

Research Article

Associations between Psychosexual Factors, Family Variables and Psychological Well-being among Older Adults

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Abstract

Links between psychosexual factors (sexual communication and sexual satisfaction), family variables (marital satisfaction, years in marriage, and the number of children), and psychological well-being among Yoruba older adults of Southwestern Nigeria were investigated. A cross-sectional research design was used for the study. Two hundred and nine (209) older adults aged 60 to 92 years ($M = 68.2$, $SD = 8.05$, Females = 81, Males = 128) were conveniently drawn from five (5) communities in Southwestern Nigeria. Data collected from the samples using a self-administered paper and pencil questionnaire were analyzed using Structural equation modelling (SEM). Results showed that sexual satisfaction has a direct and significant effect on marital satisfaction and psychological well-being among older adults; sexual satisfaction mediates the effect of years in marriage on psychological well-being; increased number of children leads to lower marital satisfaction and poor psychological well-being in old age, and sexual communication enhances psychological well-being in old age. Notwithstanding the fact that sexual behaviour is shrouded in secrecy among older adults in some African cultures like Nigeria, the study concluded that it plays a significant role in enhancing their psychological well-being.

Keywords: children; marital satisfaction; sexual communication; psychological well-being; years in marriage; older adults.

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Despite the escalating poverty rate in Nigeria coupled with run-down health facilities, older adults, those 65years and above still constitute a growing part of the population making up about 4.3 per cent of the entire Nigerian population (Adebowale & Atte, 2012; Tanyi et al., 2018), and globally is expected to rise to 2 billion by the year 2050 (Makimoto et al., 2015; Atumah & Ekele 2019). Presently, Nigeria has no National Policy on the care and welfare of older adults, which are seen as the responsibilities of the family members (Anifalaje, 2017; Tanyi et al., 2018). This lack of government policy has continued to put older adults in Nigeria under unnecessary stress and strain of old age contrary to what obtains in most western nations of the world. Ryff (1995) asserts that knowledge of psychological dysfunctions outranks studies on psychological well-being. This discrepancy is even more striking among older adults, especially those of African enclave. While there are some studies on psychological well-being among researchers from Nigeria (Ifeagwazi et al., 2015; Fagbenro et al., 2019; Ekhaese, et al., 2021; Okpako et al., 2021), only limited studies had examined the psychological well-being among older adults (Oluwagbemiga, 2016; Ntozini & Abdullahi, 2021) especially as it relates to sexuality which has recently been regarded as an important component in the lives of older adults (Egbewale & Adebimpe 2020; Kolodziejczak et al., 2021; Ricoy-Cano et al., 2020).

On a global scale, numerous studies are found in the literature on various correlates and determinants of well-being among older adults such as social relations, social support, health, physical activity, socioeconomic status, loneliness et cetera (Castel et al., 2017; Dures et al., 2013; Gong et al., 2016; Gyasi et al., 2019; Nordbakke & Schwanen, 2015; Ntozini & Abdullahi,

2021), there are no sufficient studies on both the individual and combined effect of psychosexual factors such as sexual communication and sexual satisfaction, and family variables such as marital satisfaction, age of marriage and number of children on psychological well-being among older adults in the literature. In Nigeria, until recently, matters of sexuality were considered sacred and therefore restricted as bedroom discussions (Izugbara, 2004; Musa, 2021). Western civilizations and globalization have changed the trend of sexual events in Nigeria in recent times (Fakaye, 2014; Izugbara, 2004; Ojo & Fasubaa, 2005). It was a taboo and against the tradition to name, count, or request for the number of children in the family in Southwestern Nigeria.

Notwithstanding, the older adults in Nigeria may still be regarded as generations that are not subverted by western civilizations as far as matters of sexuality and sexual behaviours are concerned. This class of people are believed to hold issues of sexuality sacred, and are perceived to have stopped engaging in sexual activity which to them are necessary only for procreation (Izugbara, 2004; Thomas et al., 2015). This is in addition to global factors that affect sexuality in old age such as changes in physiology, illness, lack of sexual reciprocity in the couple, side effects of medications, (un)availability of partner and the presence of grandchildren (Inelmen et al., 2012; Muller et al., 2014; Mahieu & Gastmans, 2015; Trudel et al., 2000). Usually, in Southwestern Nigeria, sexual affection between couples begins to wane at the presence of child(ren) in the family. At this time, most women shift the attention previously given to the husband to the child(ren) (Izugbara, 2004). This becomes even more pronounced at the presence of grandchildren. At this time, most women may argue that since their children have started child-bearing, it becomes inappropriate for them to engage in sexual activity. Consequently, sexual activity should be left for their children.

