study suggests that personal interviews be used as a data gathering mechanism in the future.

The second study by Rowland and Haynes (1978) was designed to examine the effects of a group sexual enhancement program for elderly couples. They found significant increases in sexual satisfaction, frequency of certain sexual activities, and positive attitudes about marital and life satisfaction among participants. An analysis of program components, knowledge of human sexual functioning, improved communication between partners, and training in specific sexual techniques indicated that no single component was totally responsible for increases identified.

In the third study, contracted with the Andrus Foundation (1979-1980), White, Catania and West (1980) developed and evaluated a Sex Education program for aged people, those who work with the aged, and families of the aged. Their program consisted of: lecture-discussion materials covering ageism and intimacy, normative findings, and aging patient and the medical profession, long-term care professionals; two simulation games; a film strip on touching; and a panel discussion videotape on sexuality and aging. Pre and post test assessments demonstrated a significant positive effect (more knowledge, greater permissiveness) in all three groups. It should be noted that all elderly participants in the program were interviewed and re-interviewed by sex and age matched interviewers.

Volunteerism Among the Older Cohort in Regard to Sex Research

There is conflicting evidence regarding the ability to recruit older subjects for studies in the area of sexuality. It would appear that those societal taboos which exist about sex research in the general population are even more intense in the older population.

Past researchers have reported difficulty in recruiting the older cohort for their studies (Kinsey, Pomeroy and Martin, 1948; Kinsey, Pomeroy, Martin and Gebhard, 1953; Masters and Johnson, 1966). Pfeiffer (1969) for example, specifically documented problems in securing recruits and in obtaining data among older never-married females. The Duke University studies initially utilized a face-to-face structured interview which included questions regarding sexuality; however, because the technique caused some embarrassment regarding questions on the part of both subjects and interviewers, a self-administered questionnaire was substituted. This appeared to enhance the accuracy of data collected (Pfeiffer, Verwoerdt and Davis, 1972).

More recently the Friedeman - McIntosh - Drake studies reported that it was necessary to contact, via mail or in person, at least 1,500 individuals in order to obtain a sample of 100 female interviewees (McIntosh, 1978). These volunteers were residents of congregate living residences, and administrators or "gate keepers" appeared to be directly or indirectly responsible for the residents' decision to participate in the study. A similar problem regarding "gate keepers" was discussed with Starr (1980) during a personal interview at the Western Gerontological Society 26th Annual Meeting.

Despite recruitment problems, long-term investigators such as Masters and Pomeroy (Pfeiffer, Verwoerdt and Wang, 1968) and practitioners in the fields of gerontology and sexology (Anderson and Cote, 1975). Griggs, 1978; Shipp, 1979) generally agree older persons are reasonably open to discussions of their sexual activity and concerns with an interviewer. Frankness and openness are desirable in an interviewer, for they seem to facilitate communication.

The recruitment of human subjects has traditionally been a prime issue in the area of social research. Of particular concern to researchers in the area of sexuality are the apparent characteristics of volunteer subjects. These characteristics have been identified in previous research studies:

1. Volunteers tend to be more intelligent than nonvolunteers when volunteering is for research in general but not when volunteering is for somewhat less typical types of research such as hypnosis, sensory isolation, sex research, small-group and personality research.

2. Volunteers tend to be more unconventional than nonvolunteers, especially those volunteering for studies on sex behavior.

3. Females are more likely than males to volunteer for research in general, but less likely than males to volunteer for physically and emotionally stressful research (e.g., electric shock, high temperature, sensory deprivation, interviews about sex behavior) (Borg and Gall, 1979, p. 189)

A review of related literature indicates that there is a growing body of information in the area of sexuality and aging. Available information can be roughly categorized into three broad areas: (1) knowledge (2) attitudes (3) behavior. Those broad areas are discussed in the following sections.

Knowledge Regarding Sexual Expression Among Older Persons

The knowledge level of older people in the area of sexuality is difficult to assess. This may be partly due to four related factors. First, the thrust of research related to sexuality in the last thirty years has not centered on the aging population. Kinsey's pioneering works and the major advances in sexual physiology by Masters and Johnson gave only perfunctory attention to older people (Kinsey, Pomeroy and Martin, 1948; Kinsey, Pomeroy, Martin and Gebhard, 1953; Masters and Johnson, 1966). Specifically, Kinsey devoted only two pages to the study of male aging sexuality and only a single table to summarize his data regarding older women; only thirty-one of Masters and Johnson's initial six hundred ninty four subjects were beyond sixty years of age (Kinsey, Pomeroy, and Martin, 1948, p. 230; Kinsey, Pomeroy, Martin and Gebhard, 1953, p. 548; Masters and Johnson, 1966, p. 13). Furthermore, completed research has centered primarily on behavior, i.e., intercourse, despite the fact that sexual expression encompasses more than coitus.

Secondly, the existing standardized measuring instruments may be inappropriate for assessing knowledge with the older cohort. Coupled with this idea, the issue of equating or comparing younger aged samples with older aged samples may not be realistic, since weaker individuals die and the stronger survive (Birren, 1964). As a result, "survival bias" is a real concern in utilizing standardized tests across time.

Third, older people may have difficulty with test situations. This difficulty may be due to a variety of factors, such as: poor motivation, lack of confidence, disinclination to take risks, irrelevance and meaninglessness of test items, decreased sensory perception, inability to process information, and energy level. Also, older people may have difficulty with terminology and/or information storage capacity with advancing age (Bischof, 1976; Lawton, 1972; Woodruff and Birren, 1975).

Fourth, the traditional negative values related to discussing sex-related issues may be a barrier to the acquisition of sexual knowledge. Van Keep and Gregory (1978) point out that older people tend to adhere to the norms of their youth; these may include the disapprobation of sex for older people. It has been suggested that "new values and ideas may be difficult for the elderly to assimilate as they strive to maintain their traditional world views" (Snyder and Speitzer, 1976, p. 258).

In an analysis of 7,608 Letters to the Editor from Sexology magazine in 1960, Warren Pomeroy found that approximately two percent were from persons over seventy years of age. Although Pomeroy's study is now twenty years old, it provides some indication that

older people do seek knowledge related to sexual expression. It might be noted that in 1960 persons over seventy reflected 5.7 percent of the population (U.S. Bureau of Census, U.S. Census of Population: 1960).

A research study by Cameron (1970) compared the responses of young, middle-aged, and older adults in terms of self beliefs and generational differences related to sexual knowledge, desire, skill, capacity, attempts, opportunities, access, and frequency. His conclusions indicated that older people judge themselves to be below average and the least sexually knowledgeable.

More recently, of the 100 women interviewed in the Friedeman - McIntosh - Drake studies, one-half indicated a desire for additional information regarding sexuality. Those seeking the most information were women with the lowest educational attainment and those in the sixty to sixty-nine and seventy to seventy-nine age groups (Drake, 1978).

Professional practitioners and clinicians report a need for improved knowledge levels among older people. A study by Burnap and Golden (1967) supports this contention because the most common problems reported to physicians were: "lack of orgasm, frigidity, concerns over frequence of intercourse, lack of general sex information, impotency and dyspareunia"(p. 675). Shearer and Shearer (1977) noted that the "older male . . . expects himself to know about sex and it is grossly reluctant to express or admit a lack of knowledge" (p. 199). Liang (1978) proposes that "it is widely known that an

older male may have an orgasm without ejaculating; knowledge and acceptance of this fact would ease the minds of couples who have had this experience." (p. 39).

Research within the last ten years suggests evidence that older people may lack vital information about the changes that accompany certain illnesses, surgical procedures, and the aging process itself, as evidenced by the following which is one of many examples:

> Clinical research (Abramov, 1976; Kein, Dean, Wilson and Bogdanoff, 1965; Tobis, 1975; Tuttle, Cook and Fitch, 1964) suggests that sexual activity diminishes following myocardial infarction. A motivating factor for this reduction according to Tuttle is fear. This same study and others (Hott, 1980; Satterfield, 1980) suggest that this fear is based on myths and misinformation held about sex and the heart.

Bolstered by these and similar researches, Friedeman (1979) asserts that "unfounded fears which diminish sexual interest can be relieved through appropriate health education" (p. 97). Friedeman's investigation of the sexual knowledge of 100 women found some significant positive correlations between sexual knowledge and educational levels, particularly in one economic subgroup; her study found significant positive correlations between sexual knowledge and marital status and between sexual knowledge and parenthood. Marital status was however, the clearest predictor of sexual knowledge. Similarily, Friedeman found negative correlations between sexual knowledge and never-married marital status and between sexual knowledge and increased age. Further, her study demonstrated that sexual knowledge was highly correlated with sexual attitudes (Friedeman, 1978b).

Attitudes Regarding Sexual Expression Among Older People

Information relative to societal and self attitudes regarding sexuality and aging exist in a variety of resources. However, much of the information is replete with myths or misconceptions regarding sexuality and older people. The following common myths have been identified by researchers:

- Older people are incapable of sexual activity (Butler and Lewis, 1973; Harris, 1975).
- Sexual activity is appropriate only when it may lead to procreation (Rubin, 1965).
- Masturbation is a childish activity that is put aside when one reaches adulthood and is carried out by older persons only if they are seriously disturbed (Rubin, 1968).
- Older men are often involved in child molestation (Butler and Lewis, 1976).
- One's sex life can be prolonged by abstinence in the earlier years and inactivity in the later years (Rubin, 1968).
- Older people, particularly females, are unattractive and therefore ineligible to enjoy their sexuality (Butler and Lewis, 1973; Sontag, 1972).
- Capacity for sexual performance declines with advancing age to the point where it vanishes altogether (Lobsenz, 1975).
- Intercourse and emission of semen are debiliating and will tend to hasten old age and death (Rubin, 1968).

Social myths not only exert a great deal of influence upon individuals, but also reflect the expectations placed on individuals by that

society (Newman and Nichols, 1960; Peters, 1971). As a result of such myths, older people exhibit feelings of inadequacy and inferiority and may be discouraged from engaging in various forms of sexual expression (Calderone, 1975; Felstein, 1970; Weg, 1975).

Since older people tend to maintain the deeply ingrained values and attitudes of their younger years, age is generally considered a strong indicator of one's attitudes toward sexual expression (Lobsenz, 1975; Snyder and Speitzer, 1976; Rosenfelt; 1965). It has been suggested that many older people have preconceived, often rigid attitudes toward what is acceptable or proper sexual behavior (Long, 1976). Even so, there are indications that attitudes toward "nontraditional sexual behavior," premarital sexual relations, extramarital sexual relations, and homosexuality demonstrate variations in attitude among older people (Snyder and Speitzer, 1976). Statements from more recent studies suggest that aging cohorts tend to change their attitudes in a direction consistent with changes in the population as a whole (Foner, 1974); however, the rate of change is slower among the older cohort (Glenn, 1980). Thus as Shearer and Shearer (1977) point out, "since culture changes, there are generational cultural sexual value systems" (p. 199). The implications of the above leads one to assume that differences in values exist among varying age cohorts and that these differences are significant determiners of acceptable behavior.

In addition to age as a predictor of attitudes, there is some evidence that females, persons with lower levels of education and

occupation, regular church attenders, married persons, and parents tend to hold negative attitudes toward sexual expression (Long, 1976; Snyder and Speitzer, 1976). Somewhat contrary to these findings, the McIntosh study (1978) found no significant relationship between education, marital status, parenthood and sexual permissiveness as measured by an attitude scale. This study did, however, somewhat corroborate previous findings, in that a negative correlation existed between the importance of religion and sexual permissiveness among white subjects in the study.

The inability of both older people and physicians to communicate openly about sexual concerns seems to reflect a definite societal attitude. Newman and Nichols (1960) report that:

> Guilt or anxiety over sexual feelings may interfere with the adjustment of the older person and with his interpersonal relations, among which is the doctor-patient relationship (p. 33).

Research indicates that physicians may not seek to initiate a discussion of sexuality with their patients since they perceive their training as inadequate in the area of sexuality (Burnap and Golden, 1967; Leif, 1968; Leif, 1978). It has been suggested that the loss of sexual roles and the bodily changes associated with aging are the last to receive attention from the health care practitioner (Friedeman, 1979). For example Finkle (1973) postulates that urologic surgeons who believe impotency is an unavoidable result of radical prostatectomy may cast negative attitudes toward the prospect of postoperative resumption of coitus. And as Hott (1980) contends, the lack of providing adequate

sex counseling to post-coronary patients may indeed constitute a subtle "collusion of silence" against both men and women. As Berezin (1969) reported in his review of literature over ten years ago, older people might be more comfortable with their own sexual expression if more accurate information about norms of aging sexuality were available.

Behavior Regarding Sexual Expression Among Older People

The sexual behavior of older people has not commanded a great deal of research efforts within the last thirty years; in fact, it has received very little in-depth attention. Perhaps one reason for this lack of research is the difficulty in recruiting aged subjects for studies (Kinsey, Pomeroy and Martin, 1948; Kinsey, Pomeroy, Martin and Gebhard, 1953; Masters and Johnson, 1966). Despite the limited amount of research, some information regarding aging and sexuality is well established and additional issues are surfacing through replicated research. These related concepts are summarized on the following pages.

We do know that human sexual response slows with age: it does not however, terminate (Masters and Johnson, 1966). In support of this fact Alex Comfort (1974) notes that sexual functioning in both sexes endures a great deal better than other functional systems.

Sexual impairment does not occur because of advancing age, but because of certain inhibiting factors (deNicola and Peruzza, 1974). Although Kinsey found an almost linear relationship between

age and coital and sexual activity in men, a variety of other factors are now being investigated as possible important correlates which may not be dependent upon age. These factors include: levels of serum cholesterol; age at coital onset; genetic mechanisms; basal metabolism rates; metabolic disorders, and industrial chemical exposure (deNicola and Peruzza, 1974; Martin, 1977).

Longitudinal research carried out at the Duke University Center for Aging and Human Development between 1955 and 1964 consistently indicated a common pattern of declining sexual activity and interest with advancing age. However, patterns of stable and increased activity were also reported. The uniqueness of this study was that the oldest age group involved reported higher levels of sexual involvement than the "next-to-the-oldest" group. It was suggested that the oldest group represented a group of "elite survivors" in that the less highly advantaged individuals had previously died (Pfeiffer, Verwoerdt and Davis, 1972).

Alfred Kinsey was one of the first to observe the difficulty in determining how much of the decline in sexual activity was due to physiologic, psychologic, or social factors (Kinsey, Pomeroy and Martin, 1948). The Duke University studies which attempted to clarify this issue identified a diversity of factors. Those factors influential for male decline included: past sexual experience, age, subjective and objective health factors, and social class. However, the factors principally influential for female decline included: marital status, age, and enjoyment derived from sexual experience in younger years (Pfeiffer, and Davis, 1972). The single most important factor in

continued interest and activity among females was contact with a socially sanctioned, sexually active partner (Pfeiffer and Davis, 1972). This concept is supported by numerous studies (Finkle, Moyers, Tobenkin and Kang, 1959; Kinsey, Pomeroy, Martin and Gebhard, 1956; Masters and Johnson, 1966; Newman and Nichols, 1960; Post, 1967; Weinberg, 1969). The Duke studies indicated that eighty-six percent of the females, those females who no longer had intercourse, reported the following reasons: (1) their husband had died; (2) their husband was ill; or (3) their husband had lost potency (Pfeiffer, Verwoerdt, and Wang, 1968). Separate interviews with both marriage partners corroborated this contention (Pfeiffer, Verwoerdt, and Wang, 1968). Thus within a marriage, the male appears to be the determining factor in the cessation of sexual intercourse.

Another finding of researchers involved in the Duke University studies was concerned with differences between males and females with respect to marital status and continued sexual activity. "In contrast to the unmarried women, unmarried men maintained sexual activity and interest at levels roughly similar to married men" (Verwoerdt, Pfeiffer and Wang, 1969, p. 151). It is suggested that this difference and apparent lack of interest by females may be adaptive. Considering the sheer numbers of females in old age and the tendency for males to marry younger females, this adaptiveness may serve a healthy purpose (Liang, 1973; Pfeiffer and Davis, 1972). Masters and Johnson contend that a female's sexual capacity, interest and performance are a function of the <u>opportunity for</u> regular sexual expression while the most

important factor in the maintenance of effective functioning in the male is consistency of active sexual expression. This difference in male and female behavior, as identified by Duke University, may be basically rooted in cultural and social standards rather than purely biological standards.

Another major finding consistently reported in sex research relates to an individual's comparative level of sexual activity. Individuals who are sexually active when young are sexually active when old, while those who are not sexually active when young are not sexually active when old (Kinsey, Pomeroy and Martin, 1948; Kinsey, Pomeroy, Martin and Gebhard, 1953; Masters and Johnson, 1966; Masters and Johnson, 1970; Pfeiffer and Davis, 1972; Newman and Nichols, 1960; Post, 1967). This concept of continuity of life style is supported by Busse (1969) and Havinghurst (1969). Closely tied to this finding is the implication that past enjoyment is in addition to marital status, a major determining factor associated with continued sexual activity for females (Pfeiffer and Davis, 1972).

Physiological changes which stem from the aging process affect sexual functioning and therefore alter sexual expression. There is little evidence, however, to indicate that declining physiological efficiency is a sufficient reason for decrease or absence of sexual expression in old age as suggested by societal stereotypes (Weg, 1978). Changes which occur are gradual and are highly variable from individual to individual. The changes most markedly noted over time in males include: the need for greater stimulation to achieve full erection,

diminished strength of erection, a longer time period before ejaculation, reduced strength of the ejaculate due to weaker contractions of the prostate gland, reduced volume and viscosity of seminal fluid, and a longer refractory period (Masters and Johnson, 1966; Weg, 1978). Physiological changes in females include: a longer time needed for vaginal lubrication, decreased amount of lubrication, thinning of the lining of the vagina, and loss of elasticity along with the shrinkage of the vagina and labia majora (Masters and Johnson, 1966; Weg, 1978). The majority of female changes appear to be due to decreasing estrogen production of the ovaries. However, it should be noted that the correlation between hormonal influences and the natural physiological aging process is still not clearly identified with respect to androgen, progesterone, androstenedione and the androgenic and estrogenic hormones produced by the female adrenals (Voigt and Schmidt, 1978; Lauritzen and Muller, 1978). Current physiological research has indicated that although these changes occur with advancing years, there is no time limit on the female's ability to achieve orgasm. On the other hand, males may lose potency with advancing age due to abstinence over a period of time, illness, use of drugs, or other psychosocial conditions (Masters and Johnson, 1966; Masters and Johnson, 1970).

Berezin (1976) and others have criticized the one-sided research efforts in the area of sexuality and aging, namely, concern with sexual intercourse. Because sexual intercourse is only one means of expressing one's self sexually and because the aging process creates changes in both males and females, some researchers are now calling for a redirection of future research. It is suggested that

if coitus alone is to be representative of research attention then a bias does exist in that frequent research attention is not being given to other forms of sexual expression (Christenson and Johnson, 1973). Cleveland (1976) contends that sexual behavior in old age is quantitatively and qualitatively different from sexual behavior in youth. In support of this position, she writes:

> we need to develop normative expectations which separate youthful sex and aging sex without implying that the latter is a degenerated form of the former (p. 236).

Redefining the objective of aging sexual behavior from a "performance" orgasm orientation to "intimacy, joy and fulfillment," she believes would broaden the spectrum of potential sexual expression for older people. As Sander (1976) writes, "the more we study the elderly the more we realize that their sexual drives are not so much diminished as diffused . . . " (p. 510).

A review of the literature seems to indicate that recent studies are beginning to focus on qualitative aspects of sexual expression and old age as opposed to quantitative aspects. For example, some evidence exists that sexual expression may contribute to keeping one in good physical and psychological condition and that it assists in reducing tension (Butler, 1975; Lemer, 1975; McCary, 1978). There is some indication that sexual activity itself is therapeutic for arthritis sufferers, in that it increases the output of cortisone from the adrenal glands (Butler and Lewis, 1973).

Articles which have appeared in professional journals indicate a need for increased physician sensitivity when dealing with older patients during critical life periods. Several professionals suggest that older people are willing to use modified forms of sexual expression, if encouraged and advised to do so by their physicians (Glover, 1977; Kales, Tan and Martin, 1977; West, 1975).

There is a necessity to describe affectional sexual expression in old age in terms of: touching, stroking, teasing, sharing, fantasizing and satisfying. The 32nd Annual Meetings of the Gerontological Society in November of 1979 included two research reports in this realm (Eckels, 1979; Shippe, 1979). Professionals at the Western Gerontological Society's 26th Annual Meeting symposium, "Sexuality and Aging," in the spring of 1980 advised attending practitioners to expand their definition and views of sexual expression in old age (Broderick, Genevay, Weg, 1980).

Summary

The literature review in this chapter concerned research common to the fields of sexology and gerontology. Although the behavior section represented the most researched area, this area is scant in comparison to other age groups and is predominately directed toward coital aspects of sexual expression. There is some indication from the literature and from professional meetings that present and future researchers may begin to focus on the more global aspects of sexual expression.

Concerns were identified relative to sexual attitudes held by older people and by those responsible for providing services to them. Lack of information or knowledge regarding sexual issues of conern to older men and women was also identified by a number of sexology and gerontology researchers. Volunteerism and recruitment problems which might bear upon future researchers were considered, as was the limited documentation regarding sex education for older people.

Review of the literature in the areas of sexuality and aging has indicated that studies which investigate the broad area of sexual expression and its importance to older women and men are needed. Of particular importance is the necessity of determining the knowledge and attitudes held by older people in regard to sexual expression. From a review of literature it is evident that instruments to make such an assessment among non-institutionalized individuals are lacking. As a result, information about knowledge and attitudes among the older cohort in terms of sexual expression is therefore unclear.

III. METHODS AND PROCEDURES

The type of information sought in this study necessitated collecting data directly from older persons. Since an appropriate, valid instrument for non-institutionalized older women and men did not exist, an instrument was developed for data collection. In addition to instrument development, a sample of non-institutionalized individuals were needed for this research. This chapter considers these two issues: the instrument and the sample.

Selection of Interviewees or Subjects

The sample for this study consisted of thirty-two individuals between the ages of sixty-five and seventy-four years of age. This particular age category was selected because: (1) it parallels demographic and U.S. census data categories in the elderly population (2) it includes the closest numerical balance between males and females beyond age sixty-five and (3) it is most representative of non-institutionalized older population.

Population estimates from the Oregon Office of Elderly Affairs were used to locate the sample. These estimates indicate that the central cities and the urban fringe areas of Portland, Salem, and Eugene contain abut two-thirds of all Oregon's urban elderly (Oregon, Department of Human Resources, 1974). Due to the proximity of the investigator to the Salem population concentration, the Salem area was identified as a potential population from which participants could be drawn.

Since current research indicates that the rate of affiliation with voluntary associations remains high even for individuals over eighty years of age (Babchuk, Peter, Hoyt and Kaiser, 1979), voluntary associations of older people were considered to be potential sources of volunteers. Finally, the American Association of Retired Persons (AARP), Chapter 312, in Salem, Oregon was selected for this study, largely because a heterogenous group of older people was desired.

