AGING SEXUAL ATTITUDES SCALE: TURKISH VALIDITY AND RELIABILITY STUDY

YAŞLANMA CİNSELLİK TUTUM ÖLÇEĞİ: TÜRÇE GEÇERLİK VE GÜVENİRLİK ÇALIŞMASI

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Kısa Başlık: Yaşlanma Cinsellik Tutum Ölçeği

Running Head: Aging Sexual Attitudes Scale

ABSTRACT

Sexuality, which can be the cause or result of health problems, changes dimension in old age and continues until the 80s. The fact that healthcare professionals have information about the sexual lives of the elderly can give an important clue about their general health status. This study aims to evaluate the validity and reliability of the Aging Sexual Attitudes Scale in Turkish. The sample of the study, which was carried out with a methodological research design, consisted of a total of 616 students studying at different departments of a state university's health sciences faculty. The data of the study were collected between April and May 2020 using the Internet-based data collection technique, the Personal Information Form, and ASAS. As a result of the factor analysis made for ASAS, a single factor structure that explains 34.62% of the total variance was obtained. The mean score obtained from the scale is 40.18±.20.14; internal consistency coefficient 0.905; The item-total correlation coefficient was found to vary between 0.352 and 0.717. In addition, the Spearman-Brown, Guttman split-half and Cronbach α reliability coefficients, which were performed to calculate the two-half test reliability coefficient of the scale, were found to be sufficient. Turkish adaptation of ASAS which is a tool that can be used to determine sexual attitudes in old age, can be applied easily, has sufficient internal reliability and validity for healthcare professionals.

Keywords: Old Age, Attitude, Reliability and Validity, Sexuality

ÖZET

Sağlık sorunlarının nedeni veya sonucu olabilen cinsellik, yaşlılık döneminde boyut değiştirerek, 80'li yaşlara kadar devam etmektedir. Sağlık çalışanlarının, yaşlıların cinselliği hakkında bilgi sahibi olması, onların genel sağlık durumu hakkında önemli bir ipucudur. Bu çalışmada, Yaşlanma Cinsellik Tutum Ölçeği'nin (YCTÖ) Türkçe geçerlilik ve güvenirliğinin yapılması amaçlanmıştır. Metodolojik araştırma deseni ile gerçekleştirilen araştırmanın örneklemini, bir devlet üniversitesinin sağlık bilimleri fakültesinin farklı bölümlerinde öğrenim gören toplam 616 öğrenci oluşturmuştur. Araştırmanın verileri Nisan-Mayıs 2020 tarihleri arasında internet tabanlı veri toplama tekniği ile Kişisel Bilgi Formu ve YCTÖ kullanılarak toplanmıştır. YCTÖ için yapılan faktör analizi sonucunda toplam varyansın %34.62'sini açıklayan tek faktörlü bir yapı elde edilmiştir. Ölçekten alınan ortalama puan 40.18±20.14 olup; iç tutarlılık katsayısının 0.905; madde-toplam korelasyon katsayısının 0.352 ve 0.717 arasında değişim gösterdiği bulunmuştur. Ayrıca ölçeğin iki yarı test güvenilirlik katsayısını hesaplamak amacıyla yapılan Spearman-Brown, Guttman split-half ve Cronbach α güvenilirlik katsayıları yeterli düzeyde bulunmuştur. YCTÖ Türkçe uyarlaması; sağlık alanında çalışan profesyonellerin, yaşlı bireylerin cinsel tutumlarını belirlemede kullanılabilecek, kolayca uygulanabilen, yeterli iç güvenirlik ve geçerliliğe sahip bir araçtır.

Anahtar kelimeler; Yaşlılık, Güvenilirlik ve Geçerlilik, Tutum, Cinsel

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INTRODUCTION

Sexuality is a basic human need that starts with birth and lasts until death (Von Humboldt et al., 2020). Sexuality in elderliness is a major indicator of the physical and psychological wellbeing of the elderly individuals (Von Humboldt et al., 2020; Ševčíková & Sedláková, 2020). Because sexuality is an instinct that has the potential to be the beginning or end of all health problems of the individual (McCabe et al., 2016). While certain studies demonstrate that individuals with sexual dysfunction experience depression, distress, problems in the relation with the partner and low quality of life (Mitchell et al., 2011; Polat, 2019) some others indicate that conditions like sexual myths, chronic diseases, incontinence and menopause/andropause influence sex life (Ševčíková & Sedláková, 2020; Wang et al., 2008).