Although there are many theoretical dimensions to understanding psychological well-being especially among the older adults such as self-acceptance, purpose in life, personal growth, environmental mastery, autonomy, and positive relationship (Ryff, 1995); this study is anchored on the aspects of a positive relationship. This aspect is characterized by warm, satisfying and trusting relationships with other people with guiding theories as Erikson developmental theory and Birren's ageing mental health (Birren & Renner, 1981; Ryff, 1995).

In a recent study conducted by Abdollahi et al. (2021) on the relationship between sexual satisfaction and mental health among 195 elderly married women, the study finding revealed significant relationship between sexual satisfaction and mental health among the sampled respondents. In another related but more indepth study, Bilal and Rasool (2020) explored the

mediating role of sexual satisfaction in the relationship between marital satisfaction and satisfaction with life (a component of well-being) among 100 elderly married women. The study found that sexual satisfaction fully mediated the relationship between marital satisfaction and satisfaction with life in the study setting. In Santos-Iglesias' et al. (2016) study among elderly men and women aged 65 to 75, participants reported high sexual satisfaction with a significant positive effect on their well-being. Santos-Iglesias et al. (2016) further reported that participants who were in a relationship engaged frequently in genital and non-genital sexual activity. Similarly, Flynn and Gow (2015) investigated the associations between sexual behaviours and quality of life in older adults. Authors found that the frequency and importance of sexual behaviours were positively associated with quality of life among the sampled elderly. Also, Gillespie (2016) established an association between sexual frequency and sexual satisfaction among older adults.

Studies on sexual communication among older adults are sparse. Available studies in the literature have concentrated on parent-adolescents sexual communication and interpersonal communication (Deutsch & Crockett, 2016; Harris, 2016a, 2016b; Hofstätter, et al., 2019; Norton et al., 2016; Segrin & Flora, 2014). Other studies have examined sexual communication among institutionalized elderly (Rancourt et al., 2016; Rancourt et al., 2017; Rose et al., 2017). In their studies, Broaddus and Dickson-Gomez (2013), Mastro and Zimmer-Gembeck (2015), Zhang et al., (2016), investigated sexual communication and its correlates among young adults. There is no known study, to the authors' knowledge, on sexual communication and well-being among older adults in the literature.

Direct studies on marital satisfaction and psychological wellbeing among older adults is relatively scarce in the extant literature but there are studies on marital satisfaction and mental health. For instance, Edwards-Stewart et al. (2018) found that lower marital satisfaction was significantly related to lower average mental health status among active-duty military personnel aged 19 to 50 years. Kalhor and Olyaie (2017) investigated the relationship between marital satisfaction and mental health of married women whose ages were not disclosed in the study. The study revealed a negative relationship between depression and marital satisfaction. In their own study, Saedifard et al. (2015) also found a positive significant correlation between marital satisfaction and general health. There are also few studies linking marital satisfaction and psychological well-being in a bidirectional way. For instance, Karagülle et al. (2019) found no relationship between psychological well-being and marital satisfaction among obese patients.



Ebeh (2019) found that mental wellbeing significantly predict marital satisfaction among married catholic women. Conversely, Walker et al. (2013) established a positive link between marital satisfaction and psychological well-being. These are the few extant records of current studies linking marital satisfaction with psychological well-being among older adults which call for renewed interest in the topic.

There are no sufficient studies on the role of the number of children, and years of marriage on sexual behaviour and psychological well-being of older adults. Available studies on the number of children and psychological well-being argued that increased number of children leads to poor psychological well-being in old age (Elmslie & Tebaldi, 2014; Ismail et al., 2015), which contradict the age-long cultural norms among the Yorubas. Meanwhile, the number of children may enhance social support of older adults, may boost social-economic standing in old age, and increase the number of grandchildren. All of these may have implications for older adults sexual behaviour and psychological well-being. Given that there is no particular compulsory age for marriage, we assume that years spent in marriage will have implications for sexual behaviour and psychological well-being among older adults. The objective of this study, therefore, is to examine the links among sexual communication, sexual satisfaction, marital satisfaction, number of children, years of marriage, and psychological well-being among older adults in southwestern Nigeria.