The American Association of Retired Persons

The American Association of Retired Persons (AARP) offered a number of advantages to this study. Most importantly, the AARP acknowledges ties to no specific religious, fraternal or labor organizations. As described in its bi-monthly periodical, Modern Maturity, the AARP is a "non-profit, nonpartisan, social welfare, philanthropic, educational and scientific membership organization (American Association of Retired Persons, 1980/1981, p. 3). Since the AARP has been known to participate in research efforts sponsored by a variety of institutions, (particularly the National Science Foundation and the Administration on Aging), it was hoped that they would be receptive to participation in this study. The investigater also felt that the subject matter of this study seemed compatable with the AARP's commitment as expressed in Modern Maturity: "AARP is dedicated to helping all older men and women achieve independence, dignity, and purpose" (American Association of Retired Persons, 1980/1981, p. 3).

Sampling Pattern

Since fifty-five is the lower membership age for the American Association of Retired Persons, which neither maintains age listings of its members nor discloses its membership list, an assumed population was generated from Census statistics. The 1970 Census indicated that Marion county, which includes AARP Chapter 312, was composed of 33,182 people beyond the age of fifty-five. Of those 33,182 people, 11,310 or 34% were between the ages of sixty-five and seventy-four.

Within AARP Chapter 312, which reported a total membership of 509 in October of 1980, 173 individuals were assumed to be ages sixty-five to seventy-four. The application of this population assumption is developed in Table 1.

Table 1. EXPECTED FREQUENCY OF INDIVIDUALS AGES SIXTY-FIVE THROUGH SEVENTY-FOUR IN AARP CHAPTER 312, SALEM, OREGON - 1980

	Individuals Ages 55 and Older	Percent of 55+ Who Are Ages 65-74	Individual Ages 65-74
Marion County a	33,182	34%	11,310
AARP Chapter 312 b	509	34%	173

Source: a Census of Population: 1970, Vol. I, Characteristics of the Population, Part 39, Oregon, Table 35, page 98.

b AARP Board of Directors Meeting, Membership Report, October, 1980.

The sample of individuals who participated in this study numbered 32 or 18% of the assumed population of 173. In accordance with Gay's opinion, (Courtney, 1979) this exceeds the 10% sample size deemed acceptable.

Recruitment of the Sample

Because previous researchers had identified some difficulty in securing older volunteers, a systematic and somewhat time-consuming approach was used to gain entry to AARP Chapter 312. The initial contact was made on September 22, 1980, and by October 22, 1980 a sizable number of volunteers committed themselves to participation in this study. The chronology of discussions, meetings and presentations needed to gain the volunteers is presented in Appendix A.

Hal Moran, AARP State President, was the only AARP member who had access to the interview guide instrument prior to the time individual interviews were conducted. At his request, the interviewer agreed to remove one questionnaire item which pertained to economic status. All of the individuals involved in this study were apprised of the fact that the subject matter of this research on human relationships, involved the dimension of sexuality. They were also assured, however, that sexual behavior was not the focus of this investigation.

Thirty-two older individuals volunteered to participate in this study. This sample was recruited from four primary sources: the AARP Board of Directors (3), the AARP General Meeting (17), a Salem Senior

Center Newsletter (6), and personal contacts (6). It should be noted that 30% of those in attendance at the AARP Board of Directors meeting on October 14, 1980 and 30% of those in attendance at the AARP General meeting on October 22, 1980 volunteered for this study. All AARP Chapter 312 members ages sixty-five through seventy-four had the opportunity to volunteer for this study.

Appendix B contains copies of all communications pertinent to the subject recruitment process as well as written assurances given to AARP by the investigator. Demographic data regarding the sample are reported in Chapter IV.

Theoretical Approach to Instrument Construction

Educational research utilizes two kinds of instruments to measure achievement; these instruments are usually classified as norm-referenced or domain/criterion referenced (Borg and Gall, 1979; Martuza, 1977). Although these classifications share some commonalities, they differ theoretically in essential ways. A norm-referenced approach is one which primarily measures individuals along an achievement domain while a domain referenced approach is one which primarily measures individuals achievement in a specific domain. As both Borg and Gall, and Martuza agree, a major consideration in choosing a testing instrument is the intended use of the instrument itself. The goal in this study was to identify knowledge and attitudes regarding sexual expression among older persons. Therefore, a measurement construct which would yield results

interpretable in an absolute (rather than relative) sense was required. For this reason, a domain-referenced theoretical approach was finally selected as the appropriate construct for this study. As Borg and Gall (1979) note, the

> major function of domain-referenced tests is to establish the learner's "domain status," that is, precisely what is his level of performance and specific deficiencies in the domain covered by the test? (p. 244).

They add that:

> when we want to diagnose difficulties or find out what students have achieved in absolute terms, we should select domain-referenced measures (p. 225).

A domain-referenced approach was also considered particularly appropriate for older subjects since it helped to create an environment for participation by reducing test anxiety and by enabling subjects to have a sense of accomplishment.

The domain examined in this study was sexual expression. The instrument developed identified knowledge and attitudes regarding sexual expression among non-institutionalized individuals between the ages of sixty-five and seventy-four. The construction of this instrument necessitated: (1) describing the domain as explicitly as possible and (2) producing items whose logical relationship to the domain could be established (Martuza, 1977; Millman, 1974). The processes used to construct the research instrument are described and discussed in the section entitled Development of the Interview Guide on page 41.

Selection of the Structured Interview as a Means of Gathering Data

The structured interview, which was the means of gathering data for this study, offers several advantages. Perhaps most important, as Tuckman (1972) points out, is the fact that information which is personally sensitive or revealing is best obtained through the use of an interview, since people are more willing to give oral responses than written ones. The technique of interviewing also tends to produce a greater number of total responses by subjects than a written questionnaire. As a result, the structured interview could be expected to yield more complete information (Borg and Gall, 1979). Additionally, the interview has been acknowledged as an accepted tool for investigation in the field of sexology (Gagnon, 1977). And finally, among the major techniques employed in old age research (the interview, questionnaire, and the survey), the interview is the technique most often recommended as a data gathering tool in conducting this type of research (Brower and Tanner, 1978; Shippe, 1979).

Since the purpose of the interview guide was to gather specific information, the guide was developed in a manner that facilitated a structured approach. The response modes chosen for the interview guide were fill-in and scaled, in order to enhance the identification of knowledge and attitudes of those who participated in this study. These response modes were intended to minimize bias, provide greater response flexibility, and force discrimination in responding to questions (Tuckman, 1972).

Development of the Structured Interview Guide

The use of experts to contribute material to a pool of test items and to evaluate those items in terms of their congruence with test specifications is a current practice in the field of educational measurement and test construction. For this reason, a pool of professional experts representing the interdisciplinary areas of sexology and gerontology was created to assist in the construction of an instrument for this study. Partially as a result of contacts with the Center for the Study on Aging and Human Development, the Institute of Sex Research, the Sex Information and Education Council of the United States, and The Institute for Advanced Study of Human Sexuality, the researcher was able to build an initial pool of twenty-six professional experts. Criteria for their original placement in the pool of professional experts was based on any one of the following:

1. The individual is actively contributing to scholarship in the areas of sexuality and/or aging. Evidence of such contributions may be verified through teaching, research or publication.
2. The individual is recommended by a nationally known organization or institute in the area of sexology and/or gerontology (see Appendix C for communication with these organizations and institutions).
3. The individual is professionally involved in the areas of sexology and/or gerontology.

4. The individual is recognized by peers as a leader in his/her respective field as determined by past professional honors confered, affiliations, research and publications.

Use of Professional Experts

Seven professional experts were randomly selected from the pool of twenty-six individuals. Each of those selected was sent a letter to determine his/her willingness to participate. The letter included: a general description of the nature of the study, a specific description of the tasks requested, a form indicating his/her willingness to serve, and a stamped self-addressed envelope. Selected experts were asked to confirm their acceptance by returning the form in the envelope provided. See Appendix D for the initial contact letter as well as the returned acknowledgement of acceptance. All seven experts responded affirmatively, although one later withdrew due to extensive work related tasks. Six professional experts then participated in the development of the interview guide which was used as an instrument of measurement for this study. Appendix E contains a listing of professional experts involved as well as a brief synopsis of their qualifications.

Each of the selected professionals was requested to perform two different tasks at two different times, and each of these tasks was solicited in writing. Since both tasks were essential to the development of the interview guide, they are described in detail on the following pages.

Task One for Professional Experts

Task one (Appendix F) asked the professional expert to respond to a skeletal outline, which reflected a review of literature regarding the common fields of sexology and gerontology. The instructions provided the experts with a specific domain-referenced definition of sexual expression and delineated the method by which the items for the interview guide would be generated. The experts were then asked to critique each general category and item, add or delete categories and items, and weigh each item in terms of appropriateness to sexual expression and older people in both knowledge and attitude areas.

Expert agreement on topical items appropriate to knowledge and attitude areas was determined by generating a weighted mean score from the responses to Task One. Items which had been weighted by the professional experts were given the following point values:

3 - Extremely Important

2 - Moderately Important

1 - Of little Importance

Utilizing the general formula for computing a weighted mean, those items which received a mean score of 2.5 or more were deemed important enough to be considered as topical items for interview guide construction. The selection of 2.5 as a criterion enabled an adequate number of topical items to remain under each category for future item generation. The weighted mean was computed by using the formula:

$$_{W}M = \frac{EWX}{EW}$$

where $_{W}M$ = weighted mean

W = weight

EWX = sum of values being averaged, each multiplied by its appropriate weight

EW = sum of the weights

Table 2 lists the categories and topical items which received a mean score of 2.5 or more in the knowledge area.

TABLE 2

KNOWLEDGE CATEGORIES AND ITEMS RATED BY EXPERTS - MEAN SCORE OF 2.5 OR MORE - TASK ONE

CATEGORY Item	Weighted Mean Score W^M
BASIC PHYSIOLOGY	
X_3 Intercouse as the only way to obtain sexual satisfaction?	2.5
PHYSIOLOGICAL CHANGES	
X_1 Reduced intensity of orgasm	2.5
X_3 Lubrication of vulva and vaginal areas may take longer to achieve	2.5
TOUCHING AND PLEASURING	
X_1 Erogenous areas of the body	2.5
X_3 Knowledgeable of alternative ways to demonstrate affection	2.5
DRUG USE	
X_1 Hypertensive drugs	2.6
X_2 Alcohol consumption	3.0
RESOURCES AVAILABLE	
X_1 Know a health professional with whom you can discuss problems related to sexual expression	2.5
X_2 Know where to find printed material regarding aging and sexuality	2.5

Table 3 lists the categories and items which received a mean score of 2.5 or more in the attitude area.

TABLE 3

ATTITUDE CATEGORIES AND ITEMS RATED BY EXPERTS - MEAN SCORE OF 2.5 OR MORE - TASK ONE

CATEGORY Item	Weighted Mean Score W^M
SOCIAL MYTHS	
X_1 Old = no sexual activity	2.5
X_2 Sexual activity --- aggravate illness or cause death	2.5
X_3 Cultural stereotypes about older people and sex	2.5
X_4 Mateless, thus sexless older females	2.8
SELF ATTITUDES	
X_1 Positive body image	2.5
X_2 Definition of physical attractiveness in older age	2.6
X_3 Religious restrictions	2.6
X_4 Defining qualitative elements - concern, care, affection, love	2.8
DEALING WITH LONELINESS AND LOSS	
X_1 Intimacy and relationship needs	2.8
X_2 Meeting new people	2.8
X_3 Communication skills	2.6

TABLE 3 - *Continued*

REINSTITUTING A SEX LIFE	
X_2 Remarriage	2.5
TOUCHING AND PLEASURING BEHAVIORS	
X_1 Importance of touching others and have others touch you	2.8

Additional topical items which had been added by the professional experts were homogenously grouped. Table 4 lists those topical knowledge items which were sufficiently repeated and weighted by experts and which were indicative of inclusion.

TABLE 4
ADDITIONAL KNOWLEDGE ITEMS DEEMED IMPORTANT FOR INCLUSION - BY PROFESSIONAL EXPERTS

1. Erection and ejaculation changes
2. Cardiac problems and sexual activity
3. Diabetes and/or neurological disorders

Table 5 lists those topical attitude items which were sufficiently repeated and weighted by experts and which were indicative of inclusion.

TABLE 5
ADDITIONAL ATTITUDE ITEMS DEEMED IMPORTANT FOR INCLUSION - BY PROFESSIONAL EXPERTS

1. For procreation purposes
2. Masturbation
3. Family strictures
4. Peer reaction
5. Guilt, ridicule
6. Sensory stimulation, stroking, fondling, hugging, kissing

Also as a result of expert suggestion, an attitude category entitled "Reinstituting A Sex Life" was changed to "Barriers." (Although the experts added other categories, no consistent patterns could be found. At times, suggested items appeared to be repeats of already existing items.) At this point, the additional categories and topical items were reinserted into existing categories on the skeletal outline. The twelve items listed in Tables 2 and 4 combined provided the operational frame of reference regarding knowledge in the area of sexual expression among older people. The twenty-two items listed in Tables 3 and 5 combined provided the operational frame of reference regarding attitudes in the area of sexual expression among older people. These thirty-four items then provided the basic form for the items which were to be generated for inclusion in the interview guide as developed for use in this study.

Additional Consultation

The researcher also consulted with other individuals in order to gain additional information about the basic interview form described above. During a period of one month, informal discussions were held with two older women and two older men regarding the topic of sexual expression in later years. Although these older individuals were not a part of the study population, they did belong to the sample age group of sixty-five through seventy-four years of age. As a result of these informal discussions with older adults and the input from professional experts, a pool of one hundred and six potential interview items/questions were generated.

Consultation with staff of the Oregon State University Survey Research Center assisted the researcher to critique and edit the one hundred and six items. This critiqued draft of items was then resubmitted as their second task to the professional experts for review.

Task Two for Professional Experts

As indicated above, Task Two (Appendix G) required the professional experts to assess the one hundred and six items. At the beginning of the task the experts were reinformed of the explicit definition of sexual expression and apprised of the fact that they were to evaluate items in light of: knowledge held and/or needed or attitudes held and/or needed by sixty-four to seventy-four year old non-institutionalized older persons. The experts were asked to move items to other categories, eliminate inappropriate items, or move items into the other major area (knowledge or attitude) if they deemed it appropriate. They were also asked to circle terms which needed qualifiers or definitions and

rate or evaluate each item.

In order to determine the relative accuracy of the knowledge items initially generated, experts were requested to evaluate each of the items according to how accurate or inaccurate they judged them to be. Accompanying each knowledge item was a seven point scale with the terms "accurate" and "inaccurate" placed at opposite ends. The experts were directed to circle the number which indicated their rating of the item. Numbers circled on the outer edges -- 7 and 6 or 2 and 1 -- represented a strong rating, while 3, 4, and 5 indicated a less strong rating. After the ratings were tabulated, a weighted mean score was calculated for each knowledge item.

Only those knowledge items which received mean scores between 7.0 and 5.5 and between 3.5 and 1 and only those knowledge items which received five or more of the six expert weightings in polar positions 7 and 6 or 2 and 1 were considered to represent strong interrater agreement. Although this criteria might be viewed as somewhat stringent, it enabled patterns of information opinion among experts to be clearly isolated. This procedure is compatable both with general procedures used in determining independent interrater agreement (Hambleton, Swaminathan and Coulson, 1975) and with Martuza's (1977) contention that "what one considers to be an acceptable level of interrater agreement may vary from one situation to another" (p. 286). This criteria necessitated an 83.3% expert agreement, or agreement by five of the six experts in polar positions, and as such, exceeded the minimum acceptable level of agreement of 80% as suggested by Martuza (1977). The tabulation of knowledge items, their frequency distribution, computed weighted mean score,

and item selection or rejection is included in Appendix H.

In order to determine the compatability of expert thought in the attitude area, Task Two asked experts to evaluate each item in terms of perception of attitude range: agree, disagree, or no judgment. For statements which represented a healty attitude toward sexual expression and/or a realistic view of society, experts were directed to mark the agree range. For statements which elicited an opposite feeling, experts were directed to mark the disagree range. Only those attitude items which demonstrated compatibility of opinion among five of the six experts were selected for inclusion in the interview guide. The tabulation of attitude items, their frequency distribution, and selection or rejection is included in Appendix H.

Validity and Reliability

Since the quality of a test instrument is dependent upon the degree of validity and reliability it possesses, several procedures were used to insure that the interview guide met acceptable research standards. The sixty knowledge and attitude items which comprised the body of the interview guide were based upon the specific content area of sexual expression, as previously defined. Because the method of construction used to complete these knowledge and attitude items was one most appropriate for a domain-referenced test and not a norm-referenced test, specific types of validity and reliability tests designed for use with domain-referenced measurement tools were needed (Martuza, 1977). Utilization of these tests was essential if confidence was to be placed in the interview guide as a tool of measurement.

Content Validity

Borg and Gall (1979) indicate that evidence of high content validity is essential for domain-referenced tests. Hambleton suggests a procedure to establish content validity; it involves providing two content specialists with a specific domain definition and having them independently rate items using a 4-point scale (Borg and Gall, 1979). This procedure is similar to that employed in Task Two by the six professional experts involved in this study. The statistical analysis of the results, which showed an expert agreement of 83.3% for knowledge items and for attitude items, are evidence of content validity.

Face Validity

Due to the topical nature of this study (sexual expression) a focus on promoting good public relations was necessary for the researcher to gain access to the desired sample. Establishing rapport with individual subjects was also essential in order to facilitate completion of the interview of subjects. Because of the nature of the study and the subjects involved, establishing face validity was deemed highly important. As part of Task Two the professional experts examined the interview guide items to evaluate the suitability of language. Additionally, ten pilot interviews were conducted to further refine the instrument and to determine public acceptability of the topical area. Based upon expert response and the modifications made in the instrument following the pilot test interviews, face validity was established for the interview guide.

Reliability

The use of generally accepted estimates of reliability typically employed in test construction would have required the elimination of easy or difficult items from the interview guide. The elimination of these items would, however, have destroyed the test's domain-referenced character as well as the domain it was originally intended to represent. As pointed out by Martuza (1977), "the statistical procedures used for establishing reliability of norm-referenced tests are not well-suited for use with tests intended to provide domain-status or criteria referenced interpretations" (p. 276-277). Since variance may or may not exist in domain references tests, the presence of test score variance is not a prerequisite to the establishment of reliability. Borg and Gall (1979) indicate that the reliability of domain referenced tests is usually reported in terms of percentage of agreement rather than as a correlation coefficient. Martuza (1977) indicates that experience in this area of reliability estimation is somewhat limited; however, he suggests that a consistent mean absolute difference above 30% would indicate unsuitability for estimation of domain status.

Several procedures suggested for establishing reliability were explored. A procedure described by Carver indicated that the reliability of a single form of a measurement instrument could be estimated by administering it to two comparable groups (Hambleton and Novick, 1973). By comparing these groups percentage scores reliability could be assessed in that the more comparable the percentages, the more reliable the measurement instrument could be said to be. Carver's estimation of reliability was deemed appropriate for this study. Martuza (1977) indicates that

experience in this area of reliability estimation is somewhat limited; however, he suggests that a consistent mean absolute difference above 30% would indicate unsuitability for estimation of domain status.

The ability of the interview guide to make consistent estimates of the subject's level of mastery of knowledge items and attitude ranges was established by comparing the scores of three male and three female groups. Group one consisted of the ten individuals, five males and five females, involved in the pilot test. Group two consisted of ten in-study individuals, five males and five females, directly matched by selected variables to group one. And group three consisted of ten randomly selected in-study individuals, five males and five females.

Response consistency between groups one and two were compared. These individuals were matched by both sex and demographic variables: type of work, religious attendance, education, and their personal perception of the importance of religion. Groups two and three were compared, separately by sex on response consistency.

Since reliability in the case of domain-referenced tests is usually reported in terms of percentage of agreement rather than a correlation coefficient; a comparison of the percent of agreement between groups is presented in Chapter IV. That comparison indicates that the interview guide was reliable.

Pilot Test of the Interview Guide

The interview guide was pilot tested on ten individuals, five men and five women. These individuals were part of the study population but were not included in the study sample. The pilot test

was conducted in order to refine the instrument and to determine public acceptability of research in this area. As a result of the pilot test three decisions were made.

The first decision resulted in editorial changes in ten items that seemed to lack clarity. In making these changes, every effort was made to avoid changing the intent of the professional experts. Changes included a verb change in pilot test item #29 (to make the item appear more plausible) and a sentence restatement of pilot test item #52 (to increase the number of incorrect statements in the tool, as suggested by Survey Research). The ten items as they were initially stated and as they were modified for future use in the interview guide are compared in Table 6.

TABLE 6

A COMPARISON OF CHANGES MADE IN ITEMS AS A RESULT OF THE PILOT TEST

Pilot Test Items	Changes Made in Items
#5. Physical appearance after 65 is just as important to attractiveness, as it is at any other time.	#5. Physical attractiveness or appearance after age 65 is just as important as it is at younger ages.
#10. Affection and warmth toward older people is unimportant in old age.	#10. Older people do not care about receiving affection and warmth.
#11. Verbal expressions of affection are less important for couples.	#11. Words of affection are less important for couples as they grow older.
#13. Remarriage, after one's spouse has died, somehow seems unfaithful.	#13. To remarry after the death of one's spouse, is being unfaithful to the deceased spouse.
#17. Youthful looking older men have better chances for remarriage in later years than do older women.	#17. Youthful looking older men have better chances for remarriage in later years than do youthful looking older women.
#27. Sex first and foremost is for procreation (reproducing or making children).	#27. Sex is primarily for procreation (reproducing or making children).
#29. Abstinence from (or doing without) sexual intercouse in youth will increase the number of years one can have intercourse in later life.	#29. Limited sexual intercourse in youth will increase the number of years one can have intercourse in later life.
#52. If hypertensive medications (medications for high blood pressure) are taken, as prescribed by the physician, they will not limit one's ability to be sexually active (sexual).	#52. Hypertensive medications (medications for high blood pressure) alway limit one's ability to be sexually active (sexual).

TABLE 6 - Continued

#55. Hysterectomy (removal of a female's internal reproductive organs) marks the end of a woman's ability to experience orgasm (climax).	#55. Hysterectomy (removal of a female's internal reproductive organs) means the end of a woman's ability to experience orgasm (climax).
#58. Menopause (the end of menstruation in the female) is accompanied by a sharp and lasting reduction in sexual expression and interest.	#58. Menopause (the end of menstruation in the female) is accompanied by a reduction in sexual expression and interest.

The second decision was related to the question of whether or not to change the conventional expressions in parentheses. The decision was made to include these alternative expressions because they: (1) helped some subjects to better understand terminology and appeared to be accepted by all who needed them for clarity; and (2) provided the interviewer with vocabulary substitutes when necessary. It was noted that the need for providing such terminology clarity was consistent with the findings regarding terminology problems encountered by Kinsey (1948, 1953), and Shippe-Rice (1979).