In the literature, it is indicated that even though sexuality despite going through certain changes quality and quantity wise, sexual life of an individual continues until his/her 80s and even 90s (Herbenick et al., 2010; Wang et al., 2008). In elderly people, sexuality is necessary to maintain emotional intimacy, experience physical satisfaction and to fulfill continuing biological needs (Reyhan et al., 2018). While the sexual goal in young people can be sexual intercourse behavior, for elderly, it may be viewed as love, romance, friendship and spending time together. In other words, sexuality during this period can be defined as the need to feel loved and make the other person feel loved (Ševčíková & Sedláková, 2020). In qualitative studies with elderly individuals who indicate they are sexually active, sexuality in elderliness is defined within a broad spectrum. This spectrum ranges from rubbing, kissing, hugging, evening walks to friendship, communication and romance and to personal/mutual masturbation and sexual intercourse (Ševčíková & Sedláková, 2020; Von Humboldt et al., 2020).

Even though in the literature, the importance of sexual life is emphasized, it has not received necessary attention from health professionals. Because in current society, sexuality and sexual life is associated with beauty and youth (Reyhan et al., 2018; Şen et al., 2018). Thus, because elderly people don't fit this pattern, society has tended to believe they wouldn't have any sexual life. Sexual life, which is perceived to be normal for every age, is not perceived to be normal for elderly and is even thought to be totally non-existent. And as a reflection of this social mentality, elderly people tend to believe sexuality is not suitable for them and to be too shy to share their potential sexual problems and fail to get necessary support (Mahieu et al., 2013; Şen et al., 2018).

Health professionals' attitude towards sexuality in elderliness, is important in ensuring a healthy sexual life for elderly people. Thus, more studies should be conducted in this area (Lee et al., 2004; Şen et al., 2018). A review of studies on attitude towards sexuality in elderliness shows that most studies were conducted on a uniform occupational group (such as medicine, nursing etc.) (Azevedo et al., 2009; Doğan et al., 2008; Mahieu et al., 2013). However, elderliness is a multidisciplinary period. Studies on attitude towards sexuality in elderliness should be carried out across different occupational groups and importance of sexuality in elderliness should be emphasized. Among the tools used to evaluate attitude towards sexuality in elderliness, is the Aging Sexual Attitudes Scale (ASAS) developed by White et al. in USA in 1982 (White, 1982). This scale is widely used in various cultures such as in Europe, Asia and America (Azevedo et al., 2009; Lee et al., 2004; Mahieu et al., 2013; Yan & Lee, 2013; Wang et al., 2008). No study on the validity and reliability of this scale in Turkish has been noted. Thus, the purpose of the current study is to test the validity and reliability of the ASAS scale developed by White et al. (1982) to measure attitude towards sexuality in elderliness, in health professionals in Turkish society.

Research Questions
Is Aging Sexual Attitudes Scale valid and reliable for Turkish society?

METHODS

Study Design:
This study was conducted methodologically.

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Study Population and Sample:

The study population comprises a total of 2275 undergraduate students studying at the school of health sciences of a public university during academic year of 2019-2020. Study sample comprises 616 undergraduate students enrolled in different departments of the school of health sciences and during academic year of 2019-2020 and selected using simple random sampling technique which is a non-probability sampling method. And for factor analysis, while there's no consensus in the literature regarding sample size, it is recommended to set the sample size equal to at least twice and preferably 10 or more times the number of variables (Büyüköztürk, 2007). Moving from here, Aging Sexual Attitudes Scale scale used in the study having 26 scale items shows that the sample size is sufficient of this study. Table 1 summarizes the socio-demographic characteristics of the study participants.

Data Collection Tools:

Data for the study was collected between April-May 2020 using web-based data collection method (Google Forms Questionnaire), a Personal Information Form and ASAS scale.

Personal Information Form:

This form created to evaluate socio-demographic characteristics of the participants comprises a total of 12 questions related to age, gender, education, family type, income level and the situation of living or not living with an elderly person.

Aging Sexual Attitudes Scale (ASAS):

ASAS was developed by White et al. (1982) in USA and is a tool for measuring attitude towards sexuality in elderliness. Thanks to its non-technical terminology, the scale can be used by the elderly individuals, their caregivers and professionals working with elderly. The scale comprises 26 items. Every scale is designed as 5-item Likert scale and the responder is expected to make a selection from among items ranging from "1-Totally Disagree" to "5-Totally Agree". Reverse coding was used for items 9, 10, 12, 15, 16, 17, 18, 19, 20, 22 and 24 in the scale. Higher scores obtained in the scale indicate a more positive attitude towards sexuality in elderliness. Item factor loads of the original scale range between 0.221 and 0.696 found to be in an acceptable range. And the Cronbach alpha internal validity coefficient of the scale ranges between 0.76 and 0.87 for different groups (White, 1982).