Method

Design

A cross-sectional descriptive research design was used in this study. Sexual communication, sexual satisfaction, marital satisfaction, number of children, and age of marriage constitute the study's independent variables while psychological well-being was the dependent variable.

Participants

The practice of institutionalized elderly care is alien to Nigerian culture except those that are on admission in the hospital due to ailments. Therefore, older adults in their various homes in Southwestern (Yoruba culture) Nigeria constitute the study participants. Their ages range from 60-92 years ($N = 209$, $M_{\text{age}} = 68.2$, $SD = 8.05$, Females = 81, Males = 128). Socio-demographic profiles of the study respondents are contained in Table I.

Table 1.
Socio-Demographic Features of the Respondents.

Study Participants			
Characteristics	N	%	<i>M(SD)</i>
Age			68.2(8.05)
Gender			
Males	128	61.2	
Females	81	38.8	
Educational Status			
No Formal Education	52	24.9	
Primary Education	34	16.3	
Secondary Education	43	20.6	
Tertiary Education	73	34.9	
Post-tertiary Education	07	3.3	
Religion			
Christianity	128	61.2	
Islam	78	37.3	
Traditional Religion	03	1.4	
Place of Residence			
Lagos	39	18.7	
Ado-Ekiti	58	27.8	
Ibadan	22	10.5	
Akure	47	22.4	
Ile-Ife	43	20.6	

Research Instruments

A single, self-administered paper and pencil questionnaire was used to collect data used for the analysis in this study. This consisted of four sections A-D. Section A of the questionnaire measures variables such as respondent's age, gender, level of education, years of marriage, number of children, religious affiliation, and place of residence.

Section B of the questionnaire measures respondents' sexual communication using the Dyadic Sexual Communication Scale (Catania, 2011). This is a 13-item, 6-point (1 = strongly disagree, 6 = strongly agree) Likert-type scale that measures how respondents perceive the discussion of sexual matters with their partners. Sample items include "My partner rarely responds when I want to talk about our sex life", "Some sexual matters are too upsetting to discuss with my

sexual partner”, “I seldom feel embarrassed when talking about the details of our sex life with my partner” etc. The author reported Cronbach’s α of .81 and .87 in two separate pilot studies and a single factor structure. The present study also established a single factor structure in the exploratory factor analysis (EFA) and Cronbach’s α of .83.

Section C of the questionnaire measures sexual satisfaction using the New Sexual Satisfaction Scale (Štulhofer et al., 2011). It is a 20-item, 5-point (1 = Not at all satisfied, 5 = Extremely satisfied) Likert-type scale that measures sexual satisfaction in any sexual relationship. According to the authors, the NSSS is not a gender, sexual orientation or relationship status specific scale. Sample items include “The intensity of my sexual arousal”, “My partner’s surrender to sexual pleasure (“letting go”)", “My emotional opening up in sex” etc. The authors reported satisfactory internal consistencies in two separate pilot studies for the full scale (α = .94, -.96) and the sub-scales (.91, -.93; .90, -.94). In this study, we summed up all the individual items scores to yield a total score. The higher the score the higher sexual satisfaction and vice versa. The authors realised a Cronbach α of .87 on 15 items following the exploratory factor analysis in the present study.

This study used the Kansas Marital Satisfaction Scale (Schumm et al., 1986) to assess respondents’ marital satisfaction in section D of the questionnaire. The KMSS is 3-item, 7-point (1 = Extremely dissatisfied, 7 = Extremely satisfied) Likert-type brief measure of marital satisfaction. Individual item scores were summed for a possible range of 3 to 21 with the higher score indicating higher marital satisfaction. Authors reported excellent internal consistency with α = .93. The KMSS is reported to be significantly correlated with the Dyadic Adjustment Scale and the Quality of Marriage Index indicating excellent concurrent validity. The authors report Cronbach’s α of .78 for the current sample.