The third decision concerned the amount of time needed for complete data collection. Pilot tests averaged two hours and ten minutes each. One interview required three hours and forty minutes for completion. Based on this information, a decision was made to allow at least three hours for each of the subsequent subject interviews.

Data Collection Through Interview

All data was collected through personal interviews using the interview guide which appears in Appendix I. Following an introduction, which reiterated the purpose of the study, and prior to the first interview guide item, subjects were asked to sign two copies of the "Informed Consent" form. One copy was kept by the subject. Each subject was assigned an interview number. Anonymity was guaranteed by placing that number only on the subject's copy of the "Informed Consent" and on the data collection sheet and not on the interviewer's copy of the "Informed Consent" form.

The thirty-two interviews providing data for this study were completed during a three week period of time. All interviews were individually arranged through phone contacts with subjects. Appendix J includes the forms developed for scheduling subject interviews. The majority of interviews took place in subject's homes or in the Salem Senior Center. One interview took place in a car while another, at the subject's request, took place in a public restaurant.

At the completion of the interview, subjects were provided a stamped, self-addressed envelope. They were directed to mail the envelope to the interviewer if they desired a written summary of the study. Subjects were advised that they had the option of identifying themselves by name or "resident." They were requested to include their mailing address inside the envelope in order to further guarantee anonymity.

Each of the thirty-two interviews and the pilot tests varied in the length of time it took for completion. The average amount of time spent with each subject was two hours and twenty minutes. In some situations, when older couples were involved in interviews, the interview took as long as four hours and forty-five minutes. A substantial part of each interview was devoted to building rapport and to discussing sexuality with the subjects.

Treatment of the Data

Data obtained from pilot test interviews and sample interviews, were classified, coded, and transferred to IBM computer cards (except for extemporaneous comments and responses to open ended questions which had been recorded by the interviewer). The results of all tests employed in this survey research were run at the Oregon State University Computer Center.

Descriptive statistics were used to analyze the sample while inferential statistics were used to interpret the research questions posed. Parametric statistics were deemed appropriate for research questions one and five while non-parametric statistics were deemed appropriate for questions two, three, four, and six.

Non-parmetric statistics were considered appropriate for research questions involving categories and attitude items for two primary reasons. First, non-parametric statistics do not make stringent assumptions about parameters; specifically they do not assume that the scores under analysis were drawn from a population distributed in a certain way, for example from a normally distributed population (Siegel, 1956). As Gibbons (1976) states,

> In practice. . . stringent assumptions can seldom be completely justified. It may be that the sample size is too small, or that previous experience with this type of data is too limited, or that relevant information is simply insufficient for the investigator to know just what sort of assumptions might be tenable in the situation at hand (p. 22).

Secondly, non-parametric techniques are useful with scores which are not exact in the numerical sense. Although the scores derived from the thirty-six attitude items in the interview guide were numerical, they

were numerical in appearance only (5 - strongly agree; 4 - agree; 3 - undecided; 2 - disagree; 1 - strongly disagree). Treating these numerical values as equal would have introduced distortions to the data and would have thrown doubt on inferences or conclusions drawn.

Statistical Tests

The statistical tests selected for use in this study were verified as appropriate by the Oregon State University Statistics Department Consultant (Fishelson - Holstine, 1981). They included:

1. The t test for research questions #1
2. The Mann Whitney U for research questions #2, #3, and #4
3. The F test for research question #5 and
4. The Chi square for research question #6.

Decision Making Rules

All questions were analyzed from a null hypothesis frame of reference using a .05 level of significance for a two tail test. In other words, the null hypothesis presumed that no significant differences existed between males and females involved in this study. If no significant differences were found the null hypothesis would be accepted. If significant differences were found, the null hypothesis would be rejected. Rejection of the hypothesis necessitated:

1. a t test computed score equal to or greater than the tabular value at .05 for a two tail test (Sharp, 1979)
2. a Mann Whitney U computed score equal to or less than the table value at .05 for a two tail test (Sharp, 1979)

3. an F test computed score equal to or greater than the tabular value at .05 for a two tail test (Sharp, 1979) or
4. a Chi square computed score equal to or greater than the tabular value at .05 for a two tail test (Sharp, 1979).

Summary

This chapter discussed the methods and procedures developed to answer the research questions stated in Chapter I. The methods and procedures utilized involved the recruitment of subjects as well as the development of the measurement instrument, a structured interview guide.

Systematic procedures were utilized to recruit subjects and to secure their voluntary participation. All participants included in the sample were affiliated with a voluntary association (AARP). Methods used to recruit subjects were dealt with at length, since previous researchers had identified problems in this regard.

A brief synopsis of the theoretical approach employed in developing the measurement instrument prefaced the detailed process. The methodology employed in developing this structured interview guide instrument and the statistical approach used to establish validity and reliability were based upon the recommendations of previous researchers, as well as upon the recommendations of authorities in the area of test construction.

The final portions of this chapter reviewed methods of data collection and discussed parametric and non-parametric statistical treatment of the data.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The results of this study are reported in five sections. The first section describes the sample subjects using descriptive statistics. The second section reports on the reliability of the measurement instrument. The third section presents findings of statistical tests regarding knowledge and sexual expression, while the fourth section presents findings of statistical tests regarding attitudes and sexual expression. Finally, the fifth section reviews additional findings which were indirectly related to identifying knowledge and attitudes regarding sexual expression among the sample subjects.

Description of the Subjects

All thirty-two of the subjects interviewed were caucasian protestants between sixty-five and seventy-four years of age. (The fact that all volunteers were caucasian was not surprising considering the source of the sample -- Salem, Oregon.) The ages of the men and women involved tended toward the upper age limits with eight (53.3%) of the men and twelve (70.6%) of the women being sixty-nine years of age or older. A distribution of subject ages can be seen in Figure 2.

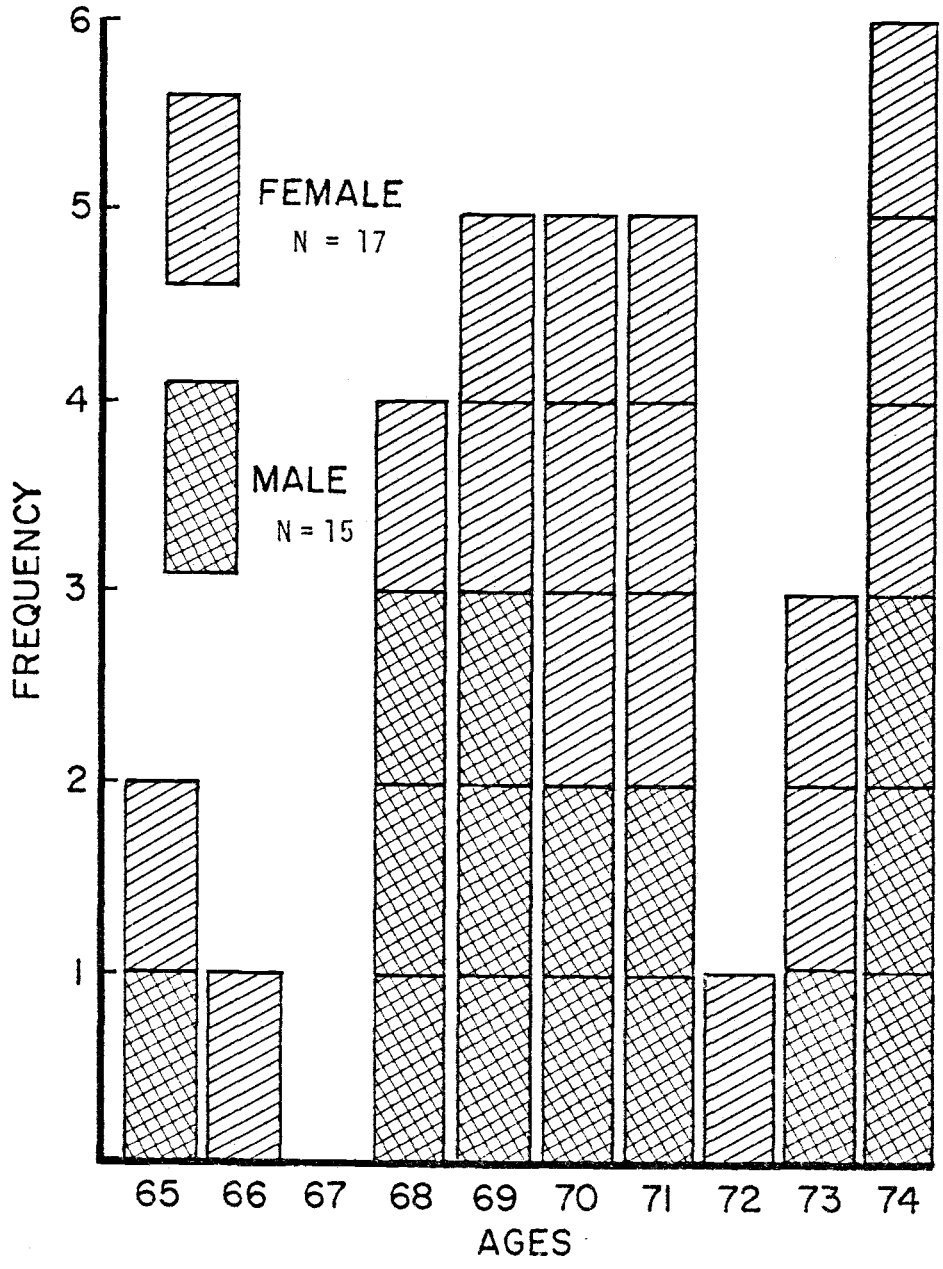

FIGURE 2. Distribution of Ages of Subjects.

All of the men were married, while ten (58.8%) of the women were widowed, divorced, separated or never married. The educational level differed for men and women with men having completed more formal schooling; this may reflect the era in which they received their formal schooling. In terms of educational level attained, the sample was atypical in that national census reports indicate that 8.9% of those fifty-five years or older have completed four years of college (U.S. Bureau of Census, 1979). In this sample however, ten (31.3%) of the subjects held at least one college degree.

The majority of men and women in this sample (65.6%) had spent the greater portion of their lives in professional or managerial kinds of work. As is characteristic of older Oregonians, a greater proportion of men had held managerial positions while a greater proportion of women had held professional positions (Gravatt and Hunt, 1979). All the women in this sample had been homemakers at least part of their lives; however, of the total sample six of the women (35.3%) specifically reported having had dual careers, e.g., working both in and outside the home.

Although ninety percent of the subjects (90.6%) considered themselves fully retired, more males than females reported themselves to be working at least part time. This trend is compatible with Oregon statistics, which find more men beyond sixty-five in the labor force than women (Gravatt and Hunt, 1979).

Twenty eight (87.5%) of the subjects were parents. The majority (75.0%) attended church on a regular weekly basis. This particular characteristic is worth special note since only one-third of all Oregonians are affiliated with some church (Loy, Allen, Patton and Plank, 1977). A summary of these personal characteristics are presented in Table 2.

The subjects in this study can be further characterized by some of the self perceptions they shared as part of the interview. The vast majority of those interviewed (78.1%) considered religion to be very important to them. On a continuum scale, most (56.3%) described their health as excellent; and, when comparing themselves to others of their same sex and age, they considered themselves to be in better health than their peers. Slightly over half (56.3%) believed that older people were generally open to discussion about the topic of sex. These selective perceptions are summarized in Table 3.

TABLE 7

FREQUENCY DISTRIBUTION OF SELECTED PERSONAL CHARACTERISTICS OF SUBJECTS
N = 32 (17 Females and 15 Males)

	FEMALES 17 (100%)	MALES 15 (100%)	TOTAL N 32 (100%)
Age			
65 - 69	5 (29.4%)	7 (46.7%)	12 (37.5%)
70 - 74	12 (70.6%)	8 (53.3%)	20 (62.5%)
Marital Status			
Married	7 (41.2%)	15 (100%)	22 (68.7%)
Widowed	7 (41.2%)	0	7 (21.9%)
Divorced or Sep.	2 (11.8%)	0	2 (6.3%)
Never married	1 (5.8%)	0	1 (3.1%)
Education			
Less than 12 years	1 (5.8%)	2 (13.3%)	3 (9.4%)
12 years +	8 (47.1%)	3 (20.0%)	11 (34.3%)
1 degree	8 (47.1%)	2 (13.3%)	10 (31.3%)
more than 1 degree	0	8 (53.3%)	8 (25.0%)
Current Work Status			
Retired	16 (94.2%)	13 (86.7%)	29 (90.6%)
Working part-time	1 (5.8%)	2 (13.3%)	3 (9.4%)
Type of Work Done Most of Life			
Professional	8 (47.1%)	4 (26.7%)	12 (37.5%)
Manager	2 (11.8%)	7 (46.6%)	9 (28.1%)
Self Employed	0	2 (13.3%)	2 (6.2%)
Clerical	7 (41.1%)	0	7 (21.9%)
Skilled	0	2 (13.3%)	2 (6.2%)
Homemaker (specified dual career)	6 (35.3%)		
Parents of Children			
Yes	15 (88.2%)	13 (86.7%)	28 (87.5%)
No	2 (11.8%)	2 (13.3%)	4 (12.5%)
Religious Attend.			
2 x week	1 (5.9%)	1 (6.7%)	2 (6.3%)
Weekly	13 (76.5%)	11 (73.3%)	24 (75.0%)
Mon. or 2 x mon.	0	1 (13.3%)	1 (3.1%)
Spec. occ. or 2 x year	3 (17.6%)	2 (6.7%)	5 (15.6%)

TABLE 8

FREQUENCY DISTRIBUTION FOR PERSONAL PERCEPTIONS OF SUBJECTS
N = 32 (17 FEMALES AND 15 MALES)

	FEMALES 17 (100%)	MALES 15 (100%)	TOTAL 32 (100%)
Importance of Religion			
Very Important	14 (82.4%)	11 (73.3%)	25 (78.1%)
Somewhat Important	3 (17.6%)	1 (6.7%)	4 (12.5%)
Of Little Importance	0	1 (6.7%)	1 (3.1%)
Not Important	0	2 (13.3%)	2 (6.3%)
Description of Present Health			
Excellent	7 (41.2%)	11 (73.3%)	18 (56.3%)
Good	10 (58.8%)	3 (20.0%)	13 (40.6%)
Fair	0	1 (6.7%)	1 (3.1%)
Poor	0	0	0
Description of Health As Compared to Others of Same Sex and Age			
Better	12 (70.6%)	12 (80.0%)	24 (75.0%)
Same	5	3 (20.0%)	8 (25.0%)
Worse	0	0	0
Lack of Willingness of Older People to Discuss Sex			
Agreed	7 (41.2%)	11 (73.3%)	18 (56.3%)
Disagreed	4 (23.5%)	1 (6.7%)	5 (15.6%)
Uncertain	6 (35.3%)	3 (20.0%)	9 (28.1%)

Reliability of the Measurement Instrument

The reliability of the measurement instrument was determined by making a comparison of the consistency of responses between three groups: the pilot test group (Group I), one in-study group matched to the pilot group by selective variables (Group II), and one in-study group selected at random (Group III). These comparisons were knowledge items and for attitude items. Individual comparisons between groups are included in Appendix K. Comparative mean percents (M_p) or the mean of percentage exceeded 30% in only one of the eight comparisons. Table 4 reports the consistency of responses in mean percent (M_p) between Groups I, II, and III.

TABLE 9

CONSISTENCY OF RESPONSES REPORTED IN MEAN PERCENT (M_p) FOR KNOWLEDGE AND ATTITUDE ITEMS[a] BY GROUPS[b] AND BY SEX

	KNOWLEDGE ITEMS		ATTITUDE ITEMS	
Consistency of Response Between Groups	MALES	FEMALES	MALES	FEMALES
I and II	6.6	15.2	32.8	22.4
II and III	17.2	16.4	26.4	16.8

[a]Items appropriately stated, based on expert weighting.

[b]Group I: Pilot Test Group: Group II: In-study group matched to Group I; Group III: In-study group selected at random.

Knowledge Assessment

Question One - Overall Knowledge

The first question raised in this study was: Do older females and males differ significantly in terms of overall knowledge related to sexual expression? A null hypothesis assumed that no significant differences existed between males and females.

This question was tested by using a t test for knowledge items fifty-two through seventy-five. Results indicated that the null hypothesis should be accepted, since no significant differences appeared between males and females. Table 5 shows overall scores, standard deviations, standard error and t values.

TABLE 10

MEAN SCORES, STANDARD DEVIATIONS, STANDARD ERROR, t VALUES OF KNOWLEDGE ITEMS BY SEX

	Mean Score	Standard Deviation	Standard Error	Computed t Value	Tabulated t Value	Probability
FEMALES (N=17)	15.3529	2.714	.658			
				-1.36	2.042	N.S.*
MALES (N=15)	16.8667	3.583	.925			

*Non-significant at the .05 level; for a two tail test. A Mann Whitney U test also verified non-significance at the .05 level.

Question Two - Categorical Knowledge

The second question raised in this study regarded six categorical groupings of the knowledge area: Basic Physiology, Physiological Changes, Touching and Pleasuring Behaviors, Health Problems, Drug Use and Resources. Again, a null hypothesis assumed no significant differences existed between males and females.

This question was tested by using a Mann Whitney U test for individual knowledge categories. Results indicated that the null hypothesis should be accepted, since no significant differences appeared between males and females. Table 6 presents numerical values which support acceptance of the null hypothesis.

Although analysis of overall knowledge items and of the six categorical groupings indicated no significance, individual knowledge items were analyzed to determine if significant differences between females and males could be individually isolated. A Chi square test was used to compare the frequency distributions of the twenty-four individual items. Differences between females and males were found to be non-significant at the .05 level in twenty-three of the twenty-four items.

Differences between females and males were, however, found to be significant in one knowledge item, number sixty-five. This item stated that "the strength of orgasm weakens as one ages." The results indicated a .04 level of significance; in other words, this difference indicated that a relationship was found which could not be explained solely by chance. Male responses to this item

were more clearly accurate or correct, according to expert weighting, than were female responses. This pattern does not seem to be particularly unusual since a number of subjects indicated problems with the terms "orgasm" and "ejaculation," a finding which may support the terminology problems previously identified by Kinsey (1948, 1953) and Shippe-Rice (1979). Several individuals clarified their responses, for example, by stating that the term orgasm applied to female sexual response while the term ejaculation applied to male sexual response.

Due to terminology problems some of the males who responded correctly to item sixty-five may have confused the term "orgasm" with "ejaculation," believing the terms to be interchangeable. If this were the case two possibilities exist. Males may have been affirming the biologically correct fact that the strength of ejaculation diminishes with age (Masters and Johnson, 1966; Weg, 1978). Or they may have been confirming and adding credence to Liang's (1973) contention that many do not know that a male may have an orgasm without ejaculating. If Liang is correct there may be some implications to prostatectomies which result in retrograde ejaculation and continued sexual activity. The results of analysis for item sixty-five indicating significance at .04 appear in Table 7.

TABLE 11

SUM OF THE RANKS FOR GROUP 1 (N = 15), COMPUTED U FOR MALES AND FEMALES (U_1 AND U_2), COMPUTED U VALUE, TABULAR U VALUE, AND PROBABILITY OF CATEGORICAL KNOWLEDGE ITEMS BY SEX

Knowledge Category	Sum of the ranks in the combined sample (N = 15)	Computed U_1	Computed U_2	Comptuted U	Tabular U	Probability
I - Basic Physiology	242.0	133.0	122.0	122.0	75.0	N.S. *
II - Physio-logical Changes	284.0	91.0	164.0	91.0	75.0	N.S. *
III - Touching and Pleasuring Behaviors	270.5	104.5	150.5	104.5	75.0	N.S. *
IV - Health Problems	271.9	103.0	152.0	103.0	75.0	N.S. *
V - Drug Use	272.5	102.5	152.5	102.5	75.0	N.S. *
VI - Resources	257.5	117.5	137.5	117.5	75.0	N.S. *

*Non-significant at the .05 level; for a two tail test.

TABLE 12

CHI SQUARE ANALYSIS FOR FEMALES AND MALES: KNOWLEDGE ITEM SIXTY-FIVE

CODE	FEMALES (N = 17)	MALES (N = 15)
1 Disagree	7 (41.2%)	3 (20.0%)
2 Uncertain	5 (29.4%)	1 (6.7%)
3 Agree	5 (29.4%)	11 (73.3%)

df = 2 X^2 = 6.41673 p = .04

Question Five - Overall Knowledge by Variables

The fifth question raised in this study was: Are there significant differences between older females and males in terms of overall knowledge when they are grouped according to marital status, education, religious attendance, self perceived health status and occupation?

A one way analysis of variance indicated that overall knowledge scores significantly differed between married and widowed females. The mean score for married females was 17.4286 while the mean score for widowed females was 13.8571. This difference corroborates Friedeman's (1978b) finding. It may also reflect a lack of interest as identified by Verwoerdt, Pfeiffer and Wang (1969) and/or adaptation to marital status as suggested by Liang (1973) and Pfeiffer (1975).

A two way analysis of variance indicated that self perceived health status had a major influence on knowledge regarding sexual expression when the sexes were viewed together. An interaction

between self perceived health status also existed between the sexes but did not appear in a consistent pattern. Other variables in relation to overall knowledge were non-significant.

Knowledge Domain Assessment

The measurement instrument used in this study was primarily domain-referenced. As discussed in Chapter III, one major function of domain-referenced tests is to estimate the subjects' domain status or level of performance and specific deficiencies in the domain examined. Since knowledge of the domain status of older subjects involved in this study could potentially provide both service providers and older people themselves with a frame of operational reference, all items were also assessed in terms of percent responses by females and males. As suggested by Millman (1974) a pass/fail cut-off criteria was not utilized; consequently, the twenty-four knowledge items constituted 100. An item by item examination of percent responses by males and females demonstrates several issues of interest.

Males and females unanimously agreed for example, that older people can still learn information about sex (Item #75). They responded with fairly high levels of uncertainty, however, to items regarding drugs (Items #53 and #72) and health problems (Item #57). Since drug usage is highest among the older population and since chronic health problems do increase with age, older people may need additional information in these areas.

Two questions regarding erection and impotence indicate a high degree of uncertainty or misinformation among the subjects. The issue of whether slowness of erection as one ages indicates future impotence (Item #61) is heavily response weighted in the uncertain range. When Item #61 is coupled with the statement that every male becomes impotent as he grows older (Item #64), which is heavily response weighted in the agreement range, there is some indication that older subjects may not fully understand physiological changes which occur with the aging process as suggested by Masters and Johnson (1966) and Weg (1978) and that they may accept social myths regarding sexual capacity in old age as identified by Butler and Lewis (1973), Lobsenz (1975) and the recent Harris polls (1975).

Finally, 20% or more of the subjects stated that they were uncertain in regard to five individual items. This may indicate that additional information in the area of sexual expression may be advantageous. These areas included: female ejaculation (Item #68); vaginal lubrication (Item #60); erogenous area (Item #55); masturbation (Item #67) and heart problems (Item #54). These percentages reported in Table 8 indicate the knowledge status of older subjects involved in this study as determined by the instrument initially constructed through expert opinion.