Translation:

English to Turkish translation of the scale was done by 2 different translation companies. Translated texts were reviewed by the authors and the final translated text were re-evaluated by a proficient Teacher of Turkish Literature in terms of grammar and cohesion. Also, in order to test the comprehensibility of the questions, a preliminary study was conducted with 10 students enrolled at the school of health sciences (social services, tocology, health administration) after which the text was finalized. Finally, the scale was translated to English by an independent translator. After comparing the statements here with the original English statements, Turkish version was re-evaluated.

Data Analysis:

Data collected were analyzed using SPSS Software Package. Data analysis was given under two main topics, namely validity and reliability of ASAS. Internal consistency, scale-total score correlations and split-half reliability methods were used to demonstrate the reliability of ASAS. For internal consistency, Cronbach alpha reliability which is recommended for Likert style scales, was calculated. Scale total score correlations were analyzed using Pearson correlation coefficient. For split-half reliability, Spearman-Brown, Cronbach α reliability coefficients were analyzed and Guttman split-half analysis was conducted. To demonstrate construct validity of Aging Sexual Attitudes Scale, descriptive factor analysis and confirmatory factory analysis were conducted.

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Ethical Aspects of the Study:

Charles White who developed the ASAS, was contacted and the necessary necessary permission to use the scale was obtained via e-mail. Prior to the study, an ethical board permit was obtained from the institution where the study was conducted (meeting dated 21.06.2018 and numbered 06). Prior to data collection, administrators and instructors of the school of health sciences were informed about the study. This study was developed in accordance with the Principles of the Helsinki Declaration and participants' consent to join the study was obtained digitally before administration of the survey. Students volunteering to take part in the study filled the questionnaire.

RESULTS

Reliability Assessment for the Measurement Scale

It demonstrates the ability of a scale to measure a certain characteristic accurately, its repeatability and sustainability. A reliable assessment scale demonstrates that the scale items are mutually consistent and are adequate (Makmur, 2012). In this study, as part of reliability assessment for Aging Sexual Attitudes Scale, internal consistency reliability was evaluated. Internal consistency reliability assessment is carried out to determine whether or not the items of a scale are mutually consistent with single administration.

For ASAS, Cronbach α internal consistency coefficient was calculated to be 0.865. According to Tavşancıl (2019), if the Cronbach α coefficient is less than 0.40 then the scale is not reliable and if it is between 0.40-0.59 then the scale has low reliability, if it is between 0.60-0.79, then the scale is reliable, and if it is between 0.80-1.0 then the scale is highly reliable (Tavşancıl, 2019). A review of Cronbach α coefficients calculated after an item is deleted from the scale, deleting the items (1, 6, 13) in question hardly increased the internal consistency of the subscale (0.866, 0.867, 0.866). But elimination of one item (10) slightly improved the internal consistency of the subscale in question (0.893) (Table 2). As a result, ASAS scale with its 25 items and with a calculated Cronbach α scale of 0.893. is believed to be highly reliable. A high level of Cronbach α coefficient calculated for measuring internal consistency reliability of the assessment scale indicates both the reliability and construct validity of the scale (Büyüköztürk, 2007). Cronbach α coefficient is believed to be an indicator of homogeneity of the assessment tool and it is believed that as the Cronbach α coefficient approaches 1, the assessment scale will have more of a single-dimensional structure.

Split-half reliability analysis was used to measure the level of consistency among the responses to the scale (Berkün, 2010). To calculate the split-half reliability coefficient of the scale, Spearman-Brown, Guttman split-half, and Cronbach α reliability coefficients were analyzed. With Guttman split-half formula, correlation coefficient was calculated to be 0.906 while with Spearman Brown formula, split-half reliability was calculated to be 0.910. Cronbach α value for the first half (odd-numbered items) was calculated to be 0.878, and for the second half (even-numbered items) it was calculated to be 0.767.