In section E of the questionnaire we measured psychological well-being using the Oxford Happiness Questionnaire (Hills & Argyle, 2002), a 29-item, 6-point (1 = strongly disagree, 6 = strongly agree) Likert type compact scale for the measurement of psychological well-being. Sample items included “I don’t feel particularly pleased with the way I am”, “I rarely wake up feeling rested”, “I am well satisfied with everything in my life” etc. Individual item scores were summed with higher scores indicating higher well-being. Authors reported high scale reliability with Cronbach’s α of .91 and excellent construct validity. The authors found a Cronbach’s α of .82 in the current sample.



Procedure

The author sought and got ethical approval from the Research and Ethical Committee of the Department of Psychology, Obafemi Awolowo University Ile-Ife, Nigeria. Authors ensured individual participant's consent before they were allowed to take part in the study. A consent form was made available to sign and/or fingerprint before the administration of the questionnaires. Five (5) trained postgraduate students each administered the questionnaires in Lagos (Lagos State), Ado-Ekiti (Ekiti State), Akure (Ondo State), Ile-Ife (Osun State), and Ibadan (Oyo State) in Southwestern Nigeria. Administration of the questionnaires took approximately 15 minutes to 1 hour depending on whether the respondent was literate or not. Where the respondent was not literate, data collector read the translated version for the respondents, and noted their responses. The whole exercise was completed in 6 weeks. Five Hundred (500) questionnaire were administered but only 422 were filled correctly and completely, and these 422 respondents were entered into the SPSS. The authors excluded respondents who were less than 60 years of age from the study. The purpose of the study also made it imperative for us to exclude from the study, widows and widowers. The study was eventually left with only 209 respondents for the final analysis.

Data Analysis

IBM® SPSS® Amos™ 23 was used to analyze the study data. Our initial proposed model did not achieve adequate model fit which necessitates the respecification of the model.

Results

The structural model shown schematically in figure 1 evaluated the effect (direct and indirect) of sexual communication, sexual satisfaction, marital satisfaction, number of years in marriage (age), and number of children on psychological well-being among older adults. We did hypothesize that (i) sexual communication will affect psychological well-being directly and indirectly through marital satisfaction, (ii) sexual satisfaction will affect psychological well-being directly and indirectly through marital satisfaction, (iii) years in marriage will affect psychological well-being directly and indirectly through marital satisfaction, (iv) number of children will affect psychological well-being directly and indirectly through marital satisfaction, (v) sexual communication will affect sexual satisfaction directly and indirectly through marital satisfaction,



and (vi) years in marriage will affect marital satisfaction directly and indirectly through sexual satisfaction.