TABLE 13

PERCENT OF RESPONSES TO KNOWLEDGE ITEMS
BY CATEGORY: MALES AND FEMALES[a]

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
I Basic Physiology	68. Females ejaculate during intercourse.	Agree	0	0
		Uncertain	23.5%	26.7%
		*Disagree	76.5%	73.3%
	70. A female cannot have an orgasm without intercourse.	Agree	5.9%	0
		Uncertain	11.8%	13.3%
		*Disagree	82.4%	86.7%
	71. Sexual satisfaction can be obtained without experiencing intercourse.	*Agree	82.4%	73.3%
		Uncertain	11.8%	13.3%
		Disagree	5.9%	13.3%
	75. Older people can still learn information about sex.	*Agree	100.0%	100.0%
		Uncertain		
		Disagree		
II Physiological Changes	59. Menopause is accompanied by a reduction in sexual expression and interest.	Agree	5.9%	13.3%
		Uncertain	11.8%	33.3%
		*Disagree	82.4%	53.3%
	60. The drug store sells over-the-counter a jelly or cream which can be placed in the vagina if it is too dry.	*Agree	76.5%	78.6%
		Uncertain	23.5%	21.4%
		Disagree	0	0

TABLE 13 (Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
	61. Slowness of erection as one ages indicates that one will soon become impotent.	Agree	5.9%	6.7%
		Uncertain	47.1%	40.0%
		*Disagree	47.1%	53.3%
	62. Impotence occurs occasionally in nearly all men of all ages.	*Agree	64.7%	86.7%
		Uncertain	11.8%	13.3%
		Disagree	23.5%	0
	63. Older females may take longer to secrete lubrication than they did when they were younger.	*Agree	52.9%	66.7%
		Uncertain	47.1%	26.7%
		Disagree	0	
	64. Every male becomes impotent as he gets older.	Agree	70.6%	80.0%
		Uncertain	29.4%	13.3%
		*Disagree	0	6.7%
	65. The strength of orgasm weakens as one ages.	*Agree	29.4%	73.3%
		Uncertain	29.4%	6.7%
		Disagree	41.2%	20.0%
III Touching and Pleasuring Behaviors	55. There are three basic erogenous areas on the bodies of both males and females.	Agree	47.1%	60.0%
		Uncertain	29.4%	20.0%
		*Disagree	23.5%	20.0%
	66. Holding and hugging friends, children and pets helps an older person deal with the loss of a partner.	*Agree	88.2%	100.0%
		Uncertain	5.9%	
		Disagree	5.9%	

TABLE 13(Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
	67. Habitual masturbation can cause mental illness.	Agree	11.8%	6.7%
		Uncertain	23.5%	20.0%
		*Disagree	64.7%	73.3%
	69. A close, personal relationship may or may not include sexual intercourse.	*Agree	88.2%	93.3%
		Uncertain	5.9%	6.7%
		Disagree	5.9%	0
IV Drug Use	53. Hypertensive medications always limit one's ability to be sexually active.	Agree	11.8%	13.3%
		Uncertain	70.6%	66.7%
		*Disagree	17.6%	20.0%
	72. Too much alcohol makes one less interested in sex.	*Agree	41.2%	66.7%
		Uncertain	47.1%	26.7%
		Disagree	11.8%	6.7%
V Health	52. Depression can affect one's interest in sexual expression.	*Agree	94.1%	100.0%
		Uncertain	5.9%	
		Disagree	0	
	54. Sexual intercourse is dangerous for most older persons who have heart problems.	Agree	5.9%	0
		Uncertain	29.4%	33.3%
		*Disagree	64.7%	66.7%

TABLE 13 (Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
	56. Hysterectomy means the end of a woman's ability to experience orgasm.	Agree	0	0
		Uncertain	17.6%	0
		*Disagree	82.4%	100.0%
	57. Impotence can be a special problem for diabetics.	*Agree	0	13.3%
		Uncertain	94.1%	86.7%
		Disagree	5.9%	0
	58. Sexual expression may help the terminally ill person feel better.	*Agree	82.4%	73.3%
		Uncertain	17.6%	26.7%
		Disagree		
VI Resources	73. I currently know a health professional with whom I would feel able and free to discuss problems or issues related to sex.	*Agree	76.5%	80.0 %
		Uncertain	5.9%	0
		Disagree	17.5%	20.0%
	74. I currently know where to find printed material about aging and sex.	*Agree	82.4%	86.7%
		Uncertain	17.6%	6.7%
		Disagree	0	6.7%

[a]The correct answer as determined through expert opinion is marked with an asterisk (*).

Attitude Assessment

Question Three - Overall Attitudes

The third question raised in this study was: Do older females and males differ significantly in terms of overall attitudes related to sexual expression? A null hypothesis assumed that no significant differences existed between males and females.

This question was tested by using a Mann Whitney U test for attitude items one through thirty-six and item number thirty-nine in the interview guide. Results indicated that the null hypothesis should be accepted, since no significant differences appeared between males and females. Table 9 presents numerical values which support acceptance of the null hypothesis.

TABLE 14

SUM OF THE RANKS FOR GROUP 1 (N = 15), COMPUTED U FOR MALES AND FEMALES (U_1 AND U_2), COMPUTED U VALUE, TABULAR U VALUE, AND PROBABILITY OF OVERALL ATTITUDE ITEMS BY SEX

Sum of the Ranks in the combined sample (N=15)	Computed U_1	Computed U_2	Computed U	Tabular U	Probability
275.5	99.5	155.5	99.5	75.0	N.S. *

*Non-significant at the .05 level; for a two tail test.

Question Four - Categorical Attitudes

The fourth question raised in this study regarded sex categorical groupings of the attitude area: Social Myths, Self Attitudes, Touching and Pleasuring Behaviors, Dealing with Loneliness and Loss, Barriers and Resources. Again, a null hypothesis assumed that no significant difference existed between males and females.

This question was tested by using a Mann Whitney U test for individual attitude categories. Results indicated that the null hypothesis should be accepted, since no significant differences appeared between males and females. Table 15 presents numerical values which support acceptance of the null hypothesis.

Again, although analysis of overall attitude items and of the six categorical groupings indicated no significance, individual attitude items were analyzed to determine if significant differences between females and males could be isolated. A Chi square test was used to compare the frequency distributions of the thirty-six individual items. Differences between females and males were found to be non-significant at the .05 level in thirty-five of the thirty-six items.

The one attitude item where males and females differed significantly was number twenty-six. This item states that "masturbation is a good way to relieve sexual tension." The results indicated a .05 level of significance; in other words, this difference indicated that a relationship was found which could not be explained solely by chance. Furthermore, analysis suggests that males held more open or accepting attitudes toward masturbation than did females, a finding which tends to support the McIntosh (1978) study. Although McIntosh did not include male subjects in her study, she found non-permissive attitudes regarding masturbation among females.

There were numerous extemporaneous comments recorded during the interview regarding the topic of masturbation. A typical comment was: "Well, Ann Landers says masturbation is alright and isn't harmful." These comments may reflect attempts by older subjects to grapple with their own sexual behaviors to justify their responses to a traditionally taboo topic. The results of analysis for item twenty-six indicating significance at .05 appear in Table 11.

TABLE 15

SUM OF THE RANKS FOR GROUP 1 (N = 15), COMPUTED U FOR MALES AND FEMALES (U_1 AND U_2), COMPUTED U VALUE, TABULAR U VALUE, AND PROBABILITY OF CATEGORICAL ATTITUDE ITEMS BY SEX

Knowledge Category	Sum of ranks of the combined sample (N = 15)	Computed U_1	Computed U_2	Computed U	Tabular U	Probability
I Social Myths	261.5	113.5	141.5	113.5	75.0	N.S.*
II Self Attitudes	256.5	118.5	136.5	118.5	75.0	N.S.*
III Touching and Pleasuring Behaviors	287.5	87.5	167.5	87.5	75.0	N.S.*
IV Dealing with loneliness and loss	261.0	114.0	141.0	114.0	75.0	N.S.*
V Barriers	246.0	129.0	126.0	126.0	75.0	N.S.*
VI Resources	268.0	107.0	148.0	107.0	75.0	N.S.*

*Non-significant at the .05 level; for a two tail test.

TABLE 16

CHI SQUARE ANALYSIS FOR FEMALES AND MALES:
ATTITUDE ITEM TWENTY-SIX

CODE	FEMALES (N = 17)	MALES (N = 15)
5 and 4 Strongly Agree and Agree	6 (35.3%)	10 (66.7%)
3 Undecided	5 (29.4%)	0
2 and 1 Disagree and Strongly Disagree	6 (35.3%)	5 (33.3%)
df = 2 X^2 = 5.98930	p = .05	

Question Six - Overall Attitudes by Variables

The sixth question raised in this study was: Are there significant differences between older females and males in terms of overall attitudes when they are grouped according to marital status, education, religious attendance, self perceived health status and occupations? Statistical analysis indicated no significant differences.

Attitude Domain Assessment

Because attitudes regarding sexual expression among older people might provide service providers and older people themselves with additional insight, all attitude items were assessed in terms of

percent responses by females and males. Since no criterion cut-off had been set, the thirty-six items constituted 100%. An item by item examination of female and male responses by percentage demonstrates several issues of interest.

Perhaps most important, males and females agree unanimously on several issues. They do not believe older women who are lacking spouses are sexless (Item #39). They do believe older people need love and companionship just as much as younger people do (Item #8), and they believe older people need opportunities to meet and make new friends (Item #3). When these responses are viewed along with negative responses to the item regarding living alone (Item #2) and affirmative responses to elderly marriage (Item #16), the overall pattern (Items 39, 8, and 3) tends to conflict with social practices and demographic realities of society today. Considering social tendencies for males to marry younger females (Atchley, 1977) reduced life expectancy rates for men in comparison to women (Gravett and Hunt, 1979), increased numbers of widowed females in society (Bischof, 1976; Gravett and Hunt, 1979), and the felt need for socially sanctioned, sexually active partners by women (Pfeiffer, 1975), these attitudes seem incompatible with the realities of present-day society.

It is interesting to note that subjects responded with over twenty percent uncertainty to four items. These included media portrayal of the elderly as sexless (Item #22), sexual activity with spouses as causing heart attacks in males (Item #28), limiting intercourse in youth to increase sexual longevity in old age (Item #29)

and youthful looking men having better chances for remarriage than youthful looking women (Item #17). One can speculate that these uncertain attitudes may either relate to social misconceptions or be a result of confusion by older people regarding sexuality as detailed in Chapter II.

Responses to three attitude items reflected widely divergent opinions among the subjects interviewed. The statement about masturbation as a good way to relieve sexual tension (Item #26) generated numerous clarifying remarks, as did the knowledge item regarding masturbation. Subjects frequently commented about the value laden term "good." The responses to the item regarding guilt feelings associated with previous sexual experiences (Item #23) were also divided, although more females disagreed than males. Responses to the statement about it being "O.K." for older people to live together without being married (Item #15) produced more diffusely scattered responses than did other items.

Also important is the fact that responses to the item about older people being more knowledgeable than middle-age or younger people about sexuality (Item #34) tends to support Cameron's (1970) previous finding that older people view themselves as the least sexually knowledgeable in the area of sexuality. Responses to Item 34, coupled with those to another statement (Item #35) regarding reluctance to ask someone a question about sex, tend to indicate that reticence among older people may be a barrier to their acquisition of information about sexuality.

Finally, older subjects directly contradicted the opinion of the expert directional-weighting on four of the thirty-six items. These items were: (Item #33), the openness of doctors to discuss sex with older patients; (Item #4), having a good feeling about their body; (Item #21) good relationship as expressed through skin contact; and (Item 1), older people making friends easily. These percentages, reported in Table 17, indicate the attitude status of older subjects involved in this study as determined by the instrument initially constructed through expert opinion.

TABLE 17

PERCENT OF RESPONSES TO ATTITUDE ITEMS
BY CATEGORY: MALES AND FEMALES[a]

CATEGORY	MEAN		FEMALE 17 (100%)	MALES 15 (100%)
I Social Myths	19. Older people are not attracted to the opposite sex.	Agree	0	0
		Undecided	5.9%	6.7%
		*Disagree	94.1%	93.3%
	22. Media portrays older men and women as sexless people.	*Agree	47.1%	33.3%
		Undecided	29.4%	20.0%
		Disagree	23.5%	46.7%
	27. Sex is primarily for procreation.	Agree	11.8%	6.7%
		Undecided	0	0
		*Disagree	88.2%	93.3%
	28. Sexual activity with one's spouse/ mate causes a considerable number of fatal heart attacks among older men annually.	Agree	0	6.7%
		Undecided	29.4%	26.7%
		*Disagree	70.6%	66.7%
	29. Limiting sexual intercourse in youth will increase the number of years one can have intercourse in later years.	Agree	0	6.7%
		Undecided	52.9%	20.0%
		*Disagree	47.1%	73.3%
	33. Generally speaking, doctors are open to discussion about sex with their older patients.	Agree	47.1%	40.0%
		Undecided	47.1%	46.7%
		*Disagree	5.9%	13.3%

TABLE 17 (Continued)

CATEGORY	ITEM		FEMALE 17 (100%)	MALE 15 (100%)
	39. There are more older women than men and many of them do not have a spouse. Do you feel they are sexless?	Agree Undecided *Disagree	100.0%	100.0%
II Self Attitudes	4. Most older people have a good feeling about their body.	Agree Undecided *Disagree	52.9% 35.3% 11.8%	66.7% 26.7% 6.7%
	5. Physical attractiveness or appearance after age 65 is just as important as it is at younger ages.	*Agree Undecided Disagree	100.0%	93.3%
	7. A healthy person is able to show love toward those people close to him or her.	*Agree Undecided Disagree	94.1% 0 5.9%	100.0%
	20. Most females believe attractiveness is basic to feeling like a woman.	*Agree Undecided Disagree	82.4% 11.8% 5.9%	73.3% 26.7% 0
	24. Most males believe potency is basic to feeling like a man.	*Agree Undecided Disagree	94.1% 5.9%	93.3% 6.7%
	30. A person should feel free to refuse their partner's sexual request.	*Agree Undecided Disagree	76.5% 23.5% 0	100.0% 0 0

TABLE 17 (Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
III Touching and Pleasuring Behaviors	10. Older people do not care about receiving affection and warmth.	Agree	5.9%	
		Undecided	0	
		*Disagree	94.1%	100.0%
	11. Words of affection are less important for couples as they grow older.	Agree	5.9%	13.3%
		Undecided	0	0
		*Disagree	94.1%	86.7%
	18. Affection, care and concern for others can be shown without physical contact.	*Agree	94.1%	93.3%
		Uncertain	0	0
		Disagree	5.9%	6.7%
	21. A good relationship between two people is expressed by much skin contact, regardless of age.	*Agree	47.1%	73.3%
		Undecided	11.8%	6.7%
		Disagree	41.2%	20.0%
	25. Being able to touch other people is important to all age groups.	*Agree	94.1%	100.0%
		Undecided	0	0
		Disagree	5.9%	0
	26. Masturbation is a good way to relieve sexual tension.	*Agree	35.3%	66.7%
		Undecided	29.4%	0
		Disagree	35.3%	33.3%
	31. Older persons need to be stroked, caressed, kissed and hugged.	*Agree	100.0%	93.3%
		Undecided	0	6.7%
		Disagree	0	0

TABLE 17 (Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
	32. There are times when caressing and hugging can be as pleasurable as sexual intercourse.	*Agree Undecided Disagree	82.4 11.8%	86.7% 6.7%
IV Dealing with Loneliness and Loss	1. Older people make friends easily.	Agree Undecided *Disagree	58.8% 23.5% 17.6%	66.7% 13.3% 20.0%
	2. Older people prefer to live alone.	Agree Undecided *Disagree	29.4% 5.9% 66.7%	20.0% 0 80.0%
	8. Older people need love and companionship just as much as younger people do.	*Agree Undecided Disagree	100.0%	100.0%
	16. When people are older they should not get married.	Agree Undecided *Disagree	5.9% 0 94.1%	0 6.7% 93.3%
	17. Youthful looking older men have better chances for remarriage in later years than do youthful looking older women.	*Agree Undecided Disagree	58.8% 23.5% 17.6%	60.0% 20.0% 20.0%
V Barriers	9. Older married people are better socially accepted than are widowed, divorced or separated older people.	*Agree Undecided Disagree	94.1% 5.9% 0	86.7% 0 13.3%

TABLE 17 (Continued)

CATEGORY	ITEM		FEMALES 17 (100%)	MALES 15 (100%)
	12. Approval of family and friends improves the chances of a successful marriage in later life.	*Agree	82.4%	93.3%
		Undecided	5.9%	0
		Disagree	11.8%	6.7%
	13. To remarry after the death of one's spouse, is being unfaithful to the deceased spouse.	Agree	5.9%	0
		Undecided	0	6.7%
		*Disagree	94.1%	93.8%
	14. Children often oppose remarriage of their parent in later years.	*Agree	66.7%	60.0%
		Undecided	17.6%	20.0%
		Disagree	17.6%	20.0%
	15. It is O.K. for older people to live together without being married.	*Agree	41.2%	40.0%
		Undecided	11.8%	13.3%
		Disagree	47.1%	46.7%
	23. Most people have some guilt feelings about previous sexual experiences.	*Agree	41.2%	40.0%
		Undecided	29.4%	53.3%
		Disagree	29.4%	6.7%
VI Resources	3. Older people need opportunities to meet and make new friends.	*Agree	100.0%	100.0%
		Undecided		
		Disagree		
	6. Most older people need to improve the way they feel about themselves.	*Agree	70.6%	66.7%
		Undecided	5.9%	20.0%
		Disagree	23.5%	13.3%

TABLE 17 (Continued)

CATEGORY	ITEM		FEMALE 17 (100%)	MALES 15 (100%)
	34. Older people know more about sexuality than middle age or younger people do.	Agree	41.2%	26.7%
		Undecided	17.6%	6.7%
		*Disagree	41.2%	66.7%
	35. Most older people would be reluctant to ask someone a question about sex.	*Agree	64.7%	73.3%
		Undecided	17.6%	13.3%
		Disagree	17.6%	13.3%

[a]The correct response as determined through expert opinion is marked with an asterisk (*).

Additional Findings Regarding Information Related to Sexual Expression

In addition to the fifty-eight knowledge and attitude items, the interview guide included a variety of open ended questions regarding sexual expression and older people. Several of those questions provided additional insight into ideas and opinions of the sample subjects and were related to sexual information for this cohort. Although these findings were not a part of the research questions posed, they were viewed by the investigator as valuable and related to the overall topic.

When asked whether subjects believed older people were willing to discuss the topic of sex (Item #36), eighteen individuals (56.3%) responded in the affirmative. The major reasons why they believed some older people might be unwilling included: the fact that such discussions were considered inappropriate for family and society as they grew up; previous religious training; the tendency for some to consider sex to be personal and private; and, finally, a lack of formal sex education during younger years.

Responses to a question about concerns regarding sex (Item #38) clustered in five areas: attitude, impotence, health and the inability to perform, unresolved questions, and lack of an available partner. Twenty-four of the thirty-two subjects felt health was a major deterrent to continued sexual expression in later years (Item #40), while thirteen individuals responded that lack of interest or desire and the slowing process was a major obstacle.

In response to another question, which asked whether subjects believed older people might profit from receiving additional information regarding sex (Item #76), twenty-nine (90.6%) responded in the affirmative. Suggested methods for dissemination of such information (Item #77) included the following general categories: classes and forums at the Senior Center, in churches and or at the community college; books available at the Senior Center library and in the public library; and periodicals, pamphlets and handouts related to aging and sexuality in places which seniors frequent.

When asked specifically what type of person might be best at providing such information, older persons involved in this study indicated that a knowledgeable, open, middle aged or older person would be most effective. Responses were mixed as to whether the person providing such information should have a medical background, with five individuals specifically stating that such a person should not be a doctor.

Summary

This chapter described the subjects involved in this study, the reliability of the measurement instrument, and an assessment of knowledge and attitudes regarding sexual expression among sixty-five to seventy-four year olds. Statistical analysis of each research question initially posed was presented and discussed. Although some minor differences of statistical significance existed between males and females, this study generally indicates that differences between males and females in terms of knowledge and attitudes regarding sexual expression are not significant.

A presentation of subject responses in terms of domain achievement was also reported in this chapter. This assessment indicated that some knowledge areas were lacking among individuals in this study and that some attitudes conflicted with societal realities.

CHAPTER V

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

The two major purposes of this study were to gather information regarding knowledge and attitudes about sexual expression as held by sixty-five to seventy-four year olds and to ascertain if significant differences existed between the sexes. A literature review indicated that little research had previously occured in this area, that older individuals were difficult to recruit and that a standardized test instrument was not available. An instrument was developed through expert input and was administered to a sample group of thirty-two older individuals. Although analysis of the data indicated relatively few differences of statistical significance, several patterns were detected. These patterns related to: characteristics of the sample, the nature of the instrument, implications for educational needs among older adults, and roles of older adults in society.

There were some limitations to this study regarding the sample and the instrument. These limitations are discussed under the appropriate headings.

Characteristics of the Sample

The thirty-two individuals in the sample population were non-representative of the general older population, particularly in regards to educational levels and religious attendance patterns. Since the sample differed markedly from the general older population in these areas, in-

ferences must be made with caution. Specifically, the relatively limited range of subjects who had twelve or fewer years of education or who attended church once a month or less may have influenced the absence of significant differences.

Because of these sample characteristics some questions may be posited. Why did this group of highly educated individuals lack knowledge in certain areas? Might people with lower educational levels have even less knowledge than was exhibited by subjects in this research study?

The Nature of the Instrument

The sixty knowledge and attitude items included in the measurement instrument were initially outlined, critiqued, edited and weighted by professional experts. These experts were diverse individuals of professional caliber, whose input on Tasks One and Two provided invaluable information for construction of the research tool.

The knowledge items developed through professional input tended to verify the gerontology and sexology literature, which suggests that older people are lacking in sexual information. Subject responses between the three groups created to assess reliability were reasonably consistent.

The attitude items should be viewed with caution since the three sub-groups created to assess reliability did not produce equally low domain responses. Because older subjects contradicted expert opinion in four of the thirty-six items, some of the attitude questions may need revision before being utilized in future research studies.

Further tests of validity and reliability of the instrument might help to refine the interview guide for use with other sample populations. Since the instrument required a considerable amount of time to administer, some knowledge items and attitude items might need to be eliminated. Another alternative would be to divide the instruments in half and administer each section separately.