As item statistics for the items in ASAS, item-total correlation was calculated. Item-total correlation defines the relationship between score obtained from each item and the total score (Büyüköztürk, 2007). A review of the item-total score correlations of the scale showed that the item correlations ranged from 0.207 and 0.696 (Table 2). One item (10) was found to have a negative item–total correlation (r =-0.756). Elimination of this item slightly improved the internal consistency of the scale in question. Three items (1, 6, 13), furthermore, correlated rather weakly (0.20 < r < 0.30). Although a low item–total correlation might indicate that the corresponding item is not measuring the same construct as measured by the other items, deleting the items in question hardly increased the internal consistency of the scale. As there is some inconsistency with regard to the

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cut-off value that should be used (0.20 or 0.30), we decided not to eliminate these items. In terms of interpretation of item total correlations, items with value of 0.20 and above were considered to sufficiently represent the measurement scale and accordingly, one item with total score correlation coefficients negative and below 0.20 (item 10) were removed from the scale. Scale items that make up the final scale of 25 items can be argued to sufficiently discriminative (Tavşancıl, 2019). With its final format comprising 25 items, the scale's total item correlation values were at acceptable and reliable level. Table 2 summarizes the correlation coefficient of each item.

Validity Assessment of the Scale

Validity which is defined as the degree to which the measurement scale measures the characteristics in line with the purpose, means that the scale is able to measure the characteristics it is supposed to measure (Çakmur, 2012).

Descriptive Factor Analysis (DFA)

Descriptive factor analysis is carried out with the goal of determining whether or not the correlations among the item scales measures a single structure (Tavşancıl, 2019). With the factor analysis carried out in order to analyze the construct validity of ASAS, prior to Principal Component Analysis (PCA) done to determine the factors, in order to determine whether or not the data are fit for factor analysis Bartlett Test and Kaiser-Meyer-Olkin Test (KMO) were applied. KMO Test is used as an adequacy test that aims to test the correlation among variables and the adequacy of the factor analysis. For adequacy of data for factor analysis, Kaiser-Meyer-Olkin (KMO) value must be greater than 0.60 and chi-square value calculated with Barlett Test should be statistically significant (Büyüköztürk, 2007). KMO analysis value obtained in this study which was 0.892 (>0.60) and Barlett's Test of Sphericity analysis result which indicated statistical significance shows that the data are adequate for factor analysis ($\chi2=7308.890$; $p=0.0001$). Because the original scale comprises a single dimension, the analysis was conducted using a single limiting factor method without applying any reversing method. As a result of the Descriptive Factor Analysis (DFA), a single factor structure that explains 34.62% of the total variance which has eigenvalue of 7.66 was obtained. The fact that a variance of 34,62% is explained with a single factor, is a major indication that the structure in question has a single factor (Kuzucu, 2008). Scale's factor loads vary between 0.352 and 0.717. PCA results, internal consistency coefficients and explained variance for ASAS are given in Table 3.

Confirmatory Factor Analysis (CFA)

Confirmatory Factor Analysis is carried out to assess fit between certain variables and the factors that are specified or configured based on a theoretically grounded model (Sümer, 2000). With CFA, in order to determine the sufficiency of fit between the theoretical model and the observed data, different fit indices with varying strengths and weaknesses are used (Büyüköztürk, 2007). Among the most frequently used fit indices are Chi-square Fit Test, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Comparative Fit Index (CFI), Normed Fit Index (NFI) and Root Mean Square Error of Approximation (RMSEA). For Chi-square Fit Test ($\chi2/d$) acceptable fit value is $2\leq\chi2/df\leq5$; for GFI, CFI, NFI and AGFI indices, acceptable fit value is $0.90\leq GFI<0.95$; and for RMSEA acceptable fit value is $0.05<RMSEA\leq0.08$; and for Chi-square Fit Test ($\chi2/d$) good fit value is $0\leq\chi2/df\leq2$; for GFI, CFI, NFI and AGFI indices, good fit value is $0.95\leq GFI\leq1.00$; and for RMSEA, good fit value is $0\leq RMSEA\leq0.05$ (Schumacker & Lomax, 2010; Şimşek, 2007).

In this study, fit indices of the model obtained using CFA were analyzed and minimum Chi-square value ($\chi2=223.59$, $N=616$, $p<0.05$) was found to be statistically significant. And the fit index values calculated were RMSEA=0.053, NFI=0.91, CFI=0.92, GFI=0.92 and AGFI=0.90. According to these results, Chi-square fit test value ($\chi2/df=2,35$) was "good"; and fit index values of RMSEA (0.053), GFI (0.92), CFI (0.92), NFI (0.91) and AGFI (0.90) were "acceptable". These results showed that fit index values of the scale were within standard values range.