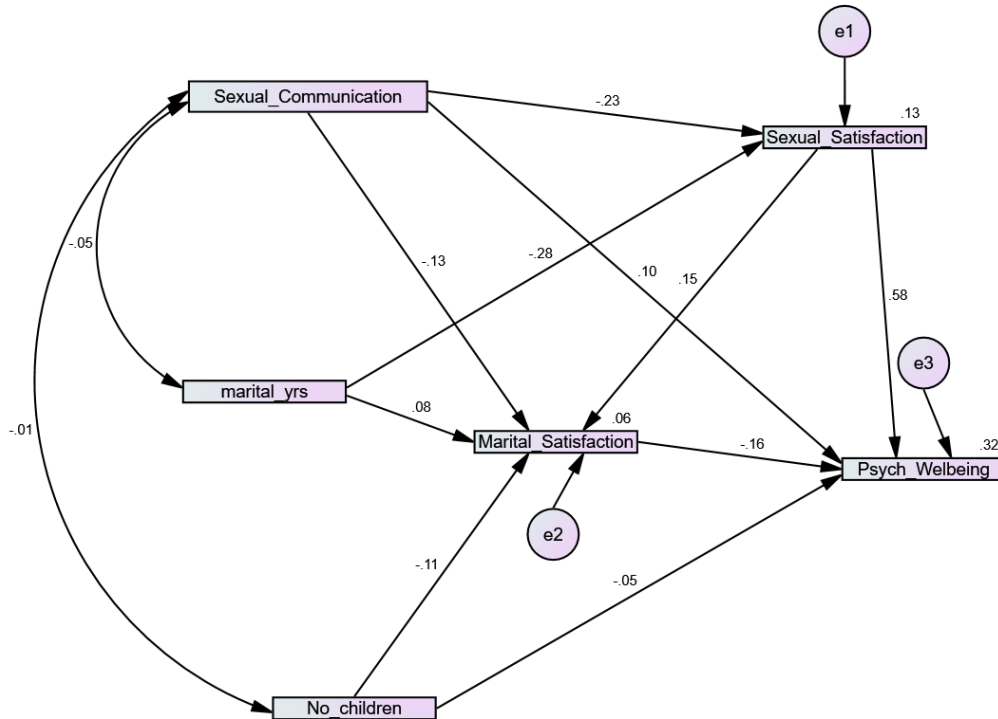


Figure 1. Adjusted Structural Model of the Link between Sex and Family Variables and Psychological Well-being among Older Adults.

Full information maximum likelihood procedure was used in testing the parameters. We did a separate assessment of the measurement model and the structural model. We estimated factor loadings, unique variances and modification indices as part of the processes conducted during the measurement model. This we did to derive the best indicators of latent variables before testing our structural model. Although the chi-square test was statistically significant, $\chi^2(3, N = 209) = 8.532, p = .038$ indicating a poor model fit, all the factors loaded well and other fit measures showed acceptable model fit to the data (GFI = .95; CFI = .97; RMSEA = .05). The authors, therefore, saw no need to respecified the measurement model .



Evaluation of the structural model showed that our initial hypothesized model has a poor fit. Chi-square test was statistically significant $\chi^2(2, N = 209) = 6.841, p = .004$. GFI, NFI, and CFI were .89, .93, and .75 respectively. RMSEA was .16 (.13, .20; $p = .00$). This necessitated the need to modify the model.

The emerging model (Fig. 1) after respecification showed accepted model fit with $\chi^2(2, N = 209) = 6.68, p = .035$, GFI was .10, NFI was .98, and RMSEA was .075 (.02, .14; $p < .001$). Two additional parameters were imposed based on the modification indices: (a) a correlation between sexual communication and years in marriage was included, (b) sexual communication and number of children.

Table 2.

Summary of Causal Effects for the Revised Hypothesized Model.

Outcome	Determinants	Causal Effects		
		Direct	Indirect	Total
Sexual Satisfaction ($R^2 = .13$)	Marital years	-.28**	-	-.28
	Sexual Communication	-.23**	-	-.23
Marital Satisfaction ($R^2 = .06$)	Number of children	-.11*	-	-.11
	Sexual satisfaction	.15**	-	.15
	Marital years	.08	.01*	.09
	Sexual communication	-.13**	.11*	-.02
Psychological Well-being ($R^2 = .32$)	Marital satisfaction	-.16**	-	-.16
	Number of children	-.05	.01	-.04
	Sexual satisfaction	.58**	-.22*	.36
	Sexual communication	.10*	.25*	.35

* $p < .05$, ** $p < .01$

Results showed that marital years has direct and significant effects on the sexual satisfaction of older adults ($\beta = -.28, p < .01$) but an indirect and significant effect on marital satisfaction ($\beta = .01, p < .05$). It could be observed that sexual communication has direct and significant effects on sexual satisfaction ($\beta = -.23, p < .01$) direct effect on marital satisfaction ($\beta = -.13, p < .001$), indirect effect on marital satisfaction ($\beta = .11, p < .05$), direct effect on psychological well-being ($\beta = .10, p < .01$), and an indirect effect on psychological well-being ($\beta = .25, p < .05$). Also, the number of children in the family has a direct and significant effect on marital satisfaction ($\beta = -.11, p < .01$). The effect of the number of children on psychological well-being is not significant ($\beta = -.05, p = .23$). Furthermore, we observed that the effect of sexual satisfaction on marital satisfaction is direct and significant ($\beta = .15, p < .01$). Sexual satisfaction acted as the strongest predictor of psychological well-being ($\beta = .58, p < .01$) but indirectly reduces psychological well-

being through marital satisfaction ($\beta = -.22, p < .05$). The authors noticed inverse and non-significant relationship between sexual communication and marital years ($r(126) = -.05, p = .30$), and sexual communication and number of children ($r(126) = -.01, p = .87$). Overall, the model accounted for 32% variation in psychological well-being among older adults ($R^2 = .32$).