Implications for Educational Needs Among Older Adults

The cohort of individuals sampled in this study generally have not received formal sexuality education during their lifetime. Considering these subjects' limited access to formal sexuality education, their lack of knowledge in certain areas, their attitudes, and the additional information they provided during the interviews, the following recommendations are made:

1. Technical assistance directed toward the design of sexuality education programs should be made available to organizations whose membership is composed of older adults.
2. Administrators of local Senior Centers and Community Colleges should be apprised of an identified need for sexuality education. Content topics for such education should include: Basic Physiology, Physiological Changes, Touching and Pleasuring Behaviors (including alternative forms of sexual expression), Health Problems, Drug Use, Social Myths, Attitudes Toward Self, Dealing with Loneliness and Loss, Barriers to Sexual Fulfillment and Resources Available to seniors. Personnel providing

such sexuality education should be: knowledgeable, open, and middle-aged or older individuals. A medical background on the part of the educator providing sexuality information is not an essential requirement.

3. Persons responsible for ordering educational materials at local Senior Centers and local public libraries should be encouraged to make library materials regarding sexuality and aging readily available to the general public.
4. These persons providing social and educational services to older Oregonians should be knowledgeable about and accepting of the sexual concerns of older people. The Oregon State University Extension Service should be encouraged to offer opportunities for service providers to gain and/or update their knowledge concerning sexuality and older adults.
5. Those persons who are responsible for the dissemination of sexuality information should be encouraged to provide accurate information that will assist individuals to recognize the myths surrounding aging and sexuality.
6. Students of gerontology in the State System of Higher Education who are preparing to work as professionals with groups of older individuals should be adequately prepared to disseminate accurate information as well as promote accepting attitudes regarding sexuality and aging.
7. The knowledge and attitude items included in the interview guide should be re-evaluated and criterion-referenced in order to

provide a brief yet valid and reliable research measurement tool for the development and evaluation of sexuality education programs for older people.

8. The knowledge and attitude items included in the interview guide should be re-evaluated and utilized as a counseling tool with older couples. Interaction between subjects which took place during interviews conducted in couple situations, indicated that use of the interview guide could improve communication and understanding between a couple.
9. The Oregon State University Extension Service should be informed of the research finding that older people prefer middle-aged or older people as instructors of sexuality. This age group should be recruited and trained to provide sexuality education for older individuals throughout Oregon.
10. A research study regarding sexual expression and older homophiles should be completed. Nine percent of those interviewed raised questions related to this topic. The sexuality needs and concerns of this group of individuals may prove to be different or similar to the majority of non-homophile individuals. As in all research designs, results of the study should be interpreted separately for men and women.

Roles of Older Adults in Society

Since sexual knowledge and attitudes influence and are influenced by the social environment (including such social institutions as education, government, and religion), it seems appropriate that this study should include a section regarding societal implications. Although this study was exploratory in nature, the findings (coupled with literature from the fields of gerontology and sexology) tend to support the following recommendations:

1. All members of society, regardless of age, should have the right to be fully informed about sexuality. According to Jeffersonian democracy, upon which this country is based, education is the key vehicle for the creation of a self governing, self realizing society. If the needs of society are to be met, opportunities must be provided for members to educate and/or reeducate themselves.

The sample of individuals involved in this study indicated that they believed older people could profit from receiving sexuality information. In accordance with this verbalized need and with Jeffersonian principles, sexuality information should not be limited only to those members of society who are within the formal education structure. Based upon the concept of life-long-learning, adult education, continuing education, and educational gerontology should include information regarding sexuality which is appropriate to individual needs and life stages.

A society composed of sexually knowledgeable persons will only be achieved when all individual members regardless of age or sex have had

opportunities to develop knowledge and attitudes toward human sexuality which are supported by accurate information. The need for sexuality education across the life span which is appropriate to individual needs and life stages is thus imperative.

2. Societal institutions should assume responsibility for the eradication of myths concerning sexuality. Research should be actively encouraged in the area of sexuality and aging.

This particular study indicates that appropriate methodology can enable a researcher to gain access to the desired older population. This study also confirms the fact that myths regarding sexuality do exist among the older population. As long as these myths continue to exist, numerous members of society will lead sexual lives based on erroneous assumptions. Specifically, unless older individuals understand physiological changes which are part of the natural aging process, they may assume that these changes indicate an end to their ability to be sexually expressive. Expansion of societal views of appropriate sexual expression may enable these older individuals to understand that these changes which are part of the aging process may only necessitate alternate forms of sexual expression.

3. Personal background circumstances and characteristics should not be viewed as placing restrictions on opportunities for individuals to be sexually expressive. Sexual expression is not the sole province of young adults nor should it be restricted only to married members of society.

As this study indicates, older people desire love and companionship. Older individuals who lack a partner or whose partner is limited in sexual response by health problems are clearly sexually disadvantaged in society. As subjects in this study stated, older individuals lacking spouses should not be considered sexless; as described by one subject, "they are merely dormant." Although most older sexually disadvantaged individuals are women some are also men. If all members of society are valued, society must find ways to meet the sexual expression needs, as varied as they might be, for all people.

In summary, future applied research should be directed toward those areas addressed in the implications and recommendations made in this study. Older persons as members of society have a need and right to be sexually educated citizens.

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APPENDICES

APPENDIX A

CONTACTS REGARDING SUBJECT RECRUITMENT

September 22, 1980	Meeting with: Rev. Walter McGettigan Chairperson, Governor's Commission on Aging
September 23, 1980	Meeting with: Hal Moran AARP State President
September 29, 1980	Meeting with: Alvin Nies AARP Assistant State Director
October 12, 1980	Discussion with: Harold Westfall Acting President, AARP Chapter 312
October 14, 1980	Presentation to: AARP Chapter 312 - Board of Directors
October 14, 1980	Discussion with: Janet Thompson Recreation Director, Salem Senior Center
October 22, 1980	Presentation to: AARP Chapter 312 - General Meeting
October 24, 1980	Discussion with: Janet Thompson Recreation Director, Salem Senior Center

APPENDIX B

COMMUNICATIONS PERTINENT TO SUBJECT RECRUITMENT

Department of Health Oregon State University Corvallis, Oregon 97331 (503) 754-2686

September 17, 1980

Senior Citizens Living in the Willamette Valley:

I would like to take this opportunity to introduce Margaret Smith, who is a doctoral student in the Department of Health at Oregon State University. She is attempting to contact and interview selected senior citizens in the Willamette Valley. Her study has been approved by a committee of six faculty members and by the University committee on human subjects.

As her major professor, I would greatly appreciate your cooperation with Margaret in this survey. Be assured that all responses will be confidential. Again, many thanks for your participation.

Sincerely,

David W. Phelps, Ed.D.
Head and Professor of Health

Michael G. Maksud, Dean
School of Health and Physical Education

DWP/vc

Assurances to State and Local AARP Chapter

1. I will be responsible for any and all financial expenses (for example: phone calls, mailings, printing).

2. All volunteer participants will be guaranteed anonymity and confidentiality. I will sign individual consent forms with each individual.

3. Volunteer participants can withdraw or decline to answer any question at any time.

4. All volunteer participants will receive a written report at the end of this study if they choose. This will be either mailed directly to them or will be distributed through AARP.

5. The results of this study will be published in full. A complete copy will be made available to AARP.

6. Recommendations and information from this study will be shared with governmental agencies, private agencies and organizations, as appropriate, at the completion of this study. (For example: Department of Human Resources, System of Higher Education, Medical and Nursing Associations).

ALL THAT IS NEEDED

YOUR WILLINGNESS TO DONATE APPROXIMATELY 45 MINUTES OF YOUR TIME TO A DOCTORAL RESEARCH STUDY ABOUT SENIORS.

WHAT WILL YOU GET OUT OF IT?

A PLACE TO SHARE YOUR IDEAS, ATTITUDES AND OPINIONS.

AN OPPORTUNITY TO ADD TO A NEEDED AREA OF RESEARCH ABOUT SENIORS.

A CHANCE FOR YOU TO SEEK ANSWERS TO SOME QUESTIONS YOU MIGHT HAVE ABOUT HUMAN RELATIONSHIPS.

WHEN AND WHERE?

INDIVIDUAL APPOINTMENTS WILL BE SET UP TO MEET YOUR TIME SCHEDULE IN A PLACE OF YOUR CHOOSING.

YES! I AM WILLING TO PARTICIPATE. DO CONTACT ME TO SET UP AN INTERVIEW APPOINTMENT.

MY PHONE NUMBER IS _____

A research study is being conducted by a doctoral student in Gerontology from Oregon State University.

AARP members are needed to participate. Hopefully this study will assist in reducing stereotypes about seniors.

Volunteers will be involved in an interview to discuss their attitudes and ideas about aging and human relationships. Interviews will be individually arranged to meet your time schedule in a place of your choosing.

Contact Margaret Smith 585-9548 after 6 p.m. for more information or to indicate your willingness to participate.

This is your opportunity to contribute to a needed area of research.

Salem Senior News, November, 1980.

APPENDIX C

LETTERS OF REQUEST FOR QUALIFIED PROFESSIONAL EXPERTS

LETTERS TO:

Center for the Study of Aging and
Human Development
Duke University Medical Center
Durham, North Carolina

Institute for Sex Research, Inc.
Morrison Hall 416
Indiana University
Bloomington, Indiana

Sex Information and Education Council
of the United States
84 Fifth Avenue
New York, New York

The Institute for Advanced Study
of Human Sexuality
1523 Franklin Street
San Francisco, California

Reproductive Biology Research Foundation
Washington University
St. Louis, Missouri

March 1, 1980

Center for the Study of Aging and
Human Development
Duke University Medical Center
Durham, North Carolina

Dear Director:

I am a graduate student at Oregon State University in the process of developing an instrument to be used in collecting data for my dissertation. The purpose of my study is to identify knowledge and attitudes toward sexual expression among 65 to 74 years old. The subjects will be selected from a definitive population. I have selected the structured interview as the most appropriate tool. In developing an appropriate interview tool a seven step procedure will be followed. Three of these steps involve the utilization of the expertise of a pool of professional experts who will (1) give initial input for content of the interview guide (2) critique the guide once it is developed and (3) categorize open responses which might be obtained from the interview itself. These tasks will not be time consuming, nor would they extend over a three month period of time.

Since a number of researchers have identified the acquisition of information regarding sexual expression among older adults as a needed research area and since a limited amount of research currently exists regarding knowledge and attitudes related to sexual expression among older people, the information gathered in this study should be a professional contribution to those currently involved in the helping professions. I am asking that your center submit the names of two to three individuals who you consider to be qualified to serve as professional experts. Enclosed is a stamped envelope for your reply.

I would appreciate your assistance and would be willing to send an abstract of findings to you once my disseration is completed, if you so desire. Your promptness would be appreciated.

Sincerely,

Margaret M. Smith
4804 Nina Avenue S.E.
Salem, OR 97302

APPENDIX D

LETTER TO PROFESSIONAL EXPERTS

LETTERS TO:

Dr. Jacqueline Brockway
10200 S.W. Eastridge #230
Portland, OR

Dr. H. Teri Brower
Schools of Medicine & Nursing
1600 N.W. 10th Avenue
Miami, Florida

Dr. Deryck D. Calderwood
Associate Professor of Health Education
Department of Health - 5th Floor
Washington Square
New York University
New York, New York

Bonnie Genevay, M.S.W.
Family and Children Services of
Metropolitan Seattle
Seattle Office
107 Cherry
Seattle, Washington

Dr. Joyce Sutkamp Friedeman
Inpatient Department
Central Psychiatric Clinic
University of Cincinnati
Cincinnati, Ohio

Raelene V. Shippe-Rice
Department of Nursing
University of New Hampshire
Durham, New Hampshire

Dr. Linda K. George
Assistant Professor of Medical Sociology
Center for the Study of Aging
and Human Development
Duke University Medical Center
Durham, North Carolina

Department of Health Oregon State University Corvallis, Oregon 97331 (503) 754-2686

Dear :

Attached is a letter from Ms. Margaret Smith asking for your assistance in developing an instrument for her dissertation. You were selected from a pool of professionals who we felt were the leaders in the area of gerontology and sexology.

You are fully aware of the need for more information on the sexual attitudes and beliefs of our senior citizens and your input would be greatly appreciated in designing the instrument. As a professional, your time is valuable and every effort will be made to keep any time demands short.

Ms. Smith has designed a study which I feel will become a classic in the area. I encourage you to please take a few minutes of your time to assist.

Many thanks,

David W. Phelps, Ed.D.
Head and Major Professor

Dear :

I am a graduate student at Oregon State University in the process of developing an instrument to be used in collecting data for my dissertation. The purpose of my study is to identify knowledge and attitudes toward sexual expression among 65 to 74 years old. I have selected the structured interview as the most appropriate tool to gather data from a definitive population. In developing the interview tool a seven step procedure will be followed. Three of these steps involve the utilization of the expertise of a pool of professional experts who will (1) give initial input for content of the interview guide (2) critique the guide once it is developed and (3) categorize open responses which might be obtained from the interview itself. These tasks will not be time consuming, nor should they extend over a three month period of time.

A number of researchers have identified the acquisition of information regarding sexual expression among older adults, as a needed research area. Since only a limited amount of research currently exists regarding knowledge and attitudes related to sexual expression among older people, the information gathered in this study should be a professional contribution to those currently involved in the helping professionals.

Your name has been randomly drawn from a list of potential panel members which were submitted to me by professionals in the areas of sexology and gerontology. Might you be willing to serve on my panel of experts? I would appreciate it if you would respond on the enclosed form. I have included a stamped envelope for your convenience.

Sincerely,

Margaret M. Smith
Graduate Student, Ed.D.

Your promptness would be appreciated.

/ / YES, I would be willing to serve on the panel

/ / NO, I choose not to serve on the panel

/ / Other, please specify _____

_____

Name: Dr. Deryck D. Calderwood
Department of Health Education
South Blvd., 5th Floor
Washington Square
New York University
New York, New York 10003

Correct the above address if necessary or provide an alternative mailing address if you desire.

Please return this form in the enclosed stamped envelope.

Thank you

Department of Health Oregon State University Corvallis, Oregon 97331 (503) 754-2686

April 30, 1980

Joyce Sutkamp Friedeman
In-patient Department
Central Psychiatric Clinic
University of Cincinnati
Cincinnati, Ohio

Dear Dr. Friedeman:

Thank you for consenting to serve on my panel of experts! I really appreciate your willingness to be a part of this research.

As previously discussed, I will be collecting data relative to the knowledge and attitudes held by 65 to 74 year old people regarding sexual expression. My means of data collection will be a personal, structured interview. The delineation of steps leading to the ultimate goal in regards to this study, involve seven steps or tasks. You will be a part of three of those steps or tasks. I would like to reiterate that your responsibilities and contributions toward fulfilling the purpose of this study will not be lengthy or time consuming.

On May 13 I will send to you, via certified mail, your first task. Again, thank you for your cooperation and contribution to extending the limited amount of current research.

Sincerely,

Margaret M. Smith
Graduate Student, Ed.D.
Department of Health
Waldo 310
Oregon State University
Corvallis, Oregon 97331

* If you have a mailing address which you would prefer, other than the one above, please indicate on the enclosed and mail in the self-addressed, stamped envelope.

APPENDIX E

PROFESSIONAL EXPERTS

Dr. Jacqueline Brockway	Psychologist in private practice who works with elderly clients.
Dr. H. Teri Brower	Co-author of "A Study of Older Adults Attending a Program on Human Sexuality", Nursing Research Jan./Feb. 1979.
Dr. Deryck D. Calderwood	Director of Human Sexuality Program at New York University. S.I.E.C.U.S. Board Member.
Bonnie Generay, M.S.W.	Practitioner working with the elderly. Presentor - 1980 Western Gerontological Society Conference - Sexuality and the Elderly.
Dr. Joyce Sutkamp Friedeman	Author of "Relationships of Selected Variables to Sexual Knowledge in a Group of Older Women".
	A self-employed gerontological consultant.
Raelene V. Shippe-Rice	Presentor - 1979 32nd Annual Meetings of the Gerontological Society - touching and pleasuring behaviors in well elderly populations.
Dr. Linda K. George	Just completed a longitudinal study of sexual activity during middle and later life in press at the Archives of General Psychiatry.
	Co-Author of Quality of Life in Older Persons (1980) - an introduction to psychometric instruments.

APPENDIX F

TASK ONE FOR PROFESSIONAL EXPERTS

LETTERS TO:

Dr. Jacqueline Brockway
10200 S.W. Eastridge #230
Portland, OR

Dr. H. Teri Brower
School of Medicine & Nursing
1600 N.W. 10th Avenue
Miami, Florida

Dr. Deryck D. Calderwood
Associate Professor of Health Education
Department of Health - 5th Floor
Washington Square
New York University
New York, New York

Dr. Joyce Sutkamp Friedeman
Inpatient Department
Central Psychiatric Clinic
University of Cincinnati
Cincinnati, Ohio

Raelene V. Shippe-Rice
Department of Nursing
University of New Hampshire
Durham, New Hampshire

Dr. Linda K. George
Assistant Professor of Medical Sociology
Center for the Study of Aging
and Human Development
Duke University Medical Center
Durham, North Carolina

Dear :

The first of three tasks which you have so kindly agreed to assist me with, is attached. This task should take no more than twenty minutes to complete. As you know, several other experts will also be completing this task and all of your efforts will be pooled.

The following items are "givens" and should be kept in mind while you complete this task.

1. The central subject of this study is sexual expression. Sexual expression is defined as: the ways in which individuals derive contentment, gratification, and/or pleasure through overt behaviors or through the instrumentality of symbolism, e.g., touching, smiling, fantasizing.
2. Only knowledge and attitudes toward sexual expression will be included. Sexual behavior will not be included.
3. Eventually, the categories and items (listed on the attachments) will be the basis of interview guide question (both structured and open) which will be administered to non-institutionalized females and males between the ages of 65 - 74.

A completed sample question for the interview guide will be derived in the following manner.

Example:

KNOWLEDGE AREA
Category ----- Health Practices
Item --------- Regular daily exercises
Question ----- How does daily physical exercise contribute to your well-being? (Open Question)

I would appreciate it if you would complete the task and return mail it in the enclosed, stamped envelope on or before May 27. Again, thank you. If you have any questions, or concerns, please call collect (503) 754-2686 or (503) 585-9548.

Sincerely,

Margaret M. Smith
Graduate Student Ed.D.

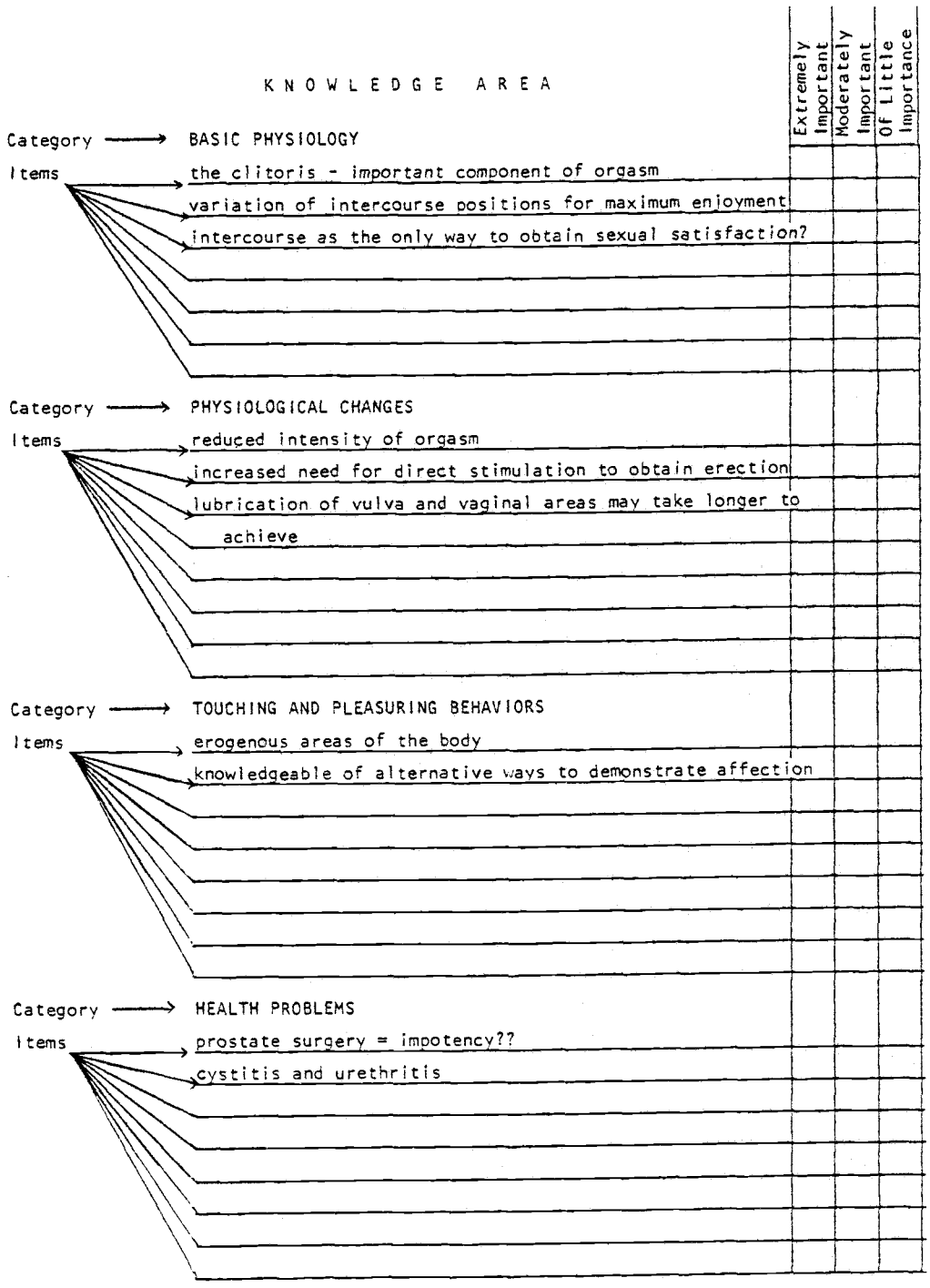
K N O W L E D G E A R E A

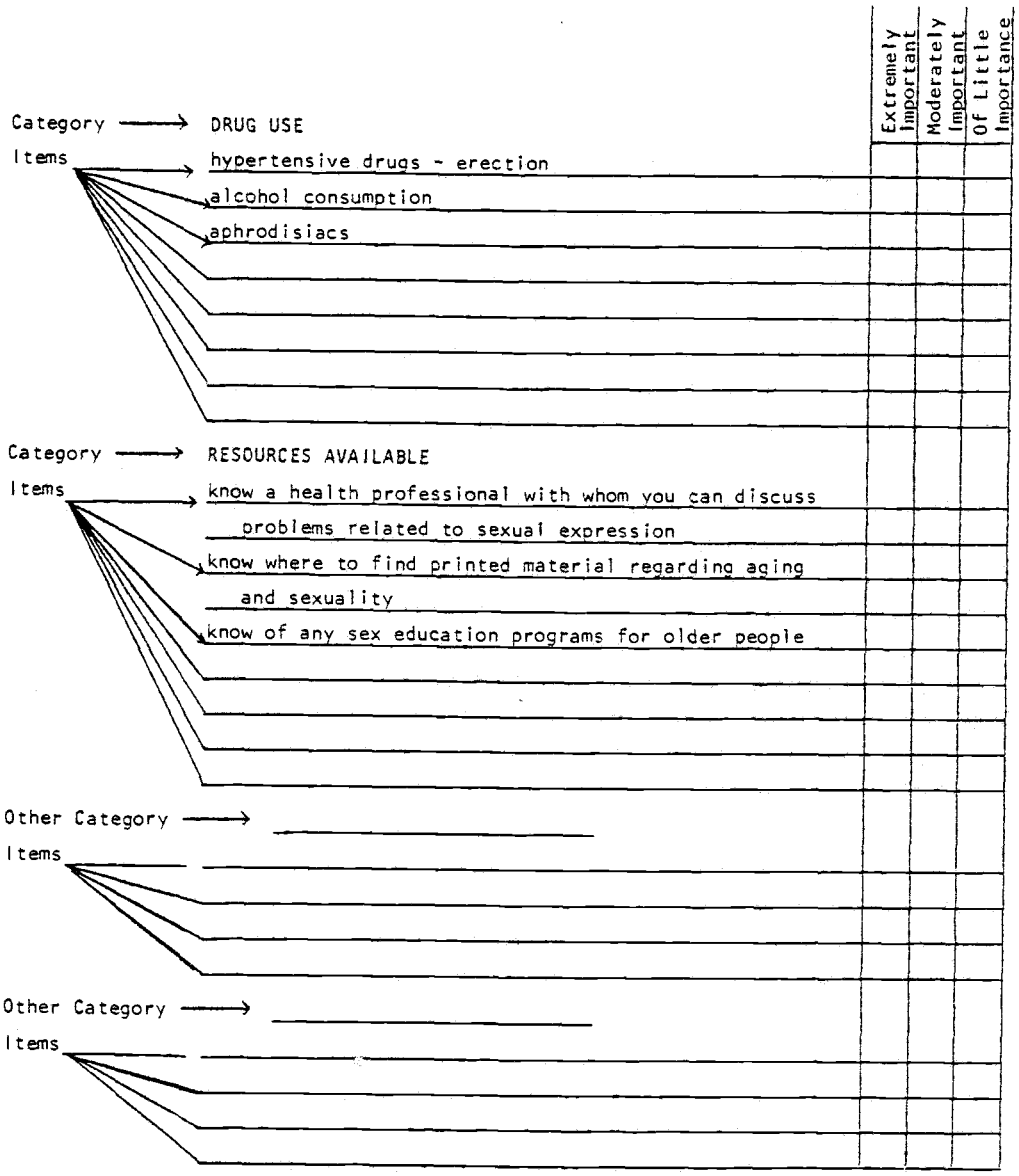
Information: Listed on the attachment are six categories applicable to the knowledge area of sexual expression. Under each category are several sample items which may be appropriate measures of the knowledge level or needed knowledge level (as you, the expert, perceive it) of 65 to 74 year old non-institutionalized females and males.