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DISCUSSIONS AND CONCLUSION

Certain changes that happened during elderliness may have an impact on the sex lives of elderly people. Sexuality, which is one of the most important components of life for many elderlies, is among the most neglected topics within the realm of elderly health and wellbeing. However, sexuality which is an important fact that influences quality of life and boosts self-esteem and self-confidence, is required in elderly to maintain emotional intimacy, to experience physical satisfaction and to meet ongoing biological needs. However, the general misconception in society that sexuality ends or should not be present in elderliness is a major obstacle in providing sexual health consultancy services to elderly people. Accordingly, measurement tools for assessing attitude towards sexuality in elderliness are needed. In relation to this, the purpose of this study is to adapt ASAS to Turkish language and to conduct its validity and reliability assessments. In order to assess construct validity of the scale, Descriptive Factor Analysis (DFA) and Confirmatory Factor Analysis (CFA) were conducted. And to assess reliability of the scale, internal consistency Cronbach alpha item total correlations and split-half test methods were used. As a result of the Descriptive Factor Analysis (DFA), a single factor structure that explains 34.62% of the total variance was obtained. Factor loads of scale items range between 0.352 and 0.717. As a result of the CFA conducted to determine whether or not the form structure of the unique form can be confirmed within the study sample, it was seen that the model demonstrated sufficient level of fit. With CFA, fit indices of the model at hand were analyzed and minimum Chi-square value was statistically significant and that the fit index values are within the desired range. Accordingly, it can be argued that the Turkish version of ASAS supports the structure of the original scale.

For reliability assessment of ASAS, Cronbach Alpha internal consistency coefficient and the Spearman-Brown and Guttman Split-Half reliability coefficient obtained using split-half method were analyzed. Accordingly, Cronbach α reliability coefficient was 0.893; Spearman-Brown coefficient was 0.910 and Guttman Split-Half coefficient was 0.906. In addition, item analysis was conducted to demonstrate the scale items' ability to predict the total score. Item analysis demonstrated that the adjusted item total correlations of the scale items ranged between 0.207 and 0.696. In terms of interpretation of item total correlations, items with value of 0.20 and above were considered to sufficiently represent the measurement scale and accordingly, one item with total score correlation coefficients negative and below 0.20 (item 10) was removed from the scale. Scale items that make up the final scale of 25 items can be argued to sufficiently discriminative. These results regarding the reliability of the scale, indicate that the scale is sufficiently reliable.

As a result of social prejudice, health professionals that act as educators, caregivers and consultants in elderly care as well tend to ignore the issue of sexuality. ASAS is widely used in many different languages to measure attitude towards elderly sexuality. Thanks to its non-technical terminology, the scale can be used easily by the elderly themselves, their caregivers and other occupational groups that work with elderly. The aim of the current study was to assess validity and reliability of Turkish version of ASAS in healthcare professionals. The results of the study demonstrated that the Turkish version of ASAS is an easy-to-administer tool with sufficient level of internal reliability and validity that can be used to determine attitude towards sexuality in elderliness.

Limitations

Data collected in this study were based on personal statements and the study sample is limited to volunteer health professional university students with internet access. Thus, it cannot be generalized to all individuals.

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REFERENCES

Azevedo, J., Palha, A., Esteves, M., & Coelho, M. V. (2009). Attitudes of medicine and nursing students towards the sexuality of older people. European Psychiatry, 24(S1), 1-1. https://doi.org/10.1016/S0924-9338(09)71120-4

Berkün, S. (2010). Sosyal hizmet uzmanlarının çalışma hayatında karşılaştıkları mesleki sorunlar: Bursa örneği. Toplum ve Sosyal Hizmet, 21(1), 99-109. https://dergipark.org.tr/en/pub/tsh/issue/48423/613506

Büyüköztürk, Ş. (2007). Sosyal Bilimler İçin Veri El Kitabı, İstatistik, Araştırma Deseni, SPSS Uygulamaları ve Yorum. 14. Baskı. Ankara: Pegem A Yayıncılık, 133-40.

Çakmur, H. (2012). Araştırmalarda Ölçme-Güvenilirlik-Geçerlilik. TAF Preventive Medicine Bulletin, 11(3).

Doğan, S., Demir, B., Eker, E., & Karim, S. (2008). Knowledge and attitudes of doctors toward the sexuality of older people in Turkey. International Psychogeriatrics, 20(5), 1019. https://doi.org/10.1017/S1041610208007229

Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behaviors, relationships, and perceived health status among adult women in the United States: Results from a national probability sample. The Journal of Sexual Medicine, 7, 277-290. https://doi.org/10.1111/j.1743-6109.2010.02010.x

Kuzucu, Y. (2008). Duygusal farkındalık düzeyi ölçeğinin uyarlanması: Geçerlik ve güvenirlik çalışmaları. Türk Psikolojik Danışma ve Rehberlik Dergisi, 3(29), 51-64.