Discussion

The authors investigated the link between sex variables, family variables, and psychological well-being among older adults in Southwestern Nigeria. Study participants were the older adults (65 years and above) who were conveniently selected from five communities in Southwestern Nigeria. We did propose that there will be links between sex variables (Sexual satisfaction, sexual communication), family variables (marital satisfaction, years in marriage, and the number of children), and psychological well-being of the elderly.

The results showed an inverse effect of marital years on marital satisfaction. This means that as the number of years in marriage increases among the older adults, marital satisfaction decreases but we noticed the mediating effect of sexual satisfaction on marital years and marital satisfaction. This underscores the importance of sexual satisfaction even among the elderly as this study showed that increase in the number of years in marriage without corresponding increase in sexual satisfaction leads to decrease in the psychological well-being of the older adults. Sexual satisfaction also showed a direct effect on marital satisfaction and psychological well-being. [Abdollahi \(2021\)](#) found a significant relationship between sexual satisfaction and mental health among the sampled respondents. [Bilal and Rasool \(2020\)](#) also found that sexual satisfaction fully mediated the relationship between marital satisfaction and satisfaction with life in married women. [Ismail et al. \(2015\)](#), and [Elmslie and Tebaldi \(2014\)](#) had earlier reported that an increase in marital years leads to a decrease in marital satisfaction and quality of life. This outcome also supports the findings of [Santos-Iglesias et al. \(2016\)](#) who reported high sexual satisfaction among older adults with a significant positive effect on their well-being. Likewise, [Flynn and Gow \(2015\)](#) emphasized the importance of sexual activity and its positive effect on the quality of life among older adults. Although the aged in Southwestern Nigeria hold sexual activity as sacred, the findings of this study have shown that it is of great importance to them and their well-being.

This study further found that as the number of children increases among the older adults, marital satisfaction and psychological well-being decreases. These findings agreed with that of

Ismail et al. (2015), and Elmslie and Tebaldi (2014) that more children come with more burden and responsibilities and reduces marital satisfaction. This is even more so especially in Nigeria where there is no social security for dependants and the harsh economic reality in the country. Until recently in Nigeria, women carry more responsibility of raising children than men do. Where there are too many children, a typical Nigeria man abandons them for the wife and this partly accounts for the reason why more children leads to poor marital satisfaction and poor psychological well-being. The current socio-econommic difficulties in Nigeria is forcing the young and middle-aged adults to cut-down on the number of their children, although the culture in Southwestern Nigeria and indeed Nigeria at large allows couples to have as many children as they could. Meanwhile the burdens that emanate from rearing these children could not allow many couples to achieve anything substantial in life because all the family resources are used to raise and train the children.

Sexual communication has a direct and significant effect on psychological well-being. This shows that better sexual communication enhances elderly' psychological well-being although the findings disapprove that sexual communication leads to better sexual satisfaction and marital satisfaction. Sexual response in old age is lower than it is among young adults and middle-aged adults. This accounts for why some literate persons depend on pills to remain sexually satisfied. Mastro and Zimmer-Gembeck (2015) had previously established a positive relationship between sexual communication and sexual well-being among youths.

Conclusion

This study concludes that:

- ✓ Satisfaction with sex life enhances marital satisfaction among older adults
- ✓ Sexual satisfaction has a direct positive impact on psychological well-being among older adults
- ✓ Number of years spent in marriage impact marital satisfaction positively when older adults are satisfied sexually
- ✓ Sexual communication enhances psychological well-being in old age
- ✓ The more the number of children, the lower marital satisfaction and psychological well-being in old age.

Recommendations

Previous studies have neglected sexual-related variables such as sexual communication and sexual satisfaction among older adults. As it has been demonstrated in this study, there is a clear need for more studies on sexual behaviour, its correlates and determinants among older adults. Future studies should also consider a mixed-method approach for richer and first-hand data. Based on the outcomes of this study, authors recommend sex education in old age for the elderly which may be community-based through various clan and association meetings common in the geographical area. This should incorporate among other things ways to improve sexual satisfaction and measures to enhance sexual communication. A policy-driven social security schemes should be put in place for the older adults to ease the burden of old age. The need to cut down on the number of children should be emphasized among emerging couples. This is necessary to minimise economic burden and the ease the burden of care, particularly with the current economic woes of Nigeria.

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Competing Interests

The authors have declared that no competing interests exist.

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