Directions: Please do the following:

1. Alter or add categories, if you wish.
2. Add items under each category, as many as you wish.
3. Delete existing items, if you wish.
4. After adding and/or deleting, weigh each item in terms of importance by checking the appropriate column at the right.

Before proceeding be reminded of the "givens".


KNOWLEDGE AREA
Extremely Important
Moderately Important
Of Little Importance
Category → BASIC PHYSIOLOGY
Items → the clitoris - important component of orgasm
variation of intercourse positions for maximum enjoyment
intercourse as the only way to obtain sexual satisfaction?
Category → PHYSIOLOGICAL CHANGES
Items → reduced intensity of orgasm
increased need for direct stimulation to obtain erection
lubrication of vulva and vaginal areas may take longer to achieve
Category → TOUCHING AND PLEASURING BEHAVIORS
Items → erogenous areas of the body
knowledgeable of alternative ways to demonstrate affection
Category → HEALTH PROBLEMS
Items → prostate surgery = impotency??
cystitis and urethritis


Extremely Important
Moderately Important
Of Little Importance
Category → DRUG USE
Items → hypertensive drugs - erection
alcohol consumption
aphrodisiacs
Category → RESOURCES AVAILABLE
Items → know a health professional with whom you can discuss problems related to sexual expression
know where to find printed material regarding aging and sexuality
know of any sex education programs for older people
Other Category →
Items
Other Category →
Items

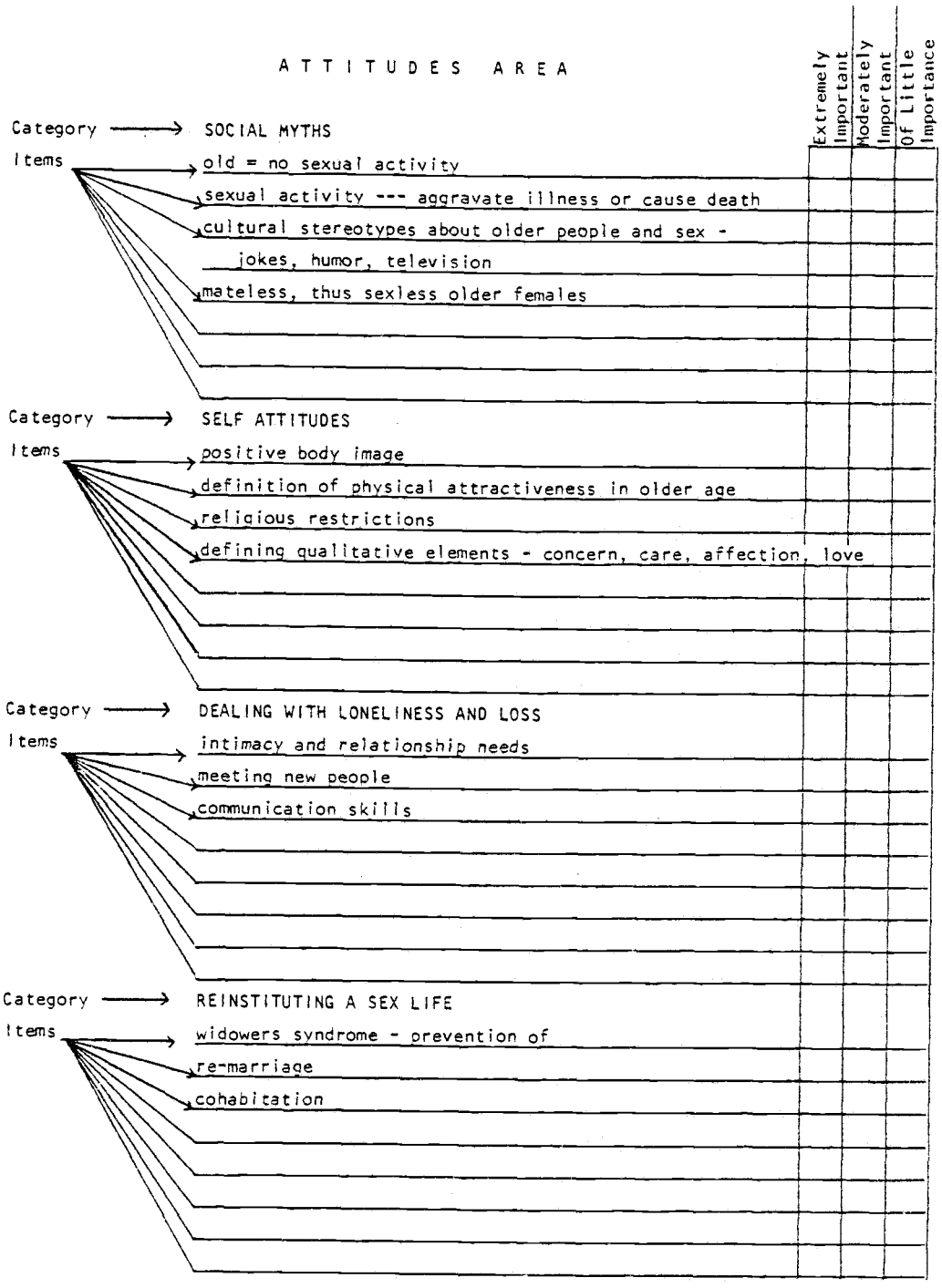
A T T I T U D E A R E A

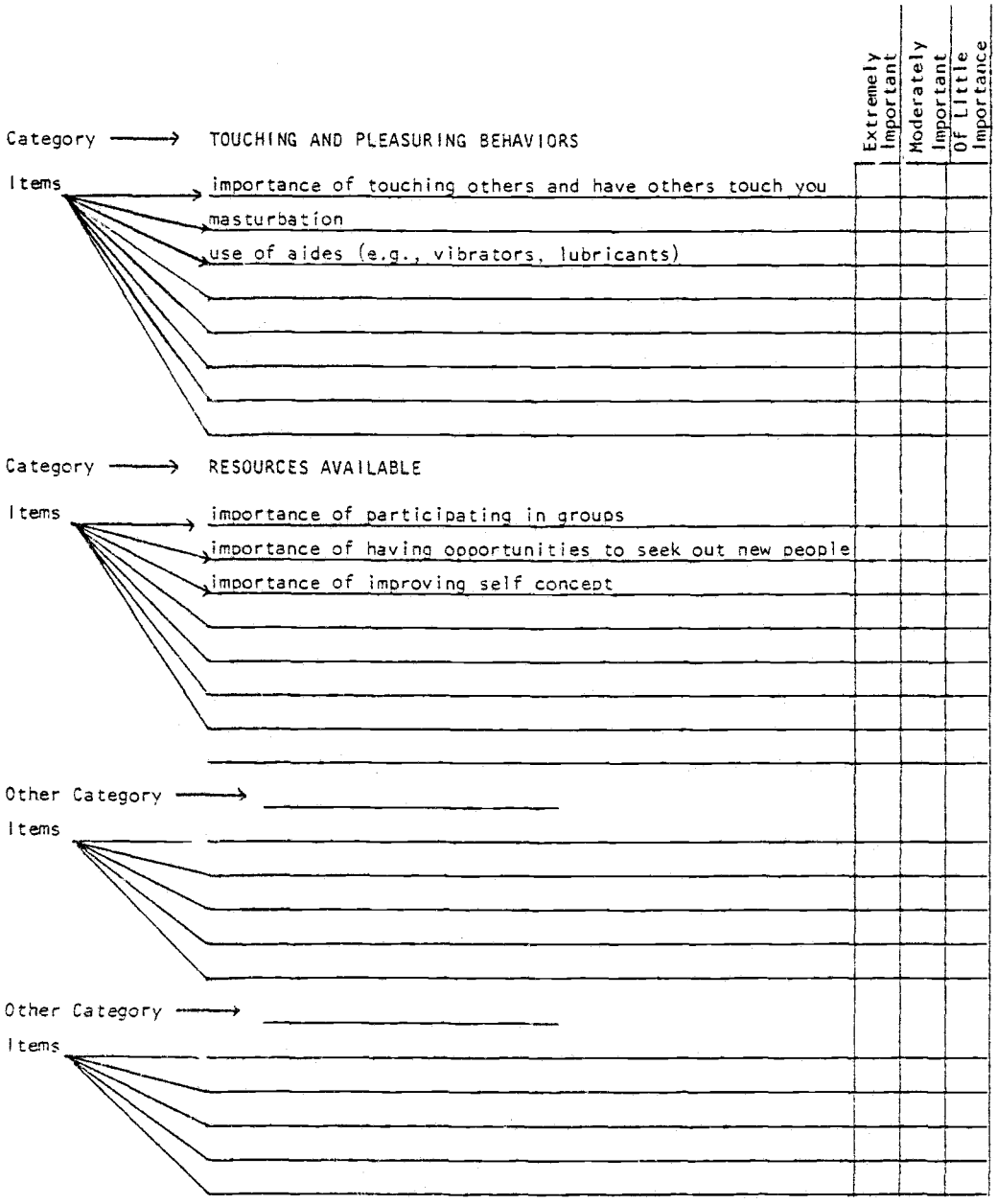
Information: Listed on the attachment are six categories applicable to the attitude area of sexual expression. Under each category are several sample items which may be appropriate measures of the attitudes held or needed (as you, the expert, perceive it) by 65 to 74 year old non-institutionalized females and males.

Directions: Please do the following:

1. Alter or add categories, if you wish.
2. Add items under each category, as many as you wish.
3. Delete existing items, if you wish.
4. After adding and/or deleting, weigh each item in terms of importance by checking the appropriate column at the right.

Before proceeding be reminded of the "givens."


ATTITUDES AREA
Extremely Important
Moderately Important
Of Little Importance
Category → SOCIAL MYTHS
Items → old = no sexual activity
sexual activity --- aggravate illness or cause death
cultural stereotypes about older people and sex - jokes, humor, television
mateless, thus sexless older females
Category → SELF ATTITUDES
Items → positive body image
definition of physical attractiveness in older age
religious restrictions
defining qualitative elements - concern, care, affection, love
Category → DEALING WITH LONELINESS AND LOSS
Items → intimacy and relationship needs
meeting new people
communication skills
Category → REINSTITUTING A SEX LIFE
Items → widowers syndrome - prevention of
re-marriage
cohabitation


Extremely Important
Moderately Important
Of Little Importance
Category → TOUCHING AND PLEASURING BEHAVIORS
Items
importance of touching others and have others touch you
masturbation
use of aides (e.g., vibrators, lubricants)
Category → RESOURCES AVAILABLE
Items
importance of participating in groups
importance of having opportunities to seek out new people
importance of improving self concept
Other Category →
Items
Other Category →
Items

APPENDIX G

TASK TWO FOR PROFESSIONAL EXPERTS

LETTERS TO:

Dr. Jacqueline Brockway
10200 S.W. Eastridge #230
Portland, OR

Dr. H. Teri Brower
School of Medicine & Nursing
1600 N.W. 10th Avenue
Miami, Florida

Dr. Deryck D. Calderwood
Associate Professor of Health Education
Department of Health - 5th Floor
Washington Square
New York University
New York, New York

Dr. Joyce Sutkamp Friedeman
Inpatient Department
Central Psychiatric Clinic
University of Cincinnati
Cincinnati, Ohio

Raelene V. Shippe-Rice
Department of Nursing
University of New Hampshire
Durham, New Hampshire

Dr. Linda K. George
Assistant Professor of Medical Sociology
Center for the Study of Aging
and Human Development
Duke University Medical Center
Durham, North Carolina

Dear :

Thank you for your responses to my first request. Your input was thorough and most helpful. Using your input and the expertise of four open and knowledgeable older people (two women and two men) I have been able to rough out a series of items in both the knowledge and attitudes areas related to sexual expression.

At this point, I am again asking for your professional assistance. Realizing that your professional obligations are many and that other experts are involved, do limit your time on this task. The directions are on the top of each set of statements. Please note that the directions are different for the two areas.

As a reminder to you regarding my focus, the following items are "givens" and should be kept in mind while you complete this task.

1. The central subject of this study is sexual expression. Sexual expression is defined as: the ways in which individuals derive contentment, gratification, and/or pleasure through overt behaviors or through the instrumentality of symbolism, e.g., touching, smiling, fantasizing (including but not limited to sexual intercourse).
2. Only knowledge and attitudes toward sexual expression will be included. Sexual behavior will not be included.
3. Eventually, some items (listed on the attachments) will be the basis of interview guide questions which will be administered to non-institutionalized females and males between the ages of 65 - 74.

Enclosed is a self addressed and stamped envelope for your return. I would appreciate it if you would complete the task and return mail it on or before July 30, 1980. If you have any questions, or concerns, please call collect (503) 754-2686 or (503) 585-9548.

Sincerely,

Margaret M. Smith
Graduate Student Ed.D.
Department of Health
Waldo Hall #310

K N O W L E D G E A R E A

Information: Listed on the attachment are six categories applicable to the knowledge area of sexual expression. Under each category are several statements which may be appropriate measures of the knowledge level or needed knowledge level (as you, the expert, perceive it) of 65 to 74 year old non-institutionalized females and males.

These items were generated from your input, the input of other experts and the input of four knowledgeable older people. While reading through the attached items, please do realize that:

1. These statements will not be presented in the order they are listed below, rather those will be scattered, throughout the intended interview.

2. These statements have not yet been subjected to a readability test or a terminology check by older people.

Directions: Please do the following:

1. To the left of each item, rate or evaluate it according to how accurate or inaccurate you believe it is by placing a circle around the appropriate number. If you feel unable to make a rating draw a line through the line.

2. Move any item to another category, if it seems more appropriate there - simply use an arrow to do so.

3. Eliminate any item which you feel is not appropriate to the age group by placing an X over it's number.

4. Asterick (*) any item which you believe would be more appropriate on the attitude sheet.

5. Circle any term which you believe should be qualified, or defined, or for which a substitute term should be found, e.g., "orgasm" (climax).

PLEASE READ ALL DIRECTIONS FOR THIS SECTION BEFORE YOU BEGIN.

FEEL FREE TO ADD ANY ITEMS AT THE END IF YOU WISH.

K N O W L E D G E A R E A

Category - Basic Physiology

ACCURATE	7	6	5	4	3	2	1	INACCURATE	1. Orgasm and ejaculation in the male are two separate expressions.
	7	6	5	4	3	2	1		2. Women are generally the first ones who decide to stop having sexual intercourse in a marriage.
	7	6	5	4	3	2	1		3. A female cannot have an orgasm without intercourse.
	7	6	5	4	3	2	1		4. Females ejaculate during intercourse.
	7	6	5	4	3	2	1		5. There are three basic erogenous areas on the bodies of both males and females.
	7	6	5	4	3	2	1		6. Older people know appropriate terms so that they are able to discuss issues regarding sex with their doctors.
	7	6	5	4	3	2	1		7. Sexual satisfaction can be obtained without experiencing intercourse.
	7	6	5	4	3	2	1		8. Most older people know a lot about how their sexual organs work.
	7	6	5	4	3	2	1		9. Older people can still learn information about sex.

Category - Physiological Changes

7	6	5	4	3	2	1		A9. Every male becomes impotent as he gets older.
7	6	5	4	3	2	1		10. Menopause in women is accompanied by a sharp and lasting reduction in sexual expression and interest.
7	6	5	4	3	2	1		11. Erection takes longer to obtain in the older male but usually lasts longer.
7	6	5	4	3	2	1		12. The drug store sells over-the-counter a jelly or cream which can be placed in the vagina if it is too dry.
7	6	5	4	3	2	1		13. Slowness of erection as one ages indicates that one will soon become impotent.
7	6	5	4	3	2	1		14. At some time in their lives all men experience impotence.

ACCURATE 7 6 5 4 3 2 1 INACCURATE 15. Impotence occurs occasionally in nearly all men of all ages.

7 6 5 4 3 2 1 16. Older females may take longer to secrete vaginal lubrication than they did when they were younger.

7 6 5 4 3 2 1 17. The strength of orgasm weakens as one ages.

Category - Touching and Pleasuring Behavior

7 6 5 4 3 2 1 18. Kissing and caressing with no intention to have intercourse is a harmful practice.

7 6 5 4 3 2 1 19. Many middle-aged and older people masturbate.

7 6 5 4 3 2 1 20. A close, personal relationship may or may not include sexual intercourse.

7 6 5 4 3 2 1 21. Habitual (regular) masturbation can cause mental illness.

7 6 5 4 3 2 1 22. It is not unhealthy for older people to be disinterested in sex.

7 6 5 4 3 2 1 23. Holding and hugging friends, children and pets helps an older person deal with the loss of a partner.

7 6 5 4 3 2 1 24. Older women are allowed more freedom to express affection for children than older men are allowed to do.

7 6 5 4 3 2 1 25. The importance of the sense of touch increases with age.

7 6 5 4 3 2 1 26. Massage is one method of making a personal contact with someone you care about.

Category - Drug Use

7 6 5 4 3 2 1 27. If hypertensive medications are taken, as prescribed by the physician, they will not limit one's ability to be sexually active.

7 6 5 4 3 2 1 28. Drinking a large amount of alcohol reduces shyness.

7 6 5 4 3 2 1 29. Too much alcohol makes one less interested in sex.

7 6 5 4 3 2 1 30. Too much alcohol makes one less capable of sex.

ACCURATE 7 6 5 4 3 2 1 INACCURATE 31. If a person takes a drug which interfers with their sexual activity, the doctor can usually substitute another drug which will create less interference.

Category - Health Problems

7 6 5 4 3 2 1 32. Removal of the prostate gland means the end of a man's ability to have intercourse.

7 6 5 4 3 2 1 33. Sexual intercourse is dangerous for most older persons who have heart problems.

7 6 5 4 3 2 1 34. Hysterectomy marks the end of a woman's ability to experience orgasms.

7 6 5 4 3 2 1 35. Sexual expression may help the terminally ill person feel better.

7 6 5 4 3 2 1 36. Impotence is generally a mental rather than physical problem.

7 6 5 4 3 2 1 37. Depression can affect one's interest in sexual expression.

7 6 5 4 3 2 1 38. Impotence can be a special problem for diabetics.

7 6 5 4 3 2 1 39. If a male does not ejaculate when sexually stimulated it is a sign that something is physically wrong.

7 6 5 4 3 2 1 40. Most of the sexual problems people experience in old age had their beginning in younger years.

7 6 5 4 3 2 1 41. Some evidence suggests that, regular sexual activity can help relieve the pain of arthritis.

7 6 5 4 3 2 1 42. Impotence can be medically treated.

Category - Resources

7 6 5 4 3 2 1 43. I currently know a health professional (i.e., doctor, counselor, nurse) with whom I would feel able and free to discuss problems or issues related to sexual expression.

7 6 5 4 3 2 1 44. I currently know where to find printed material (i.e., books, pamphlets) about aging and sexual expression.

ACCURATE 7 6 5 4 3 2 1 INACCURATE 45. If I were single and wished to socialize with other older persons, I would know where to go.

7 6 5 4 3 2 1 46. As a parent, I feel I was able to discuss information regarding sex with my children.

ATTITUDE AREA

Information: Listed on the attachment are six categories applicable to the attitude area of sexual expression. Under each category are several statements which may be appropriate measures of the attitudes held or needed (as you, the expert, perceive it) by 65 to 74 year old non-institutionalized females and males.

These items were generated from your input, the input of other experts and the input of four knowledgeable older people. While reading through the attached items, please do realize that:

1. These statements will not be presented in the order they are listed below, rather those selected will be scattered, throughout the intended interview.

2. These statements have not yet been subjected to a readability test or a terminology check by older people.

Directions: Please do the following:

1. To the left of each item indicate whether you believe an older person with a healthy attitude toward sexual expression and/or a realistic view of society would perceive this statement in the agree range (use A) or in the disagree range (use D). If you feel unable to make such a judgment draw a line through the item.

2. Move any item to another category, if it seems more appropriate there - simply use an arrow to do so.

3. Eliminate any item which you feel is not appropriate to the age group by placing an X over it's number.

4. Asterick (*) any item which you believe would be more appropriate on the knowledge sheet.

5. Circle any term which you believe should be qualified, defined, or for which a substitute term should be found, e.g., "masturbation" (sexual self stimulation).

PLEASE READ ALL DIRECTIONS FOR THIS SECTION BEFORE YOU BEGIN.