Lee W. P., Huang Y, Hsieh C. M., Tsenf C.F. (2004) Sexual knowledge and attitudes in the elderly in southern Taiwan. Tzu Chi Medical Journal, 16, 317–324.

Mahieu, L., de Casterlé, B. D., Van Elssen, K., & Gastmans, C. (2013). Nurses' knowledge and attitudes towards aged sexuality: validity and internal consistency of the Dutch version of the Aging Sexual Knowledge and Attitudes Scale. Journal of Advanced Nursing, 69(11), 2584-2596. https://doi.org/10.1111/jan.12113

McCabe, M. P., Sharlip, I. D., Atalla, E., Balon, R., Fisher, A. D., Laumann, E., Lee, S. W., Lewis, R., & Segraves, R. T. (2016). Definitions of sexual dysfunctions in women and men: a consensus statement from the Fourth International Consultation on Sexual Medicine 2015. The Journal of Sexual Medicine, 13(2), 135-143. https://doi.org/10.1016/j.jsxm.2015.12.019

Mitchell, A. J., Chan, M., Bhatti, H., Halton, M., Grassi, L., Johansen, C., & Meader, N. (2011). Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. The Lancet Oncology, 12,160–174. https://doi.org/10.1016/S1470-2045(11)70002-X

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Polat, C. (2019). Cinsel işlev bozuklukları ve depresyon. Yaşam Becerileri Psikoloji Dergisi, 3(6): 223-228. https://doi.org/10.31461/ybpd.612636

Reyhan, F., Özerdoğan, N., & Elif, A. R. I. K. (2018). İhmal edilen bir konu: yaşlılıkta cinsellik. Sağlık Bilimleri Dergisi, 27(1), 76-79.

Schumacker, R. E., & Lomax, R. G. (2010). Structural equation modeling. New York: Routledge.

Ševčíková, A., & Sedláková, T. (2020). The role of sexual activity from the perspective of older adults: A qualitative study. Archives of Sexual Behavior, 49(3), 969-981. https://doi.org/10.1007/s10508-019-01617-6

Sümer, N. (2000). Yapısal Eşitlik Modelleri: Temel Kavramlar ve Örnek Uygulamalar. Türk Psikoloji Yazıları, 3(6), 49-74.

Şen, S., Usta, E., Aygin, D., & Sert, H. (2015). Yaşlılık ve cinsellik konusunda sağlık profesyonellerinin yaklaşımları. Androloji Bülteni, 17(60), 64-7.

Şimşek, Ö. F. (2007). Yapısal eşitlik modellemesine giriş: Temel ilkeler ve LISREL uygulamaları. Ankara: Ekinoks Yayınevi.

Tavşancıl, E. (2019). Tutumların ölçülmesi ve SPSS ile veri analizi. Ankara: Nobel Yayıncılık.

Von Humboldt, S., Ribeiro-Gonçalves, J. A., Costa, A., Low, G., & Leal, I. (2021). Sexual expression in old age: How older adults from different cultures express sexually?. Sexuality Research and Social Policy, 18, 246-260. https://doi.org/10.1007/s13178-020-00453-x

Wang, T. F., Lu, C. H., Chen, I. J., & Yu, S. (2008). Sexual knowledge, attitudes and activity of older people in Taipei, Taiwan. Journal of Clinical Nursing, 17(4), 443-450. https://doi.org/10.1111/j.1365-2702.2007.02003.x

White, C. B. (1982). A scale for the assessment of attitudes and knowledge regarding sexuality in the aged. Archives of Sexual Behavior, 11(6), 491-502. https://doi.org/10.1007/BF01542474

Yan, C. W. E., & Lee, C. F. (2013). Chinese version of aging sexual knowledge and attitudes scale. Asian Journal of Gerontology and Geriatrics, 8(2), 78-84.

