



INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact Factor: 6.078

(Volume 9, Issue 5 - V9I5-1151)

Available online at: <https://www.ijariit.com>

A study to examine the efficacy of nurse driven client centered intervention on sexuality among middle adulthood in primary health center, Achankuttapatty at Salem - Pilot study

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ABSTRACT

Background:

Middle adulthood, typically spanning from the ages of 40 to 65, is a significant phase in an individual's life characterized by various physical, emotional, and psychological changes. Among these changes, the evolution of one's sexual identity and experience remains a critical aspect of overall well-being. Nurses, as frontline healthcare providers, are ideally positioned to address these issues through client-centered interventions. This research study aims to investigate the efficacy of nurse-driven client-centered interventions in addressing sexuality-related issues among middle-aged adults. It will explore the impact of such interventions on sexual health outcomes, emotional well-being, and overall quality of life in this population.

Methods: The research approach adopted for the study was true experimental design. The selection of subject was done by Simple random sampling technique method and sample consists of 10 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 analysed by using descriptive and inferential statistics in terms of Frequencies, Percentage distribution and chi-square test and independent 't' test.

Results: In experimental group most (75%) of them were moderate satisfaction whereas in control group most (60%) of them were severe satisfaction. The overall mean percentage in experimental group was 83% whereas in control group it was 66%, it revealing the difference of 17%. The paired 't' test value in experimental group was 19.1 whereas in control group it was . The unpaired 't' test value was 8.4, it shows that there is highly significant difference between the experimental group than control group post test scores of sexuality among middle adulthood .

Conclusion: From the findings it can be concluded that hallmark Vs resilience training and behavioral intervention was effective in improving the functions of sexuality among middle adulthood.

Key words: *Nurse Driven Client Centered Intervention, sexuality, middle adulthood*

I. INTRODUCTION

Middle adulthood, typically spanning from the ages of 40 to 65, is a significant phase in an individual's life characterized by various physical, emotional, and psychological changes. Among these changes, the evolution of one's sexual identity and experience remains a critical aspect of overall well-being. However, this life stage often receives limited attention in healthcare settings, and individuals navigating middle adulthood may encounter challenges related to their sexuality that can affect their quality of life and overall health.

Sexuality encompasses not only the physical aspects of sexual function but also emotional, relational, and psychological dimensions. These aspects play a crucial role in an individual's self-identity and interpersonal relationships. Middle-aged adults face unique challenges in their sexual lives, including changes in physical health, hormonal shifts, relationship dynamics, and societal attitudes towards aging and sexuality. Therefore, addressing the sexual health and well-being of individuals in middle adulthood is of paramount importance.

Nurses, as frontline healthcare providers, are ideally positioned to address these issues through client-centered interventions. A client-centered approach recognizes that individuals are experts in their own lives and values their perspectives, autonomy, and unique experiences. By fostering open and empathetic communication, nurses can create a supportive and non-judgmental environment for middle-aged clients to discuss their sexual concerns and needs.

This research study aims to investigate the efficacy of nurse-driven client-centered interventions in addressing sexuality-related issues among middle-aged adults. It will explore the impact of such interventions on sexual health outcomes, emotional well-being, and overall quality of life in this population. By focusing on client-centered care, we aim to empower middle-aged individuals to take an active role in managing and enhancing their sexual health, ultimately contributing to their overall well-being.

The findings from this study hold the potential to inform healthcare practices and policies, highlighting the importance of incorporating sexuality-related discussions and interventions into routine care for middle-aged adults. Additionally, it underscores the invaluable role of nurses in promoting holistic health and well-being across the lifespan, recognizing that sexual health is a fundamental component of overall health and quality of life in middle adulthood.

II. STATEMENT OF THE PROBLEM

A study to examine the efficacy of nurse driven client centered intervention On sexuality among middle adulthood in Primary Health Center, Achankuttapatty at Salem.