FEEL FREE TO ADD ANY ITEMS AT THE END IF YOU WISH.

ATTITUDE AREA

Category - Social Myths

A D 1. Women have far less control over their emotions than men do.

A D 2. Media portrays older men and women as sexless people.

A D 3. Older people are not sexually attracted to the opposite sex.

A D 4. Society believes older people are sexless.

A D 5. Abstinence from sexual intercourse in youth will increase the number of years one can have intercourse in later life.

A D 6. There are as many "dirty old women" as there are "dirty old men" in this world.

A D 7. Most older people do not engage in sexual intercourse.

A D 8. Sexual activity with one's spouse causes a considerable number of fatal heart attacks among older men annually.

A D 9. Masturbation is unhealthy.

A D 10. Sex activity is basically for young people.

A D 11. Sex first and foremost is for procreation.

A D 12. Generally speaking, doctors are open to discussions about sex with their older patients.

Category - Self Attitudes

A D 13. Physical appearance after 65 is just as important to attractiveness, as it is at any other time.

A D 14. The type of love one feels for a spouse changes over time.

A D 15. Most males believe potency is basic to feeling masculine (like a man).

A D 16. Men, by nature, want intercourse more often than women do.

A D 17. A healthy person is able to show love toward those people close to them.

A D 18. A person should feel free to refuse their partner's sexual request.

A D 19. A long and satisfying marriage is possible without love.

A D 20. Most females believe attractiveness is basic to feeling feminine (like a woman).

A D 21. Older people do not believe that love is necessary to have sex with another person.

A D 22. Older people feel comfortable in discussing sex related problems with their doctor.

A D 23. Most older people have a good feeling about their body.

Category - Touching and Pleasuring Behaviors

A D 24. Verbal expressions of affection are less important for couples as they grow older.

A D 25. Touching another person can make one feel as good as taking a medicine prescribed by the doctor.

A D 26. There are times when caressing and hugging can be as pleasurable as sexual intercourse.

A D 27. Masturbation is a good way to relieve sexual tension.

A D 28. Affection and warmth toward older people is unimportant in old age.

A D 29. Older persons need to be stroked, caressed, kissed and hugged.

A D 30. Being able to touch other people is important to all age groups.

A D 31. If older people have not had an active sex life while they were young, they do not miss it when they get old.

A D 32. Affection, care and concern for others can be shown without physical contact.

A D 33. A good relationship between two people is expressed by much skin contact (touching) regardless of age.

Category - Dealing with Loneliness and Loss

A D 34. The need for social opportunities, outside of the home, increases as one grows older.

A D 35. Youthful looking older men have better chances for remarriage in later years than do older women.

A D 36. Older people prefer to live alone.

A D 37. Older people need love and companionship just as much as younger people do.

A D 38. Older people make friends easily.

A D 39. Most older marriages are primarily for companionship.

A D 40. Because there are so many older women than men, in the future men will most likely live with a group of women.

A D 41. Since men tend to die at a younger age than women, women should be encouraged to marry younger men.

A D 42. When people are older they should not get married.

A D 43. Most older people prefer old friends rather than making new ones.

A D 44. Generally speaking, widows are uninterested in being sexual.

Category - Barriers

A D 45. Most older people are supportative of the remarriages of their older friends.

A D 46. It is O.K. for older people to live together without being married.

A D 47. Children often oppose remarriage of their older parent in later years.

A D 48. Approval of family and friends improves the chances of a successful marriage in later life.

A D 49. Older married people are better socially accepted than are widowed, divorced or separated older people.

A D 50. Remarriage, after one's spouse has died, somehow seems unfaithful.

A D 51. Those who regulate their sex activities, according to the teachings of their religion, have the best chances of establishing a successful and lasting relationship.

A D 52. Most people have some guilt feelings about previous sexual experiences.

A D 53. Due to widowhood, or death, sexual capacity (ability to have an erection) can be protected through regular masturbation, if it is personally acceptable.

Category - Resources

A D 54. Older people need opportunities to meet and make new friends.

A D 55. Most older people need to improve the way they feel about themselves.

A D 56. Most older people would be reluctant to ask someone a question about sex.

A D 57. Older people know more about sexuality than middle age or younger people do.

A D 58. As a parent, I feel I was effective in helping my children develop positive attitudes about sexuality.

APPENDIX H

EXPERT WEIGHING ON KNOWLEDGE AND ATTITUDE ITEMS - TASK TWO

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
CATEGORY - BASIC PHYSIOLOGY													
1. Orgasm and ejaculation in the male are two separate expressions.	Accurate Code (weight)	// 7	: 6	: / 5	: 4	: 3	: / 2	: // 1	Inaccurate	0	6	23	3.8	
2. Women are generally the first ones who decide to stop having sexual intercourse in a marriage	Accurate	7	: 6	: / 5	: 4	: // 3	: 2	: / 1	Inaccurate	2	4	12	3.0	
3. A female cannot have an orgasm without intercourse.	Accurate	7	: 6	: 5	: 4	: 3	: / 2	: ///// 1	Inaccurate	0	6	7	1.2	*
4. Females ejaculate during intercourse.	Accurate	7	: 6	: 5	: 4	: 3	: 2	: ///// 1	Inaccurate	1	5	5	1	*
5. There are three basic erogenous areas on the bodies of both males and females.	Accurate	7	: 6	: 5	: / 4	: 3	: 2	: ///// 1	Inaccurate	0	6	9	1.5	* (moved to touching and pleasuring behavioral category)
6. Older people know appropriate terms so that they are able to discuss issues regarding sex with their doctors.	Accurate	7	: 6	: 5	: / 4	: 3	: // 2	: / 1	Inaccurate	2	4	9	2.3	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
7. Sexual satisfaction be obtained without experiencing intercourse.	Accurate	////// 7	: 6	: 5	: 4	: 3	: 2	: 1	Inaccurate	0	6	42	7	*
8. Most older people know a lot about how their sexual organs work.	Accurate	7	: 6	: 5	: 4	: / 3	: // 2	: / 1	Inaccurate	1	5	8	1.6	
9. Older people can still learn information about sex.	Accurate	////// 7	: 6	: 5	: 4	: 3	: 2	: 1	Inaccurate	0	6	42	7	*
CATEGORY - PHYSIOLOGICAL CHANGES														
9A. Every male becomes impotent as he gets older.	Accurate	7	: 6	: 5	: 4	: 3	: / 2	: ///// 1	Inaccurate	0	6	7	1.2	*
10. Menopause in women is accompanied by a sharp and lasting reduction in sexual expression and interest.	Accurate	7	: 6	: 5	: 4	: 3	: // 2	: //// 1	Inaccurate	0	6	8	1.3	*
11. Erection takes longer to obtain in the older male but usually lasts longer.	Accurate	/ 7	: /// 6	: / 5	: 4	: 3	: 2	: / 1	Inaccurate	0	6	31	5.2	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.	No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
12. The drug store sells over-the-counter a jelly or cream which can be placed in the vagina if it is too dry.	Accurate //////: : : : : : Inaccurate (7 6 5 4 3 2 1)	0	0	42	7	*
13. Slowness of erection as one ages indicates that one will soon become impotent.	Accurate : : : : : /: ///// Inaccurate (7 6 5 4 3 2 1)	0	6	7	1.3	*
14. At some time in their lives all men experience impotence.	Accurate /: ////: : : : /: Inaccurate (7 6 5 4 3 2 1)	0	6	33	5.5	*
15. Impotence occurs occasionally in nearly all men of all ages.	Accurate ////: /: /: : : : Inaccurate (7 6 5 4 3 2 1)	0	6	39	6.5	Items Combined *
16. Older females may take longer to secrete vaginal lubrication than they did when they were younger.	Accurate //////: : : : : : Inaccurate (7 6 5 4 3 2 1)	0	6	42	7	*

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
17. *The strength of orgasm* weakens as one ages.	Accurate	/// 7	/// 6	5	4	3	2	1	Inaccurate	0	6	39	6.5	*
CATEGORY - TOUCHING AND PLEASURING BEHAVIOR														
18. Kissing and caressing with no intention to have intercourse is a harmful practice.	Accurate	7	6	5	4	3	2	//// 1	Inaccurate	2	4	4	1	
19. Many middle-aged and older people masturbate.	Accurate	// 7	/ 6	/ 5	/ 4	3	2	1	Inaccurate	1	5	29	4.8	
20. A close, personal relationship may or may not include sexual intercourse.	Accurate	////// 7	6	5	4	3	2	1	Inaccurate	0	6	42	7	*
21. Habitual (regular) masturbation can cause mental illness.	Accurate	7	6	5	4	3	2	////// 1	Inaccurate	0	6	6	1	*
22. It is not unhealthy for older people to be disinterested in sex.	Accurate	/// 7	/ 6	5	4	3	2	1	Inaccurate	2	4	27	6.8	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
23. Holding and hugging friends, children and pets helps an older person deal with the loss of a partner.	Accurate	/// 7	// 6	5	/ 4	3	2	1	Inaccurate	0	6	37	6.2	*
24. Older women are allowed more freedom to express affection for children than older men are allowed to do.	Accurate	// 7	// 6	// 5	4	3	2	1	Inaccurate	1	6	36	6	
25. The importance of the sense of touch increases with age.	Accurate	/ 7	/ 6	/ 5	/ 4	3	/ 2	/ 1	Inaccurate	0	6	25	4.2	
26. Massage is one method of making a personal contact with someone you care about.	Accurate	/// 7	/ 6	/ 5	4	3	2	1	Inaccurate	1	5	32	6.4	
CATEGORY - DRUG USE														
27. If hypertensive medications are taken, as prescribed by the physician they will not limit one's ability to be sexually active.	Accurate	7	/ 6	5	4	3	/// 2	// 1	Inaccurate	0	6	14	2.3	*

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.	No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for Inclusion in Interview Guide
28. Drinking a large amount of alcohol reduces shyness.	Accurate ___ : ___ : //// : ___ : ___ : / : ___ Inaccurate (7 : 6 : 5 : 4 : 3 : 2 : 1)	1	5	22	4.4	
29. Too much alcohol makes one less interested in sex.	Accurate // : / : / : / : ___ : / : ___ Inaccurate (7 : 6 : 5 : 4 : 3 : 2 : 1)	0	6	31	5.2	
30. Too much alcohol makes one less capable of sex.	Accurate ///// : ___ : / : ___ : ___ : ___ : ___ Inaccurate (7 : 6 : 5 : 4 : 3 : 2 : 1)	0	6	40	6.7	*
31. If a person takes a drug which interfers with their sexual activity, the doctor can usually substitute another drug which will create less interference.	Accurate ___ : //// : / : ___ : ___ : ___ : ___ Inaccurate (7 : 6 : 5 : 4 : 3 : 2 : 1)	1	5	29	5.8	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N· of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
CATEGORY - HEALTH PROBLEMS													
32. Removal of the prostrate gland means the end of a man's ability to have intercourse.	Accurate	7	6	5	4	/ 3	/ 2	/// 1	Inaccurate	1	5	8	1.6	
33. Sexual intercourse is dangerous for most older persons who have heart problems.	Accurate	7	6	5	4	/ 3	/ 2	//// 1	Inaccurate	0	6	9	1.5	*
34. Hysterectomy marks the end of a woman's ability to experience orgasms.	Accurate	7	6	5	4	3	// 2	//// 1	Inaccurate	0	6	8	1.3	*
35. Sexual expression may help the terminally ill person feel better.	Accurate	/// 7	// 6	5	4	3	2	1	Inaccurate	1	5	33	6.6	*
36. Impotence is generally a mental rather than physical problem.	Accurate	/// 7	6	// 5	4	3	2	1	Inaccurate	1	5	31	6.2	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW. (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
37. Depression can affect one's interest in sexual expression.	Accurate	////// 7	: 6	: 5	: 4	: 3	: 2	: 1	Inaccurate	0	6	42	7	*
38. Impotence can be a special problem for diabetics.	Accurate	//// 7	: / 6	: 5	: 4	: 3	: 2	: 1	Inaccurate	1	5	34	6.8	*
39. If a male does not ejaculate when sexually stimulated it is a sign that something is physically wrong.	Accurate	7	: 6	: / 5	: / 4	: / 3	: /// 2	: / 1	Inaccurate	0	6	19	3.2	
40. Most of the sexual problems people experience in old age had their beginning in younger years.	Accurate	// 7	: / 6	: / 5	: 4	: 3	: / 2	: 1	Inaccurate	1	5	27	5.4	
41. Some evidence suggests that, regular sexual activity can help relieve the pain of arthritis.	Accurate	/ 7	: 6	: / 5	: / 4	: / 3	: 2	: 1	Inaccurate	2	4	19	4.8	
42. Impotence can be medically treated.	Accurate	/ 7	: 6	: / 5	: 4	: 3	: / 2	: 1	Inaccurate	3	3	14	4.7	

KNOWLEDGE AREA - TASK TWO TABULATIONS

ITEM #	Frequency distribution for each degree accurate (7) to inaccurate (1) statement.								No. 0's	ΣW (Sum of the weights; N of experts ranking item)	ΣEW (Sum of values being averaged each multiplied by its appropriate weight)	W^M (Weighted mean)	Item Selected for inclusion in Interview Guide
CATEGORY - RESOURCES													
43. I currently know a health professional (i.e., doctor, counselor, nurse) with whom I would feel able and free to discuss problems or issues related to sexual expression.	Accurate	/// 7	// 6	5	4	3	/ 2	1	Inaccurate	0	6	35	5.8	*
44. I currently know where to find printed material (i.e., books, pamphlets) about aging and sexual expression.	Accurate	//// 7	/ 6	5	4	3	/ 2	1	Inaccurate	0	6	36	6	*
45. If I were single and wished to socialize with other older persons, I would know where to go.	Accurate	//// 7	6	/ 5	4	/ 3	2	1	Inaccurate	0	6	36	6	
46. As a parent, I feel I was able to discuss information regarding sex with my children.	Accurate	/// 7	/ 6	5	4	3	/ 2	1	Inaccurate	0	6	29	4.8	

ATTITUDE AREA - TASK TWO TABULATIONS

Item #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range	Diagree Range	or No Judgment	Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Inter-View Guide
CATEGORY - SOCIAL MYTHS					
1. Women have far less control over their emotions than men do.	/// Agree	/ Disagree	// No Judgment		
2. Media portrays older men and women as sexless people.	////// Agree	Disagree	No Judgment	100% A	*
3. Older people are not sexually attracted to the opposite sex.	Agree	////// Disagree	No Judgment	100% D	*
4. Society believes older people are sexless.	///// Agree	Disagree	/ No Judgment	83.3% A	* (reworded as an open ended question)
5. Abstinence from sexual intercourse in youth will increase the number of years one can have intercourse in later years.	Agree	///// Disagree	/ No Judgment	83.3% D	*
6. There are as many "dirty old women" as there are "dirty old men" in this world.	/// Agree	// Disagree	/ No Judgment		
7. Most older people do not engage in sexual intercourse.	/ Agree	//// Disagree	/ No Judgment		

Item #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range / Disagree Range / or No Judgment			Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
8. Sexual activity with one's spouse causes a considerable number of fatal heart attacks among older men annually.	/ Agree	///// Disagree	____ No Judgment	83.3% D	*
9. Masturbation is unhealthy.	____ Agree	//// Disagree	// No Judgment		
10. Sex activity is basically for young people.	/ Agree	//// Disagree	/ No Judgment		
11. Sex first and foremost is for procreation.	____ Agree	////// Disagree	____ No Judgment	100% D	*
12. Generally speaking, doctors are open to discussions about sex with their older patients.	____ Agree	////// Disagree	____ No Judgment	100% D	*
CATEGORY - SELF ATTITUDES					
13. Physical appearance after 65 is just as important to attractiveness, as it is at any other time.	///// Agree	/ Disagree	____ No Judgment	83.3% A	*
14. The type of love one feels for a spouse changes over time.	//// Agree	____ Disagree	// No Judgment		
15. Most males believe potency is basic to feeling masculine (like a man).	///// Agree	/ Disagree	____ No Judgment	83.3% A	*
16. Men, by nature, want intercourse more often than women do.	//// Agree	/ Disagree	/ No Judgment		

Item #	Expert Perception of Attitudes Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range	Disagree Range	or No Judgment	Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
17. A healthy person is able to show love toward those people close to them.	////// Agree	Disagree	No Judgment	100% A	*
18. A person should feel free to refuse their partner's sexual request.	///// Agree	/ Disagree	No Judgment	83.3% A	*
19. A long and satisfying marriage is possible without love.	/ Agree	// Disagree	/// No Judgment		
20. Most females believe attractiveness is basic to feeling feminine (like a woman).	///// Agree	Disagree	/ No Judgment	83.3% A	*
21. Older people do not believe that love is necessary to have sex with another person.	/ Agree	// Disagree	/// No Judgment		
22. Older people feel comfortable in discussing sex related problems with their doctor.	/ Agree	/// Disagree	// No Judgment		
23. Most older people have a good feeling about their body.	Agree	///// Disagree	/ No Judgment	83.3% D	*
CATEGORY - TOUCHING AND PLEASURING BEHAVIORS					
24. Verbal expressions of affection are less important for couples as they grow older.	Agree	///// Disagree	/ No Judgment	83.3% D	*

ITEM #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range	Disagree Range	or No Judgment	Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
25. Touching another person can make one feel as good as taking a medicine prescribed by the doctor.	// Agree	/ Disagree	/// No Judgment		
26. There are times when caressing and hugging can be as pleasurable as sexual intercourse.	////// Agree	Disagree	No Judgment	100% A	*
27. Masturbation is a good way to relieve sexual tension.	///// Agree	/ Disagree	No Judgment	83.3% A	*
28. Affection and warmth toward older people is unimportant in old age.	Agree	////// Disagree	No Judgment	100% D	*
29. Older persons need to be stroked, caressed, kissed and hugged.	////// Agree	Disagree	No Judgment	100% A	*
30. Being able to touch other people is important to all age groups.	////// Agree	Disagree	No Judgment	100% A	*
31. If older people have not had an active sex life while they were young, they do not miss it when they get old.	// Agree	Disagree	//// No Judgment		
32. Affection, care and concern for others can be shown without physical contact.	///// Agree	/ Disagree	No Judgment	83.3% A	*

ITEM #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range / Disagree Range / or No Judgment			Percent of Agreement (A) or Disagreement 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
33. A good relationship between two people is expressed by much skin contact (touching) regardless of age.	///// Agree	Disagree	/ No Judgment	83.3% A	*
CATEGORY - DEALING WITH LONELINESS AND LOSS					
34. The need for social opportunities, outside of the home, increases as one grows older.	/// Agree	// Disagree	/ No Judgment		
35. Youthful looking older men have better chances for remarriage in later years than do older women.	///// Agree	/ Disagree	No Judgment	83.3% A	*
36. Older people prefer to live alone.	Agree	///// Disagree	/ No Judgment	83.3% D	*
37. Older people need love and companionship just as much as younger people do.	////// Agree	Disagree	No Judgment	100% A	*
38. Older people make friends easily.	Agree	///// Disagree	/ No Judgment	83.3%	*
39. Most older marriages are primarily for companionship.	//// Agree	/ Disagree	/ No Judgment		
40. Because there are so many older women than men, in the future men will most likely live with a group of women.	/ Agree	/// Disagree	// No Judgment		

ITEM #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range	Disagree Range	or No Judgment	Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
41. Since men tend to die at a younger age than women, women should be encouraged to marry younger men.	/// Agree	// Disagree	/ No Judgment		
42. When people are older they should not get married.	Agree	////// Disagree	No Judgment	100% D	*
43. Most older people prefer old friends rather than making new ones.	/// Agree	/ Disagree	// No Judgment		
44. Generally speaking, widows are uninterested in being sexual.	// Agree	//// Disagree	No Judgment		
CATEGORY - BARRIERS					
45. Most older people are supportative of the remarriages of their older friends.	//// Agree	Disagree	No Judgment		
46. It is O.K. for older people to live together without being married.	///// Agree	Disagree	/ No Judgment	83.3% A	*
47. Children often oppose remarriage of their older parent in later years.	////// Agree	Disagree	No Judgment	100% A	*
48. Approval of family and friends improves the chances of a successful marriage in later years.	////// Agree	Disagree	No Judgment	100% A	*

ITEM #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expresssion and/or Realistic View of Society - Agree Range / Disagree Range / No Judgment			Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
49. Older marriage people are better socially accepted than are widowed, divorced or separated older people.	///// Agree	/ Disagree	No Judgment	83.3% A	*
50. Remarriage, after one's spouse has died, somehow seems unfaithful.	/ Agree	///// Disagree	No Judgment	83.3% D	*
51. Those who regulate their sex activities, according to the teachings of their religion, have the best chances of establishing a successful and lasting relationship.	// Agree	/// Disagree	No Judgment		
52. Most people have some guilt feelings about previous sexual experiences.	///// Agree	Disagree.	/ No Judgment	83.3% A	*
53. Due to widowhood, or death, sexual capacity (ability to have an erection) can be protected through regular masturbation, if it is personally accepted.	///	/	//		

ITEM #	Expert Perception of Attitude Range - Healthy Attitude Toward Sexual Expression and/or Realistic View of Society - Agree Range / Disagree Range / or No Judgment			Percent of Agreement (A) or Disagreement (D) 83.3% or Above	* Item Selected for Inclusion in the Interview Guide
CATEGORY - RESOURCES					
54. Older People need opportunities to meet and make new friends.	////// Agree	 Disagree	. No Judgment	100% A	*
55. Most older people need to improve the way they feel about themselves.	///// Agree	 Disagree	/ No Judgment	83.3% A	*
56. Most older people would be reluctant to ask someone a question about sex.	///// Agree	/ Disagree	 No Judgment	83.3% A	*
57. Older people know more about sexuality than middle age or younger people do.	/ Agree	///// Disagree	 No Judgment	83.3% D	*
58. As a parent, I feel I was effective in helping my children develop positive attitudes about sexuality.	//// Agree	/ Disagree	/ No Judgment		

APPENDIX I

REVISED INTERVIEW GUIDE

CONTACT #3
INTERVIEW GUIDE/SCHEDULE

BEGINNING TIME _____:_____ _____a.m. _____p.m.

INTERVIEW INTRODUCTION:

My name is Margaret Smith. I am from Oregon State University. We have an appointment for an interview this morning/afternoon/evening.

NOTE: Provide identification to the subject.

I appreciate very much the time you are willing to set aside for this interview since it is very important to me. Hopefully the results will assist a variety of people.

Have you ever been interviewed before?
*. . . . . .

First, I would like to give you a little background information about what I'm doing. As part of my work at Oregon State University I am taking a survey of a few select people. You are one of those people. Talking with you can help older people understand human relationships and can help us understand some of the ways in which older people deal with human relationships. Two groups of people who could profit from this information are younger people and those who work with older people. Younger people tend to hold many stereotypes about older people because they lack information. Service providers also need more information about older people's needs so they can be of more help.

In many cases older people have a great deal of information which can only be gotten by talking with them. Because you are an older person, you have had a chance to gain a great deal of information about life, and you probably have many opinions.