Table 1. Socio-demographic characteristics of Study Participants

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Variables	Categories	N	%
Gender	Female	407	66.1
	Male	209	33.9
College Year	Freshman	131	21.3
	Sophomore	152	24.8
	Junior	151	24.6
	Senior	180	29.3
Family Type	Freshman	405	65.7
	Sophomore	165	26.8
	Junior	46	7.5
	Senior	202	32.8
Income Level	High	375	61
	Moderate	38	6.2
	Low	301	48.9
Living with an elderly	Yes	314	51.1
	No	301	48.9
Age	21.26±2.06 (Range: 18-50)		

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Table 2. Aging Sexual Attitudes Scale Item Statistics

Scale Item	Average Item Score	Item Standard Deviation	Scale (N=300)		Scale (n = 300) after the elimination of item 10		
			Item Total Correlation	Cronbach Alpha if Item Deleted	Item Total Correlation		Cronbach Alpha if Item Deleted
1	2.92	2	0.214		0.866	0.221	0.894
2	1.47	1.29	0.545		0.858	0.550	0.888
3	2.10	1.78	0.635		0.853	0.651	0.885
4	1.86	1.64	0.517		0.857	0.526	0.888
5	1.67	1.49	0.488		0.859	0.494	0.889
6	3.08	2	0.192		0.867	0.207	0.894
7	1.74	1.55	0.675		0.853	0.696	0.884
8	1.75	1.56	0.648		0.854	0.664	0.885
9	1.98	1.72	0.521		0.857	0.525	0.888
10	4.05	1.71	-0.756		0.893	-	-
11	2.38	1.90	0.530		0.857	0.551	0.887
12	1.63	1.46	0.308		0.863	0.293	0.893
13	1.49	1.32	0.195		0.866	0.215	0.895
14	1.72	1.54	0.554		0.857	0.566	0.887
15	1.66	1.48	0.578		0.856	0.566	0.887
16	1.53	1.35	0.446		0.860	0.431	0.890
17	1.71	1.53	0.462		0.859	0.451	0.890
18	1.65	1.48	0.449		0.860	0.437	0.890
19	1.71	1.53	0.544		0.857	0.540	0.888
20	1.44	1.26	0.399		0.861	0.384	0.891
21	1.93	1.69	0.597		0.855	0.619	0.886
22	1.52	1.34	0.443		0.860	0.432	0.890
23	1.65	1.47	0.505		0.858	0.514	0.889
24	1.91	1.68	0.593		0.855	0.597	0.886
25	2.63	1.97	0.531		0.857	0.546	0.888

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26	2.70	1.97	0.350		0.863	0.367	0.893
Cronbach's a scale			*0.865*		*0.893*		

Table 3. Factor Loads for Aging Sexual Attitudes Scale and their Explained Variance Values

Scale Item	Factor Load Values
1. Aged people have little interest in sexuality (aged = 65 + years of age).	*0.715*
2. An aged person who shows sexual interest brings disgrace to himself/her-self.	*0.440*
3. Institutions such as nursing homes ought not to encourage or support sexual activity of any sort in its residents.	*0.605*
4. Male and female residents of nursing homes ought to live on separate floors or in separate wings of the nursing home.	*0.446*
5. Nursing homes have no obligation to provide adequate privacy for residents who desire to be alone, either by themselves or as a couple.	*0.441*
6. If a relative of mine, living in a nursing home, was to have a sexual	
relationship with another resident I would: Complain to the management.	*0.724*
7. If a relative of mine, living in a nursing home, was to have a sexual	
relationship with another resident I would: Move my relative from this institu-tion	*0.725*
8. If a relative of mine, living in a nursing home, was to have a sexual	
relationship with another resident I would: Stay out of it as it is not my con-cern.	*0.676*
9. In case a relative of mine living in a nursing home had sexual intercourse with another nursing home resident I would choose to remain outside of it as it is none of my business.	*0.606*
11 It is-immoral for older persons to engage in recreational sex.	*0.624*
12. I would like to know more about the changes in sexual functioning in older years.	*0.466*
13. I feel I know all I need to know about sexuality in the aged.	*0.638*
14. I would complain to the management if I knew of sexual activity between any residents of a nursing home.	*0.540*
15 I would support sex education courses for aged residents of nursing homes.	*0.693*
16. I would support sex education courses for the staff of nursing homes.	*0.665*
17. Masturbation is an acceptable sexual activity for older males.	*0.834*
18. Masturbation is an acceptable sexual activity for older females.	*0.836*
19. Institutions such as nursing homes, ought to provide large enough beds for couples who desire such to sleep together.	*0.635*

