RELATED FACTORS WITH SEXUAL BEHAVIOR OF MALE RECEIVING HEALTH CARE SERVICES AT CLINIC

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Abstract— Sexual behavior of male elderly is very significant and understudied in Thai society. This correlational study aimed to examine the relationship between knowledge of and attitude towards sexual behaviors, health status, relationship with spouse and sexual behavior of male elderly. Eighty older adults of age attending menopause clinic at an university hospital were randomly selected to participate in this study. Instruments used included The demographic Questionnaire, The Knowledge about Sexual Behavior Questionnaire, The Health Status Questionnaire, The Attitudes towards Sexual Behavior Questionnaire, The Relationship with Spouse Questionnaire and The Sexual Behavior Questionnaire with its reliability of .80, .82, .89 and .82, respectively. Data were computed as frequency, percent, mean, standard deviation, and Pearson's product moment correlation coefficient was also calculated.

Findings revealed that attitude towards sexual behavior and relationship with spouse of male elderly positively related to sexual behavior at the moderate level with the significant level of .01*)* r = .59, r = .46 respectively **.**The health status and knowledge about sexual behavior were not significant related to sexual behavior.

Index Terms— Male Elderly, Sexual Behavior.

I. INTRODUCTION

The Health of the elderly is one of the points of interest, especially for sexual health, which should be realized and given priority because it is part behaviors that are which is related to the frequency of sex interested in pleasure in sexual intercourse from the literature review found that 65 percent of male seniors still have sex.Relations during the past 1 years. Seniors aged 60 - 69 years, male sex, 30 percent of the age 70-79 years and 80 years of age, 11 percent up to only 8 percent (Laumann et al., 2004) from a study in Thailand found that country, elderly women, 58 percent expressed of quality of life (Sinclair & Morley, 2006; Waite, Laumann, Das & Schumm, 2009) by the World Health Organization has defined the nature of the sexual health in the country in Thailand found that that opinion in elderly men.The following should be. 55 percent saw that elderly women should have sex next. By specifying that the frequency of sexual intercourse of the elderly should be twice each month and found that seniors aged 60 - 64 years old have sex 50 percent inferior to 65 - 69 years of age, 34.5 percent of 70 - 75 year 22.6 per cent, and in the age range from 75 years or more, only 13.2 percent found the eye pollution. Whether the sexual behavior of elderly men will be reduced by aging. From the literature review found that the factors associated with sexual behavior in many aspects as mentioned above. Research in the country in the past Thailand mainly studies on sexual behavior in adolescents. Adult study in the elderly it is mostly studied by an overview of the elderly men and elderly women, and in education, factors that are correlated with sexual behavior was studied in a group of elderly men, but in the disease-specific groups, elderly men still do not have Education about sexual behavior, so researchers would study the factors associated with sexual behavior of elderly men because sexual behavior in each age range and gender, the expression and related factors vary. The Where a research group to study the elderly men in the age range at the beginning, because most still have sexual behavior with your spouse, and has studied in clinics because the elderly man came into service, more likely. Also there is attitude. Social and cultural rights, which will have a comprehensive array of data to a data base, or as a guide to care about the sexual health of elderly men, and the next spouse.

II. MATH

Collecting data for this research, the researcher collected data by 1) included older men 2) when the elderly man with the features criteria specified. The researcher started building relationships and clarify objectives, procedure of data collection. The reason was invited to join the project 3) the researcher collected data for self questionnaire elderly man. Take to collect data about 30 minutes per person. A place without the noise to a minimum, and privacy. Because the questions were sensitive to the feelings and personal of the samples 4) check the completeness of data and information in the query and thank you for the elderly man to cooperate in research. The data obtained from questionnaires. The data processing and the statistical analysis. The data were analyzed by using the computer program. To analyze the statistics, the basic information, personal knowledge about sex, health status, attitudes about sex, marital relationship And the sexual behavior were mean and standard deviation. And analyze the relationship between knowledge about sex, health status, attitudes about sex. And the marital relationship and sexual behavior of elderly women. Using the correlation of perseverance. Interpret the meaning of the correlation

coefficient (r) and comparing the relationship of the correlation coefficient as follows.

r >. 70 means associated high.
r . 30 -. 70 mean correlated moderately.
r <. 30 mean relationship is at a low level.

III. HELPFUL HINTS

A. Figures and Tables

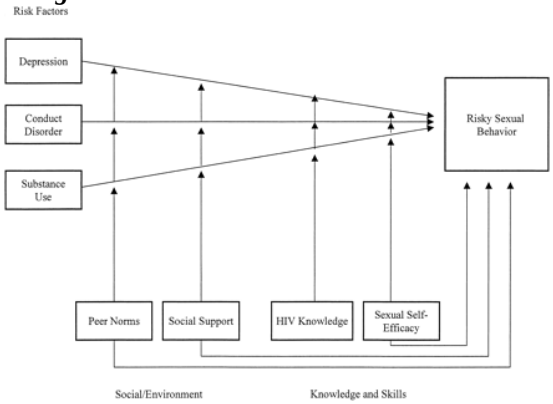


Fig 1. Risk and protective model for predicting risky sexual behavior.

