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A study to examine the efficacy of nurse-driven client-centered behavioral therapy intervention on sexuality among the middle adulthood

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ABSTRACT

Background: Middle adulthood is the time of life between ages 40 and 65. During this time, people's sexuality changes. The physical transformations body undergoes as age have a major influence on your sexuality. Declining hormone levels and changes in neurological and circulatory functioning may lead to sexual problems. Therefore, the goal of the current study is to assess the efficacy of nurse driven client centered behavioral therapy intervention on sexuality among middle adult hood.

Methods: The research approach adopted for the study was true experimental design. The selection of subject was done by Purposive Sampling technique method and sample consists of 60 middle adulthoods residing in Achankuttapatty, Salem, Tamil Nadu. The data was collected by administering Multi-dimensional Sexuality Questionnaire (MSCQ) questionnaires The validity and reliability of tool was obtained. The collected data were analyzed by using descriptive and inferential statistics in terms of Frequencies, Percentage distribution and chi-square test and independent 't' test.

Results: majority of the sample group were 40-50 old, were male, had primary education, work profile of temporary employment, and earn below 10000 per month. there was a statistical significance was noted in independent t test between pre and post-test mean scores . it was found that the efficacy on nurse driven client centered behavioral therapy intervention on sexuality among middle adult hood was statistically significant.

Conclusion: Multiple variables may influence sexual wellbeing for men and women throughout the

lifespan. Sexual concerns are natural and common, and therefore having appropriate care and support to meet these needs is important. This Nurse driven client centered behavioral therapy intervention on sexuality among middle adult hood helped promoting positive change and alleviating distress by modifying emotional reactions, ways of thinking, and behavioral patterns effectively diminished male and female sexual difficulties .

Key words: Behavioral therapy, sexuality, middle adulthood.

I. INTRODUCTION

Every human being is the author of his own health or disease.

Sexuality is a natural, normal part of life and looks differently throughout our lives. Adults in their midlife often have many responsibilities like working long hours, and caring for parents and their children, these can all impact sex and desire. People may be too tired, stressed, or preoccupied to have sex. [1].

Sexual activity is an important part of health and wellbeing and it correlates with greater enjoyment of life for middle adulthood and older adults. People do not become asexual with age, although they might modify their sexual activity as a consequence of physiological changes. [2]. Multiple variables may influence sexual wellbeing for men and women throughout the lifespan. Sexual concerns are natural and common, and therefore having appropriate care and support to meet these needs is important. [3].

sexual dysfunctions are characterized by disturbances in sexual desire and in the psychophysiological changes associated with the sexual response cycle in men and women. [4]. Based on the few available community studies, it appears that sexual dysfunctions are highly prevalent in both sexes, ranging from 10% to 52% of men and 25% to 63% of women. [5]. Data from the Massachusetts Male Aging Study (MMAS) showed that 34.8% of men aged 40 to 70 years had moderate to complete erectile dysfunction, which was strongly related to age, health status, and emotional function. [6] sexual dysfunction has been described as an important public health problem by a National Institutes of Health Consensus Panel, which identified an urgent need for population-based data concerning the prevalence, determinants, and consequences of this disorder. [7].

Maintaining sexual desire and sexual satisfaction in older age was linked with multiple dimensions of well-being. [8]. Studies demonstrated that behavioral therapy a set of strategies and techniques applied by trained professionals aimed at promoting positive change and alleviating distress by modifying less adaptive emotional reactions, ways of thinking, and behavioral patterns effectively diminished male and female sexual difficulties.[9]

II. STATEMENT OF THE PROBLEM

A study to examine the efficacy of nurse driven client centered behavioral therapy intervention on sexuality among middle adult hood in primary health center at Achankuttapatty, Salem.

III. OBJECTIVES

- To examine the efficacy of nurse driven client sexual problems among middle adult hood in primary health center.
- To intervene the behavioral therapy among middle adult hood in primary health center.
- To evaluate the behavioral therapy among middle adult hood in primary health center.
- To find out the association between the demographic variables and clinical findings with behavioral therapy.

IV. RESEARCH METHODOLOGY

IV. MATERIALS AND METHODS

Research design: Experimental approach, One group pretest posttest research design was adopted for this study.

Setting of the study: The study was conducted in Achankuttapatty, Salem, Tamil Nadu.

Sample: Middle adulthood who residing at Achankuttapatty, Salem, Tamil Nadu.

Sample size: The total sample size was 60.

Sampling technique: The purposive sampling method was used.

Tools of Data Collection: This study was conducted by using Socio-demographic data, dimensional Sexuality Questionnaire (MSCQ) questionnaires to assess the sexual problems among middle adulthood.

V. RESULTS

Table 1: Distribution of demographic variables of Middle Adulthood

S. No	Demographic Variable	Frequency (f)	Percentage (%)
1	Age in years		
	a. 40-50 years	34	57%
	b. 51-60 years	26	43%
2	Sex		
	a. Male	32	53%
	b. Female	28	47%
3	Level of Education		
	a. No formal education	12	20%
	b. Primary level	23	38%
	c. High school	17	28%
	d. Graduate & above	8	14%
4	Income		
	a. Below Rs.10000	25	42%
	b. Rs. 10001-15000	19	32%
	c. Rs. 15001-20000	11	18%
	d. Above Rs. 20000	5	8%
5	Nature of the employment		
	a. Temporary	43	72%
	b. Permanent	17	28%
6	Previously identified the middle adulthood sexual problems		
	a. Yes	16	27%
	b. No	44	73%

Table 1 shows that majority of the participants were 40–50 years old, male gender, income below 10000, temporary workers, working experience, were had not previously identified the middle adulthood sexual problems.