III. REVIEW OF LITERATURE

1. Studies related to prevalence of sexual activity among middle adulthood.

Stacy Tessler Lindau, (2007), conducted a study on the prevalence of sexual activity, behaviors, and problems in a national probability sample of 3005 U.S. adults (1550 women and 1455 men) 57 to 85 years of age. The unweighted survey response rate for this probability sample was 74.8%, and the weighted response rate was 75.5%. The prevalence of sexual activity declined with age (73% among respondents who were 57 to 64 years of age, 53% among respondents who were 65 to 74 years of age, and 26% among respondents who were 75 to 85 years of age); women were significantly less likely than men at all ages to report sexual activity. The most prevalent sexual problems among women were low desire (43%), difficulty with vaginal lubrication (39%), and inability to climax (34%). Among men, the most prevalent sexual problems were erectile difficulties (37%). Fourteen percent of all men reported using medication or supplements to improve sexual function. A total of 38% of men and 22% of women reported having discussed sex with a physician since the age of 50 years. The study concluded that many older adults are sexually active. Women are less likely than men to have a spousal or other intimate relationship and to be sexually active. Sexual problems are frequent among older adults, but these problems are infrequently discussed with physicians.

II. Studies related resilience to sexuality

Sabahat Naseem, Dr Seema Munaf (2020) conducted a study on Resilience and Aggression of Adolescents, Early and Middle-Aged Adults: Analyzing Gender Differences . Comparative research design was utilized. Through purposive sampling, 600 participants with males and females equal in number; were selected from different regions of Karachi, Pakistan. Participants' demographic information was collected through Respondent Information Form. Resilience and aggression were measured using The Brief Resilience Scale and Short Form of the Buss-Perry Aggression Questionnaire, respectively. Data was analyzed through independent samples t-test using SPSS. The present study results indicated that overall, resilience was significantly higher in males. In adolescence and early adulthood, resilience was higher in males than females. Moreover, insignificant gender difference was also found in aggression concerning the three age groups. This study would help in understanding the role of gender in resilience and aggression in different developmental stages. Additionally, it would assist in developing gender and age specific programs for fostering resilience and managing aggression.

III. Studies related behavioural intervention to sexuality

Joanna Picot et.al., (2021)., present systematically reviewed school-based skills building behavioural interventions for the prevention of sexually transmitted infections. References were sought from 15 electronic resources, bibliographies of systematic

reviews/included studies and experts. Two authors independently extracted data and quality-assessed studies. Fifteen randomized controlled trials (RCTs), conducted in the United States, Africa or Europe, met the inclusion criteria. They were heterogeneous in terms of intervention length, content, intensity and providers. Data from 12 RCTs passed quality assessment criteria and provided evidence of positive changes in non-behavioural outcomes (e.g. knowledge and self-efficacy). Intervention effects on behavioural outcomes, such as condom use, were generally limited and did not demonstrate a negative impact (e.g. earlier sexual initiation). Beneficial effect on at least one, but never all behavioural outcomes assessed was reported by about half the studies, but this was sometimes limited to a participant subgroup. Sexual health education for young people is important as it increases knowledge upon which to make decisions about sexual behaviour. However, a number of factors may limit intervention impact on behavioural outcomes. Further research could draw on one of the more effective studies reviewed and could explore the effectiveness of ‘booster’ sessions as young people move from adolescence to young adulthood.

IV. RESEARCH METHODOLOGY

Research Design:

True Experimental Design: Pretest and Posttest design with control group

Setting of the Study:

The study will be conducted in Achankuttapatty, Primary Health Centre at Salem.

Population:

The samples for the present study will be the Middle Adulthood, Salem

Sample

The samples for the present study will be the middle adulthood residing in Achankuttapatty, Primary Health Centre at Salem elderly at Salem

Sampling Technique: Simple random sampling technique will be used to recruit the study subjects. List of elements will be made and by adopting random number table samples will be selected.

Sample Size: The sample size comprises of 10 middle adulthoods in control and experimental group .

DEVELOPMENT OF THE TOOL: THERE are two sections tools were used. They are;

- Section A: Demographic variables
- Section B: **Multidimensional Sexuality Questionnaire (MSCQ)**

Scoring:

Not at all	:	1
Slightly	:	2
Somewhat	:	3
Moderately	:	4
Very often	:	5

Score Interpretation:

Level of Sexuality	Actual Score	Percentage of score
Low satisfaction	40-93	1-47%
Moderate satisfaction	94-146	48-73%
High satisfaction	147-200	73-100%

PILOT STUDY FINDINGS:

Frequency and percentage distribution of pre and post test scores of sexuality among middle adulthood in experimental group (Resilience training) .