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20. Staff of nursing homes ought to be trained or educated with regard to sexuality in the aged and/or disabled..	0.664
21. Residents of nursing homes ought not to engage in sexual activity of any sort.	0.581
22. Institutions such as nursing homes should provide opportunities for the social interaction of men and women.	0.558
23. Masturbation is harmful and ought to be avoided.	0.633
24. Institutions such as nursing homes should provide privacy so as to allow residents to engage in sexual behavior without fear of intrusion or observation..	0.651
25. If family members object to a ~vidowed relative engaging in sexual relations with another resident of a nursing home, it is the obligation of the management and staff to make certain that such sexual activity is prevented.	0.560
26. Sexual relations outside the context of marriage are always wrong.	0.550
Explained Total Variance	34.62
Eigenvalue	7.66
Internal consistency	0.893
Kaiser-Meyer-Olkin (KMO)	0.892
Bartlett's Testi	ChiSquare=7308.89 df=300 p=0.0001

EK.1 Yaşlanma Cinsellik Tutum Ölçeği	Hiç Katılmıyorum (1)	Katılmıyorum (2)	Kararsızım (3)	Katılıyorum (4)	Tamamen Katılıyorum (5)
Yaşlı insanların cinselliğe çok az ilgileri vardır (yaşlı = 65 yaş ve üzeri)					
Cinselliğe ilgi gösteren yaşlı bir kişi kendini rezil eder.					

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Huzurevleri gibi kurumlar kendi sakinlerine yönelik herhangi bir cinsel faaliyeti teşvik etmemeli veya desteklememelidirler.					
Huzurevlerinde yaşayan kadın ve erkek bireyler huzurevinin ayrı katlarında veya ayrı bloklarında kalmalıdırlar.					
Huzurevlerinin tek başlarına ya da çift olarak beraber kalmak isteyen bireylere yeterli mahremiyet sağlama zorunluluğu yoktur.					
Kişi yaşlandıkça (65 yaş sonrası) cinselliğe olan ilgisi kaçınıl-maz olarak kaybolur.					
Huzurevinde kalan bir yakınım, başka bir sakinle cinsel ilişki-ye girse yönetime şikayet ederdim.					
Huzurevinde kalan bir yakınım, başka bir sakinle cinsel ilişki-ye girse yakınımı bu kurumdan alırdım.					
Huzurevinde kalan bir yakınım, başka bir sakinle cinsel ilişki-ye girse beni ilgilendirmediği için olayın dışında kalırdım.					
Bir huzurevinin isteyen sakinleri için cinsel faaliyete izin verdiğini ve desteklediğini bilsem bir yakınımı o huzurevine yerleştirmem.					
Yaşlıların eğlence amaçlı olarak cinsel ilişkiye girmeleri ahlaki değildir.					
İleri yaşlarda cinsel faaliyetlerde meydana gelen değişiklikler hakkında daha fazla bilgi almak isterdim.					
Yaşlılıkta cinsellik hakkında bilmem gereken her şeyi bildiğimi düşünüyorum.					
Bir huzurevinde sakinler arasında cinsel aktivite olduğunu bilsem bu durumu yönetime şikayet ederdim.					
Huzurevinde kalan yaşlılara yönelik cinsel eğitim kurslarını desteklerdim.					
Huzurevleri çalışanlarına yönelik cinsel eğitim kurslarını desteklerdim.					
Mastürbasyon yaşlı erkekler için kabul edilebilir bir cinsel faaliyettir.					
Mastürbasyon yaşlı kadınlar için kabul edilebilir bir cinsel faaliyettir.					
Huzurevleri gibi kurumlar birlikte kalmak isteyen çiftler için yeterli düzeyde geniş yataklar sağlamalıdır.					
Huzurevi çalışanları yaşlı ve/veya engellilerin cinselliği konus-unda eğitilmelidir.					
Huzurevi sakinleri herhangi bir tür cinsel ilişkide bulun-mamalıdır.					

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Huzurevleri gibi kurumlar erkeklerin ve kadınların sosyal etkileşimi için fırsat sağlamalıdır.					
Mastürbasyon zararlıdır ve ondan kaçınılmalıdır.					
Huzurevleri gibi kurumlar, müdahale veya gözetlenme korkusu olmadan sakinlerinin cinsel davranışlarda bulunmalarına izin verecek mahremiyeti sağlamalıdır.					
Aile üyeleri huzurevinde kalan dul bir yakınlarının huzurevinin başka bir sakini ile cinsel ilişkiye girmesine karşı çıkıyorlarsa, yönetim ve çalışanlar bu tür bir cinsel faaliyetin engellendiğinden emin olmakla yükümlüdür.					
Evlilik dışındaki cinsel ilişkiler her zaman yanlıştır.					