Table 1. Interco relation Matrix of Risk, Protective, and Outcome Measures (n = 158)

Measure	1	2	3	4	5	6	7	8
Partial correlations controlling for age represented in bold. BDI = Beck Depression Inventory.								
$^{*}p < .05$.								
$^{**}p < .01$.								
1. Risky sexual behavior	—	**.04**	**.07**	**.35****	**.09**	**.30****	**.09**	**.05**
2. BDI	.03	—	**.11**	**.14**	**-.34****	**-.06**	**-.07**	**-.27****
3. Conduct problems	.15	.12	—	**.26****	**.01**	**.15**	**-.09**	**-.14**
4. Substance use	.43**	.11	.32**	—	**-.02**	**.38****	**.07**	**-.08**
5. Social support	.11	-.31**	.02	-.02	—	**.09**	**.03**	**.25****
6. Peer norms	.41**	-.08	.18*	.45**	.09		**-.03**	**.11**
7. HIV knowledge	.19*	-.09	-.05	.13	.04	.08	—	**.19***
8. Sexual self-efficacy	.07	-.29**	-.13	-.08	.25**	.13	.22**	

IV. UNITS

The survey used a multistage, stratified, clustered sample design and interviewed men of reproductive age; methodological details are available elsewhere. The NSFG used face-to-face interviews to collect information about sexual behavior and family formation, including current union status. A month-to-month calendar was employed to elicit detailed responses about sexual activity and contraceptive use. Because of our focus on male elderly, our sample was limited to 158 male respondents aged 60–69 at the time of interview.

V. RESULTS

The single men are significantly less likely to be sexually experienced. And among sexually experienced men, single men are the least likely to be currently sexually active, and are sexually active for the fewest months in the year. Overall, 89% of single men are sexually experienced, and 70% of this subgroup are sexually active, compared with 95–96% of married or cohabiting men. Among single men, sexual behavior varies significantly by age, race or ethnicity, and education level. Single men in their 20s are less likely than older men to be sexually experienced (83% vs. 94–95%). But among those who have ever had sex, the proportion who are sexually active declines with age, from 78% of men in their 20s to 56% of those aged 60–69. The
average number of months that single men have been sexually active in the past year also declines significantly with age, from eight months among those in their 20s to six months among those aged 60–69.Black single men are more likely than whites to be sexually experienced (94% vs. 88%) and sexually active (74% vs. 68%), and the average number of months they have been sexually active in the past year is greater (eight vs. seven months).
Among men aged older, lower proportions of single men with a college education than of those with a high school education are sexually experienced (86% vs. 96%) and sexually active (55% vs. 67%). College graduates also report fewer months of sexual activity over the last year than do high school graduates (six vs. seven months), while men with less than a high school degree report the most months of sexual activity (eight). Household poverty status is not significantly related to any of these measures

CONCLUSION

Single men are more likely than married or cohabiting women to have multiple sexual partners, and this differential pattern by union status corroborates previous findings based on older data.The higher level of multiple partnerships among single men puts them and their partners at elevated risk of contracting STDs. Moreover, four of five men with multiple partners are single, so the need for STD prevention services is concentrated among these men. Hence, it is critical to educate single men about their risk for STDs, to increase their use of barrier methods, and to improve their communication and negotiation skills with new partners. Additionally, compared with younger men who are single, older, formerly married men may have less experience with barrier methods and may need greater education and counseling about the importance and use of condoms. Among single men, sexual experience, sexual activity, multiple partnerships and number of months sexually active all vary by level of education. In contrast, household income shows little correlation with their sexual behavior. This is somewhat surprising, given the body of research suggesting that income is related to union formation. Perhaps this association with union formation and not sexual behaviors indicates that income and poverty status are more influential in longer term than in shorter term decision making. This study assessed

high-risk sexual behavior and risk and protective factors associated with risky sexual behavior in a sample of from an inner-city, low-income clinic. sexual encounters with multiple partners. Similarly, high rates of substance use were reported, and substance use was a significant predictor of sexual behavior. However, emotional and behavioral problems were not found to predict sexual practices. risky behaviors; however, social support and sexual self-efficacy were not significantly related to sexual behavior. Little support was obtained for protective factors (peer norms, social support, HIV knowledge, sexual self-efficacy) moderating the relations between risk factors and adolescents' risky sexual behavior in this sample. Although substance use and peer norms were both significantly associated with risky sexual behavior, when entered in the same model, only substance use accounted for a significant portion of the variance in sexual behaviors. Thus, substance use appears to play a critical role in sexual practices.

About half of sexually experienced single men aged 60–69 are sexually active, and on average, these men have sex in only six months of the year. Do these patterns represent differences in personal preferences between older and younger men, or barriers to finding a partner Challenges to forming intimate long-term partnerships may have implications for older men's health and well-being. Our findings suggest that other groups, beside single men, also merit special attention. Indeed, the proportion does not differ between married and single men. Cohabiting men are as likely to be sexually active as married men, but less likely to have health insurance. Publicly funded family planning services could be an important resource for cohabiting men; among women who received at least one reproductive health service from a family planning clinic in 2014, 34% were married, 16% were cohabiting and 50% were unmarried. Another high-need group identified in our analysis are single men aged 60–69. The needs of this relatively young group are often overlooked. In some respects, this group is at greater risk than teenage males, because a higher proportion are sexually experienced, they are sexually active for more months in the year and they are less likely to receive health insurance coverage through their parents. Compared with older men, 60–69-year-olds are more likely to be sexually active, have multiple partners and be at risk of unintended pregnancy. New policy and funding emphases on promoting abstinence among single men in their 20s brings attention to this group, but does little to meet their existing reproductive health needs.

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