(N₁= 6)

Level of sexuality	Pre test score		Post test score	
	Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
Low	2	33	-	-
Moderate	4	67	6	100
High	-	-	-	-

In pre test most (67%) of them were moderate satisfaction and only 33% of middle adulthood were low satisfaction, whereas in post test all (100%) of them were moderate satisfaction. It seems that resilience training on sexuality was effective among middle adulthood.

Frequency and percentage distribution of pre and post test scores of sexuality among middle adulthood in experimental group (Resilience training and behavioral intervention) (N₁= 6) (N₂ = 4)

Level of sexuality	Post test score			
	Resilience training		behavioral intervention	
	Frequency (N ₁)	Percentage (%)	Frequency N ₂)	Percentage (%)
Low	-	-	1	25
Moderate	6	100	3	75
High	-	-	-	-

In resilience training post test all (100%) of them were moderate satisfaction, whereas in behavioral intervention most (75%) of them were moderate satisfaction and only 25% of them were low satisfaction. It seems that resilience training was effective than behavioral intervention on sexuality among middle adulthood.

Frequency and percentage distribution of pre and post test scores of sexuality among middle adulthood in control group (N₂= 10)

Level of sexuality	Pre test score		Post test score	
	Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
Low	-	-	-	-
Moderate	4	40	4	40
High	6	60	6	60

In pre test similar percentage of (50% and 50%) them were moderate and low satisfaction, whereas in post test most (75%) of them were moderate satisfaction and only 25% of them were low satisfaction. It seems that behavioral intervention on sexuality was effective among middle adulthood.

Area wise comparison of mean, SD, and mean percentage of experimental group pre and post test sexuality scores

S. No	Areas	Max. scores	Pre test score			Post test score			Difference in Mean (%)
			Mean	SD	Mean (%)	Mean	SD	Mean (%)	
1.	Cognitive	115	67	1.97	58	98.9	1.81	86	28
2.	Affective	85	49	2.24	58	69.4	1.05	82	24
	Total	200	97.3	3.51	49	165.2	2.5	83	24

The total mean score in pre test was 97.3 ± 3.51 which was 49 % whereas in post mean score (165.2 ± 2.5) which was 83%.. It shows the difference of 24 % . It seems that Resilience training was effective than behavioral intervention on sexuality among middle adulthood.

Area wise comparison of mean, SD, and mean percentage of control group pre and posttest sexuality scores

S. No	Areas	Max. scores	Pre test score			Post test score			Difference in Mean (%)
			Mean	SD	Mean (%)	Mean	SD	Mean (%)	
1.	Cognitive	115	68.05	3.17	59	70.4	4.09	61	2
2.	Affective	85	50.5	3.81	63	58.3	3.50	69	6
	Total	200	78.1	4.22	39	132.7	3.36	66	27

The total mean score in pre test was 78.1 ± 4.22 which was 39 % whereas in post mean score (132.7 ± 3.36) which was 66%.. It shows the difference of 27% . It seems that without intervention no effective on sexuality among middle adulthood.

Area wise comparison of mean, SD, and mean percentage of experimental group and control group posttest sexuality scores

S. No	Areas	Max. scores	Post test score						Difference in Mean (%)
			Experimental group			Control group			
			Mean	SD	Mean (%)	Mean	SD	Mean (%)	
1.	Cognitive	115	98.9	1.81	86	70.4	4.09	61	25
2.	Affective	85	69.4	1.05	82	58.3	3.50	69	13
	Total	200	165.2	2.5	83	132.7	3.36	66	17

Area wise comparison of mean, SD and mean % of post test score in experimental group shows that, highest mean score (98.9±1.05) which is 86% of total score on the area of cognitive aspects whereas in control group mean score was (70.4±4.09) which is 61%. It shows the difference of 25%. It seems that hallmark Vs resilience training and behavioral intervention was effective in improving the functions of sexuality among middle adulthood.