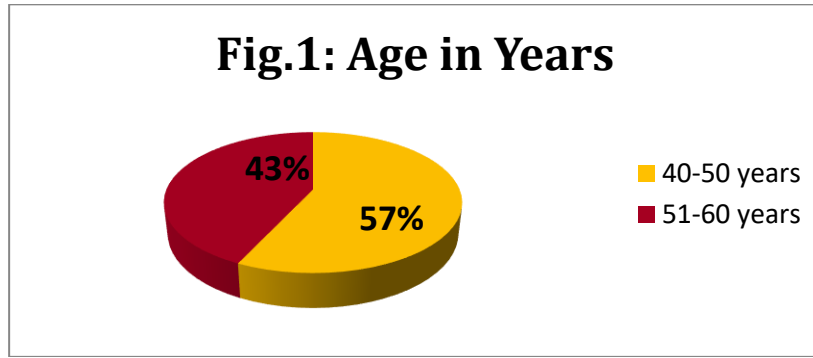


Figure 1: Shows that the about 44% of the participants were 40–50 years old, 43% were 51–60 years old.

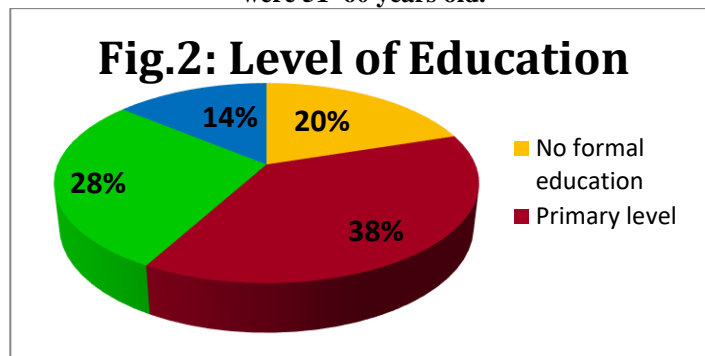


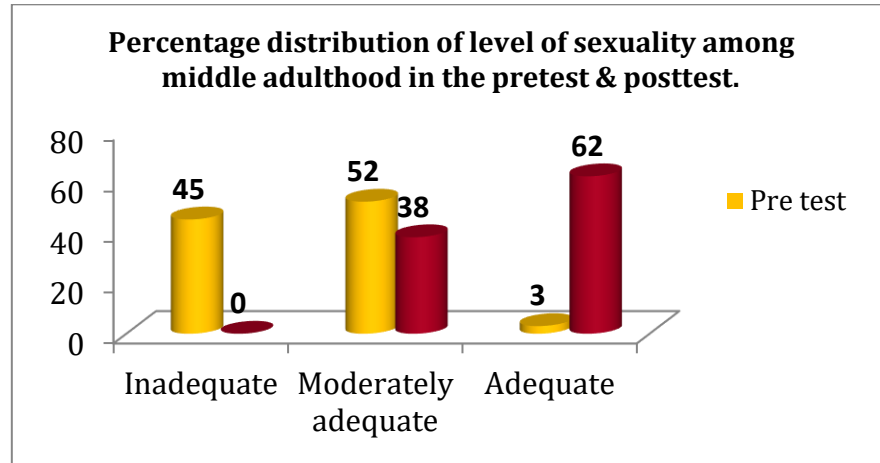
Figure 2: Shows that 38% of the participants had no formal education, 28% had primary education, 20% had high school education, 14% were graduate and above.

Section-II: Table 2: Frequency & percentage distribution of level of sexuality among the middle adulthood in the pretest & posttest.

Assessment	Inadequate		Moderately		Adequate	
	F	%	F	%	F	%
Pre test	27	45	31	52	2	3
Post test	0	0	23	38	37	62

Table 2 shows the frequency & percentage distribution of level of sexuality among the middle adulthood in the pretest & posttest. In the pretest, majority of the participants 31 (52%) had moderate level of sexuality, 27 (45%) had inadequate level of sexuality and only 2 (3%) had adequate level of sexuality.

Following the intervention posttest revealed that most of the participants 37 (62%) had adequate level of sexuality, 23 (38%) had moderate level of sexuality and none of them had inadequate level of sexuality.



Section-III: Table 3: Effectiveness of behavioral therapy on level of sexuality among the middle adulthood in the pretest & posttest.

S.No	Assessment	Mean	SD	t Value
1	Pretest	14	3.72	9.21*
2	Posttest	25.29	3.12	

*Significant at the level of $p=0.05$

Table 3 shows the effectiveness of behavioral therapy on level of sexuality among the middle adulthood in the pretest & posttest. The calculated mean & SD was 14 & 3.72 in the pretest and in posttest it was 25.29 & 3.12. The paired t test revealed that the calculated t value (9.21) was higher than the table value at 0.05 level. Hence the behavior therapy was effective in improving levels of sexuality.

VI. CONCLUSION

Sexual health is a part of mental health, and its dysfunction can seriously affect physical health. Sexual dysfunction may remain unnoticed under the influence of personality, social, cultural, and family factors, and in some cases, it appears through other symptoms and signs including physical discomfort, depression, and dissatisfaction with marital life. Nowadays, different methods like cognitive-behavioral therapy, yoga, modification of individual lifestyle, and psychiatric interventions are employed to treat sexual problems. Cognitive-behavioral treatments are among the most famous and common methods to treat sexual dysfunction. The results of different studies have indicated that cognitive tasks, cognitive processing, sex education, behavioral tasks, and cognitive restructuring are effective techniques in treating sexual problems. Moreover, training sexual skills (cognitive-behavioral) is effective in reducing anxiety and depression and increasing sexual satisfaction among middle adulthood men & women.

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