Today I would like to ask you to share some of these with me. I guarantee that this conversation will be completely confidential. Your name will not appear on any forms or reports.

This interview will ask questions about ideas and feelings older people hold about human relationships. If at any time you would prefer not to answer a question just tell me. That is perfectly alright. We will then skip that question.

As I mentioned before this survey is very important and I do appreciate your voluntary participation. Our conversation will be held is strictest confidence. I am asking you to sign this consent form which shows that you understand the purpose of this study and the part you will play in it.

---

* Informal rapport building remarks.

*** INTERVIEWER DIRECTIONS:

1. Read through the Informed Consent Form with the subject.
2. Ask the subject if there are any questions.
3. Ask the subject to sign the form.
4. Then place the number on the subject's Consent Form copy only.
5. Place the same number in the space provided on the data collection sheet.
6. Place the signed interviewer "Informed Consent" form in an envelope before beginning data collection.

Note: The data collection sheet and the signed "Informed Consent form should not be placed together.

INTERVIEWER'S COPY

Department of Health | Oregon State University | Corvallis, Oregon 97331 (503) 754-2686

INFORMED CONSENT

Before you formally agree to be a part of this study, it is important that you be provided the following:

1. The purpose of this study is to gain information regarding older people and human relationships. This involves your opinions and ideas. In order to do this I will need about 20 to 30 minutes of your time to interview you. The results of this study will allow those who work with older people, to understand what older people think and feel. This may enable people's needs to be better met.

2. This interview is private. Your responses will be strictly confidential and results of this survey will be reported only in anonymous form.

3. This interview will involve no risk to you. Since you are a volunteer, you may decline to answer any question at any time or you may end the interview at any point.

4. You are free to ask questions which you might have regarding this study at any time during our meeting today.

The individuals from Oregon State University who are responsible for this study are Dr. David W. Phelps, Professor and Head of the Department of Health and Margaret Smith, Doctoral candidate in Education, Health and Gerontology. If you have any questions about this interview, please feel free to contact either, 754-2686.

Margaret M. Smith - Interviewer

This study described above has been explained to me, and I voluntarily consent to participate. I have had an opportunity to ask questions.

Participant - Date

Copies (2): (1) Subject
(2) Interviewer's File

NOTE: THE SUBJECT NUMBER SHOULD BE PLACED ONLY ON THE SUBJECT'S CONSENT FORM.

SUBJECT'S COPY

Department of Health Oregon State University Corvallis, Oregon 97331 (503) 754-2686

INFORMED CONSENT

Before you formally agree to be a part of this study, it is important that you be provided the following information:

1. The purpose of this study is to gain information regarding older people and human relationships. This involves your opinions and ideas. In order to do this I will need about 20 to 30 minutes of your time to interview you. The results of this study will allow those who work with older people, to understand what older people think and feel. This may enable older people's needs to be better met.

2. This interview is private. Your responses will be strictly confidential and results of this survey will be reported only in anonymous form.

3. This interview will involve no risk to you. Since you are a volunteer, you may decline to answer any question at any time or you may end the interview at any point.

4. You are free to ask questions which you might have regarding this study at any time during our meeting today.

The people from Oregon State University who are responsible for this study are Dr. David W. Phelps, Professor and Head of the Department of Health and Margaret Smith, Doctoral candidate in Education, Health and Gerontology. If you have any questions about this interview, please feel free to contact either, 754-2686.

_____
Margaret Smith - Interviewer

This study described above has been explained to me, and I voluntarily consent to participate. I have had an opportunity to ask questions.

_____
Participant - Date

Copies (2): (1) Subject
(2) Interviewer's File

NOTE: THE SUBJECT NUMBER SHOULD BE PLACED ONLY ON THE SUBJECT'S CONSENT FORM.

_____

DATA COLLECTION SHEET # _____

. . . . . .

Are we ready to start now? We will take a few breaks along the way as both of us might need them. If you would like to stop at any point just let me know.

During this interview I will be using the term "older people." Let us consider that to be anyone over 65.

Now I will be reading a list of statements regarding human relationships and older people.

This is not a test. There are no right or wrong answers. The correct answers are those that seem best for you.

Please answer each statement using the word or words on one of the cards I have placed here on the table.

NOTE: Interviewer places five cards on the table with the response modes: strongly agree, strongly agree, agree, undecided, disagree, strongly disagree.

If you have additional ideas or have questions about the statements please do feel free to comment along the way.

	SA	A	U	D	SD	R	
1.	1	2	3	4	5	9	1. Older people make friends easily.
2.	1	2	3	4	5	9	2. Older people prefer to live alone.
3.	5	4	3	2	1	9	3. Older people need opportunities to meet and make new friends.
4.	1	2	3	4	5	9	4. Most older people have a good feeling about their body.
5.	5	4	3	2	1	9	5. Physical attractiveness or appearance after age 65 is just as important as it is at younger ages.
6.	5	4	3	2	1	9	6. Most older people need to improve the way they feel about themselves.
7.	5	4	3	2	1	9	7. A healthy person is able to show love toward those people close to him or her.
8.	5	4	3	2	1	9	8. Older people need love and companionship just as much as younger people do.
9.	5	4	3	2	1	9	9. Older married people are better socially accepted than are widowed, divorced or separated older people.
10.	1	2	3	4	5	9	10. Older people do not care about receiving affection and warmth.
11.	1	2	3	4	5	9	11. Words of affection are less important for couples as they grow older.
12.	5	4	3	2	1	9	12. Approval of family and friends improves the chances of a successful marriage in later life.
13.	1	2	3	4	5	9	13. To remarry after the death of one's spouse, is being unfaithful to the deceased spouse.
14.	5	4	3	2	1	9	14. Children often oppose remarriage of their parent in later years.
15.	5	4	3	2	1	9	15. It is O.K. for older people to live together without being married.
16.	1	2	3	4	5	9	16. When people are older they should not get married.
17.	5	4	3	2	1	9	17. Youthful looking older men have better chances for remarriage in later years than do youthful looking older women.

	SA	A	U	D	SD	R	
18.	5	4	3	2	1	9	18. Affection, care and concern for others can be shown without physical contact.
19.	1	2	3	4	5	9	19. Older people are not sexually attracted to the opposite sex.
20.	5	4	3	2	1	9	20. Most females believe attractiveness is basic to feeling like a woman.
21.	5	4	3	2	1	9	21. A good relationship between two people is expressed by much skin contact (touching), regardless of age.
22.	5	4	3	2	1	9	22. Media (T.V., radio, magazine) portrays older men and women as sexless people.
23.	5	4	3	2	1	9	23. Most people have some guilt feelings about previous sexual experiences.
24.	5	4	3	2	1	9	24. Most males believe potency (ability to have an erection/ hard-on) is basic to feeling like a man.
25.	5	4	3	2	1	9	25. Being able to touch other people is important to all age groups.
26.	5	4	3	2	1	9	26. Masturbation is a good way to relieve sexual tension.
27.	1	2	3	4	5	9	27. Sex is primarily for procreation (reproducing or making children).
28.	1	2	3	4	5	9	28. Sexual activity with one's spouse/mate causes a considerable number of fatal heart attacks among older men annually.
29.	1	2	3	4	5	9	29. Limiting sexual intercourse in youth will increase the number of years one can have intercourse in later life.
30.	5	4	3	2	1	9	30. A person should feel free to refuse their partner's sexual request.
31.	5	4	3	2	1	9	31. Older persons need to be stroked, caressed, kissed and hugged.
32.	5	4	3	2	1	9	32. There are times when caressing and hugging can be as pleasurable as sexual intercourse.
33.	1	2	3	4	5	9	33. Generally speaking, doctors are open to discussions about sex with their older patients.
34.	1	2	3	4	5	9	34. Older people know more about sexuality than middle age or younger people do.
35.	5	4	3	2	1	9	35. Most older people would be reluctant to ask someone a question about sex.

. . . . .

Now I'd like to ask you several questions which are once again only a matter of opinion. There are no right or wrong answers. A lot of what I've been reading recently seems to imply that older people might not be willing to discuss sex.

36. Do you think that is really true? If so, what do you think are some reasons.

37. Do you believe that one sex (male or female) is more open to discussion than the other? Why might that be?

38. What are some concerns older people have about sex?

39. There are more older women than men and many of them do not have a spouse. Do you feel they are sexless?

40. In your opinion what factors might prevent people from continuing sexual relationships in later years?

Now I'd like to ask you about some things which you see and read and a little bit about yourself.

	Y	N	R	
41.	1	2	9	41. Do you watch television?

42. What types of programs do you prefer?

	Y	N	R	
43.	1	2	9	43. Do you subscribe to the local newspaper?
44.	1	2	9	44. Do you subscribe to any magazines or do you buy them in the store?

45. What kinds of magazines are they?

46.	1	2	9	46. Do you read Readers Digest?

47. What kinds of things have you read lately?

48.	1	2	9	47. Do you ever go to movies?

49. What kinds of movies do you prefer?

50.	1	2	9	50. Do you have a hobby?

51. Could you tell me a little about it?

. . . . . .

Now I would like to ask you about some other items. This time I would like you to simply tell me if you agree, disagree or are uncertain. I will read the statements and I would like you to indicate what you believe to be the best answer.

Please answer each statement using the word on one of the cards I have placed here on the table.

NOTE: Interviewer places three cards on the table with the response modes: agree, uncertain, disagree.

Again if you have additional ideas or questions please do feel free to comment.

These questions have to do with some concerns regarding one's health.

	A	U	D	R	
52.	3	2	1	9	52. Depression can affect one's interest in sexual expression (in being sexual).
53.	1	2	3	9	53. Hypertensive medications (medications for high blood pressure) always limit one's ability to be sexually active (sexual).
54.	1	2	3	9	54. Sexual intercourse is dangerous for most older persons who have heart problems.
55.	1	2	3	9	55. There are three basic erogenous areas (sexually sensitive) on the bodies of both males and females.
56.	1	2	3	9	56. Hysterectomy (removal of a female's internal reproductive organs) means the end of a woman's ability to experience orgasm (climax).
57.	3	2	1	9	57. Impotence (inability for a male to have an erection or hard-on) can be a special problem for diabetics.
58.	3	2	1	9	58. Sexual expression (expressing one's self sexually) may help the terminally ill person feel better.

Here are a few others, which are slightly different.

59.	1	2	3	9	59. Menopause (the end of menstruation in the female) is accompanied by a reduction in sexual expression and interest.
60.	3	2	1	9	60. The drug store sells over-the-counter (without a prescription) a jelly or cream which can be placed in the vagina if it is too dry.
61.	1	2	3	9	61. Slowness of erection as one ages indicates that one will soon become impotent (unable to have an erection).
62.	3	2	1	9	62. Impotence occurs occasionally in nearly all men of all ages.
63.	3	2	1	9	63. Older females may take longer to secrete vaginal lubrication (get wet) than they did when they were younger.
64.	1	2	3	9	64. Every male becomes impotent as he gets older.
65.	3	2	1	9	65. The strength of orgasm (climax) weakens as one ages.

66.	3	2	1	9	66. Holding and hugging friends, children and pets helps an older person deal with the loss of a partner.

	A	U	D	R	
67.	1	2	3	9	67. Habitual (regular) masturbation (sexual self stimulation) can cause mental illness.
68.	1	2	3	9	68. Females ejaculate (eject reproductive cells) during intercourse.
69.	3	2	1	9	69. A close, personal relationship may or may not include sexual intercourse.
70.	1	2	3	9	70. A female cannot have an orgasm (climax) without intercourse.
71.	3	2	1	9	71. Sexual satisfaction can be obtained without experiencing intercourse.
72.	3	2	1	9	72. Too much alcohol makes one less interested in sex (being sexual).
73.	3	2	1	9	73. I currently know a health professional (i.e., doctor, counselor, nurse) with whom I would feel able and free to discuss problems or issues related to sex.
74.	3	2	1	9	74. I currently know where to find printed material (i.e., books, pamphlets) about aging and sex.
75.	3	2	1	9	75. Older people can still learn information about sex.

Now I'd like to ask you several questions which are again only a matter of opinion. As before there are no right or wrong answers.

Some of my readings seem to indicate that older people may profit from receiving additional information regarding sex.

76. How do you feel about that?

77. In your opinion what would be the best way to get information regarding sex to older people?

78. Could you describe for me the kind of person that you believe would be good at providing sex information to older people?

We are nearly finished with the interview now. But it is important that I have a little "statistical" information about you. As with the other questions, you may decline to answer if you wish.

79. Are you currently,

1 Retired
2 Working part time
3 Working full time
4 Looking for work
5 Disabled
6 Other Specify _____
9 Refused

80. In what year did you last work full-time for wages? _____

81. What kind of work did you do most of your life? Could you describe it for me, please?

82. Do you,

1 Live alone or
2 Does someone live with you
9 Refused

83. Who is that person?

1 Spouse only (Go to 86)
2 Spouse and other relative (Go to 86)
3 Other relative (s)
4 Non relative (s)

84. Are you presently,
    1 Married (Go to 86)
    2 Widowed (Go to 85)
    3 Separated (Go to 85)
    4 Divorced (Go to 85)
    5 Single (never married) (Go to 86)

85. How long have you been widowed, separated, or divorced?
    _____ years
    99 Refused

86. How many children, if any, do you have?
    _____ number
    None (Go to 88)
    99 Refused

87. How many of these children are male and female?
    _____ Males
    _____ Females
    99 Refused

88. Would you please tell me how old you were on your last birthday?
    _____ years
    99 Refused

89. What is the last grade in school that you have completed?
    _____ Grade
    99 Refused

90. Have you taken any classes since you completed your formal schooling?
    1 Yes
    2 No
    9 Refused

91. What is your religious preference?
    1 Protestant
    2 Catholic
    3 Jewish
    4 Other Specify _____
    5 No preference
    9 Refused

92. How important do you consider <u>your</u> religion to be to you?
    1 Very important
    2 Somewhat important
    3 Of little importance
    4 Not important at all
    9 Refused

93. How frequently do you attend any religious service, would you say,
    1 Daily
    2 Weekly
    3 Once a month
    4 Several times a year
    5 Once a year
    6 Only for special occasions (i.e., weddings, funerals)
    7 Not in the last five years
    9 Refused

94. Would you describe your present health as
    1 Excellent
    2 Good
    3 Fair
    4 Poor
    9 Refused

95. Compared to other people, who are about your age and your same sex, would you describe your health as
    1 Better than others
    2 About the same as others
    3 Worse than others
    9 Refused

While getting ready for this interview I had two questions which were of personal interest to me. I would appreciate your ideas about these.

96. During your lifetime many changes have occurred with regard to social attitudes toward sexual behavior. What do you think some of those changes are and how do you feel about them.

And my second question,

97. What kind of advice would you give younger people with regard to sex and it's importance in life?

. . . . . .

We have now spent some _____ minutes talking about sexual expression as part of a human relationship among older people. I have asked you to share your opinions and ideas. We have covered topics such as myths or misinformation, physical changes as one grows older, some health problems and some resources which might be available for older people. I am wondering if there is anything <u>you</u> consider important which we have missed.

98. And if so what might it be?

99. Do you have any questions to ask of me?

I very much appreciate the time you have been willing to give me today. As I mentioned earlier there is some information which we can <u>only</u> get by directly talking with older people. Your contribution will add to that important information.

Do be assured that all we have discussed will be held in strictest confidence. You will <u>never</u> be named or referred to --- all I have is your number.

If you would be interested in receiving a short summary of the interview information I would gladly send you a copy when I finished. If so, several days from now please put your name and address in this stamped, self-addressed envelope and mail it to me. If you wish to remain anonymous, omit your name and insert the word "resident." When I am finished with this study I will then be able to send you a summary.

Thank you very much. You have been most helpful.

100. Sex (by observation)

1 Male
2 Female

101. What is your ethnic background (ask only if needed)

1 Caucasian
2 Black
3 Native American
4 Japanese
5 Chinese
6 Filipino
7 Spanish Surname
8 Other Specify _____
9 Refused

ENDING TIME _____:_____ _____a.m. _____p.m.

APPENDIX J

CONTACT FORMS TO ACCOMPANY INTERVIEW GUIDE

CONTACT #2
INTERVIEW APPOINTMENT

*Subjects Phone Number _____ Subjects Sex
* Information obtained from volunteer at first contact

I Hello, my name is Margaret Smith. I am from Oregon State University. A short time ago you or someone in your home agreed to help in a research study. Are you that person?
[ ] No proceed to II
[ ] Yes proceed to III

II May I speak with that person, please?

Repeat I then proceed to III or IV

III Good. I would like to see if it would be possible for us to set up a time and place for your interview. As I mentioned before this interview should help older people and help us understand older people a little better. To be a part of this study you must be between the ages of 65 and 74.

What age are you? _____

[ ] Terminate

This interview should take no more than 30 minutes at the most and it is completely confidential.

What day of the week would be best for you? _____

What time of day would you prefer? _____

Would you wish for me to meet you in your home, or some other place?

Directions to interview site: _____

_____

_____

When I come for the interview I will bring some identification indicating that I am from Oregon State University.

IV

Date	Time	Result

Code for Results:

*IAS	Interview appointment set	REF	Refused
COMP	Interview completed	NA	No answer
BUSY	Telephone busy	DISC	Disc. #
CB	Call back (Note time)	NE	Not eligible

V Thank you. I am looking forward to meeting with you on _____

VI If you are unable to keep this appointment for some reason I would appreciate it if you would call and let me know. My phone number is 585-9548.

_____

_____

Contact Form

Immediately after the IAS:

Complete the information below and staple the bottom portion of this sheet to the top of Contact #2 page.

NOTE: The reminder call should be placed 2 days prior to the interview appointment.

IAS:

Date _____

Time _____

Place _____

Reminder call to be made on _____

[ ] Reminder call placed _____ a.m./p.m.

[ ] Refreshments secured for interview

APPENDIX K

COMPARISON OF KNOWLEDGE AND ATTITUDE SCORES

COMPARISON OF TOTAL KNOWLEDGE SCORES[a] (N) AND THE PERCENT OF SCORES (%) APPROPRIATELY STATED BETWEEN GROUP 1 (PILOT TEST) AND GROUP 2 (IN-STUDY INDIVIDUALS)

MALES			FEMALES		
Group I N (%)	Group II N (%)	Absolute Difference in Knowledge Scores N (%)	Group I N (%)	Group II N (%)	Absolute Difference in Knowledge Scores N (%)
17 (81%)	17 (81%)	0	11 (52%)	10 (48%)	1 (4%)
19 (91%)	19 (91%)	0	17 (81%)	14 (67%)	3 (4%)
9 (43%)	12 (57%)	3 (14%)	14 (67%)	11 (52%)	3 (5%)
17 (81%)	16 (76%)	1 (5%)	18 (86%)	11 (52%)	7 (34%)
15 (71%)	12 (57%)	3 (14%)	17 (81%)	11 (52%)	6 (29%)
		Mean Percent M_p 6.6			Mean Percent M_p 15.2

[a]Number of items appropriately stated, based on expert weighting
Total Score = the number of items coded 3; a score of 21 = 100%

NOTE: Items 53, 56 and 59 were removed due to editorial changes between the pilot and study samples.

COMPARISON OF TOTAL KNOWLEDGE SCORES[a] (N) AND THE PERCENT OF SCORES (%) APPROPRIATELY STATED BETWEEN GROUP II (IN-STUDY) AND GROUP III (IN-STUDY)

MALES			FEMALES		
Group II N (%)	Group III N (%)	Absolute Difference in Knowledge Scores N (%)	Group II N (%)	Group III N (%)	Absolute Difference in Knowledge Scores N (%)
17 (81%)	16 (76%)	1 (5%)	10 (58%)	16 (76%)	6 (28%)
19 (91%)	19 (91%)	0	14 (67%)	12 (57%)	2 (10%)
12 (57%)	17 (81%)	5 (24%)	11 (52%)	15 (71%)	4 (19%)
16 (76%)	8 (38%)	8 (38%)	11 (52%)	13 (62%)	2 (10%)
12 (57%)	15 (76%)	4 (19%)	11 (52%)	14 (67%)	3 (15%)
		Mean Percent M_p 17.2			Mean Percent M_p 16.4

[a]Number of items appropriately stated, based on expert weighting
Total Score = the number of items coded 3; a score of 21 = 100%

NOTE: Items 53, 56 and 59 were removed due to editorial changes between the pilot and study samples.

COMPARISON OF TOTAL ATTITUDE SCORES[a] (N) AND THE PERCENT OF SCORES (%) APPROPRIATELY STATED BETWEEN GROUP I (PILOT TEST) AND GROUP II (IN-STUDY INDIVIDUALS)

MALES			FEMALES		
GROUP I N (%)	GROUP II N (%)	Absolute Difference in Attitude Scores N (%)	GROUP I N (%)	GROUP II N (%)	Absolute Difference in Attitude Scores N (%)
17 (59%)	21 (72%)	4 (13%)	11 (38)	11 (38%)	0
23 (79%)	15 (52%)	8 (27%)	13 (45%)	15 (52%)	2 (7%)
21 (72%)	11 (38%)	10 (34%)	13 (45%)	5 (17%)	8 (28%)
19 (66%)	13 (45%)	6 (21%)	17 (59%)	7 (24%)	10 (35%)
23 (79%)	3 (10%)	20 (69%)	19 (66%)	7 (24%)	12 (42%)
		Mean Percent M_p 32.8			Mean Percent M_p 22.4

[a]Number of items appropriately stated, based on expert weighting
Total Score = the number of items coded 5's and 4's; a score of 29 = 100%

NOTE: Items 5, 10, 11, 13, 17, 27 and 29 were removed due to editorial changes between the pilot and study samples.

COMPARISON OF TOTAL ATTITUDE SCORES[a] (N) AND THE PERCENT OF SCORES (%) APPROPRIATELY STATED BETWEEN GROUP II (IN-STUDY) AND GROUP III (IN-STUDY)

MALES			FEMALES		
GROUP II N (%)	GROUP III N (%)	ABSOLUTE DIFFERENCE IN ATTITUDE SCORES N (%)	GROUP II N (%)	GROUP III N (%)	ABSOLUTE DIFFERENCE IN ATTITUDE SCORES N (%)
21 (72%)	15 (52%)	6 (20%)	11 (38%)	15 (52%)	4 (14%)
15 (52%)	19 (66%)	4 (14%)	15 (52%)	17 (59%)	2 (7%)
11 (38%)	17 (59%)	6 (21%)	5 (17%)	15 (52%)	10 (35%)
13 (45%)	7 (24%)	6 (21%)	7 (24%)	13 (45%)	6 (21%)
3 (10%)	19 (66%)	16 (56%)	7 (24%)	9 (31%)	2 (7%)
		Mean Percent M_p 26.4			Mean Percent M_p 16.8

[a]Number of items appropriately stated, based on expert weighting
Total Score = the number of items coded 5's and 4's; a score of 29 = 100%

NOTE: Items 5, 10, 11, 13, 27 and 29 were removed due to editorial changes between the pilot and study samples.