Significance of Pre and Post test scores of experimental group

Sl. No.	Areas	't' Value	Level of Significant
1	Cognitive	18.8	$P < 0.05$ Significant
2	Affective	17.6	$P < 0.05$ Significant
	Total	19.1	$P < 0.05$ Significant

df – 10 (n-1) Table Value = 2.093 ($P < 0.05$ Significant)

Cognitive and affective areas of sexuality shows moderately significant difference and the null hypothesis is rejected. Hence it can be concluded that there is moderately significant difference between the pre and post test score of sexuality among middle adulthood

Significance of Pre and Post test scores of control group

Sl. No.	Areas	't' Value	Level of Significant
1	Cognitive	8.8	$P < 0.05$ Significant
2	Affective	6.5	$P < 0.05$ Significant
	Total	8.6	$P < 0.05$ Significant

df – 10 (n-1) Table Value = 2.093 ($P < 0.05$ Significant)

Cognitive and affective areas of sexuality shows moderately significant difference . Hence it can be concluded that there is moderately significant difference between the pre and post test score of sexuality among middle adulthood

Unpaired 't' test value of post test scores of experimental group I and II.

S. No	Areas	Unpaired 't' value	Level of significant
1.	Cognitive	6.98	$P < 0.05$ Significant
2.	Affective	5.71	$P < 0.05$ Significant
	Total	8.4	$P < 0.05$ Significant

df =38 Table Value=2.02 Significant at $P < 0.05$

The unpaired 't' test total score was 8.4, when compared to table value (2.02) , Hence it can be concluded that there is highly significant difference between the experimental group than control group post test scores of sexuality among middle adulthood

Association between experimental group post test scores and demographic variables of the middle adulthood

Sl. No.	Variables	Degrees of freedom	χ^2	Level Significant of
1	Age (in year)	1	0.96	Not Significant
2	Education	1	1.01	Not Significant
3	Occupation	1	5.33	Significant
4	Family	1	0.54	Not Significant
5	Religion	1	0.67	Not Significant
6	Living area	1	0.28	Not Significant
7	Number of Children	1	0.59	Not Significant
8	Intimate Relationships	2	0.3	Not Significant
9	Activities of daily living	1	0.11	Not Significant
10	Sleeping pattern	1	0.50	Not Significant

χ^2 Value with $P < 0.05$

Association between post test score and demographic variables of middle adulthood reveals that there is no significant association between middle adulthood sexuality scores when compared to the age, class, religion, education, family, religion, living area, number of children, intimate relationship, Activities of daily living and sleeping pattern, Whereas there is a significant association with occupation.

Association between control group post test scores and demographic variables of the adolescent girls

Sl. No.	Variables	Degrees of freedom	χ^2	Level Significant of
1	Age (in year)	2	0.81	Not Significant
2	Education	1	1.98	Not Significant
3	Occupation	2	6.24	Significant
4	Family	1	0.81	Not Significant
5	Religion	1	0.19	Not Significant
6	Living area	1	0.32	Not Significant
7	Number of Children	1	4.32	Significant
8	Intimate Relationships	2	0.36	Not Significant
9	Activities of daily living	1	0.21	Not Significant
10	Sleeping pattern	1	0.19	Not Significant

χ^2 Value with $P < 0.05$

Association between post test score and demographic variables of middle adulthood reveals that there is no significant association between middle adulthood sexuality scores when compared to the age, class, religion, education, family, religion, living area, intimate relationship, Activities of daily living and sleeping pattern, whereas there is a significant association with occupation and number of children,

IV. CONCLUSION

From the findings it can be concluded that post test score in experimental group and control group depicts that, in experimental group most (75%) of them were moderate satisfaction whereas in control group most (60%) of them were severe satisfaction. It seems that hallmark Vs resilience training and behavioral intervention was effective in improving the functions of sexuality among middle adulthood. The overall mean percentage in experimental group was 83% whereas in control group it was 66%, it revealing the difference of 17%. The paired 't' test value in experimental group was 19.1 whereas in control group it was . The unpaired 't' test value was 8.4, it shows that there is highly significant difference between the experimental group than control group post test scores of sexuality among middle adulthood , so reject the null hypothesis in these aspects of demographic variables.

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