

# Summary

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## Summary

People continue to be sexually active in older age (Lee et al. 2016; Mercer et al. 2013; Rutgers & Soa Aids Nederland 2017): 22% of 75-85 year-olds in the Netherlands have had sexual relations in the past year, while 39% of British men aged over 80 have regularly thought about sex. Less is known about the sexual needs of older people living in residential nursing and care homes. This is a theme that has recently attracted political, policy and public attention (Putters 2014; Rutgers et al. 2015; TK 2014/2015a). No empirical quantitative data are available in the Netherlands based on the perspective of residents of institutions themselves, and for this reason a number of questions on intimacy and sexuality were included in the 2015 edition of the 'Older people in institutions' survey (*Ouderen in instellingen 2015* [011 '15]), which is conducted jointly by SCP and Statistics Netherlands (CBS). This policy report was written on the basis of those questions. The research questions were as follows:

- 1 What kind of relationships and needs for intimacy and sexuality do older people living in residential nursing and care homes have, and how does this relate to their background characteristics, physical health and perceived quality of life?
- 2 How do older persons living in nursing and care homes experience the scope for diversity, and what are their views on homosexuality?
- 3 What differences might there be in the physical health and perceived quality of life between older lesbian, gay and bisexual (LGB) and heterosexual residents of nursing and care homes?

### 1 Intimate relationships and sexual needs

A minority (16%) of residents surveyed still have a partner. Over half of them (56%) live in the same apartment/institution, and where this is not the case, more than half (56%) see their partner daily. On the other hand, 11% do not see their partner every week. We do not know whether this latter group of residents mind the fact that they see their partner less than once a week.

One issue in relation to intimacy and sexuality among older people living in nursing and care homes is the possible friction between their need for privacy and their need for safety (Rutgers et al. 2015; Nap et al. 2016). Our figures show that some of the residents surveyed do indeed experience such a friction: 14% do not think there is enough privacy to be romantic or engage in sexual intimacy. By contrast, 49% do think there is sufficient scope for this (36% do not know). In total, 15% of interviewed residents say they miss romantic or sexual contact, while 82% do not (3% don't know). The percentage who do miss this form of contact is higher among those who feel there is not enough privacy for it (26%), among men (25%) and among those aged under 85 (24%). It makes no difference whether or not the individual concerned has a partner, but whether or not they live with a partner does matter: 6% of those who live with their partner in the same apartment within the institu-

tion miss romantic and/or physical contact, compared with 33% of residents who do have a partner but no longer live with them.

There is no correlation between physical health status and missing romantic or sexual contact. By contrast, there is an association between missing romantic or sexual contact and indicators of poorer perceived quality of life: older people who say they miss this type of contact also report that they are less happy, feel more lonely, have less zest for life and have more mental health problems. It is unknown which is the chicken and which the egg in this narrative (are people unhappy because they miss sexual contact, or are unhappy people more likely to miss sexual contact?).

## 2 Opinions on diversity and homosexuality

Older persons living in nursing and care homes feel there is enough room for diversity and to be themselves. The vast majority (82%) feel they can be themselves (3% do not) and 91% feel their own beliefs are respected in the institution (1% think it is not). LGB residents surveyed experience this to the same degree as heterosexual residents, while older persons with a migration background feel there is less scope for diversity than their native Dutch peers. Given the ever more diverse society, this is something that warrants more attention in the future. Unfortunately, the number of residents with a migration background was too limited and too diverse to enable us to say anything about specific groups, for example those with a Moroccan or Turkish migration background.

The majority of residents surveyed would also have no difficulty with gay or lesbian staff: 73% would not find this objectionable, while 10% would. This latter percentage is slightly higher among lower-educated respondents (15%). No relationship was found between opinions on homosexuality and gender or religious background. Finally, 44% think that LGB residents can be open about their sexuality in their institution, while 8% assess that this is not the case. A high proportion of residents surveyed (49%) did not feel able to assess this.

## 3 Older LGB persons

Describing the life situation of surveyed LGB residents (residents who (also) feel attracted to members of their own sex) based on the opinions of heterosexual residents could produce a distorted picture. It is therefore important that surveyed LGB residents themselves are able to report on whether they feel they can be open and on how they see their lives. The picture that emerges from this corresponds with that described in section 2: people in nursing and care homes can be reasonably open about homosexuality; 70% of LGB residents feel they can be open about this in their nursing or care home, against 14% who think they cannot. Perhaps more important is the finding that there is no difference in perceived quality of life between surveyed LGB and heterosexual residents: both groups report the same levels of mental health problems, loneliness, happiness, zest for life and satisfaction with their lives. They also feel to the same degree that care staff take them seriously and that they can tell them things in confidence. Surveyed LGB residents also feel no less

safe than heterosexual residents and do not miss romantic and sexual contact to a greater degree.

#### 4 Discussion

There were some limitations to this study. The scope to add questions about intimacy and sexuality to the questionnaire was limited, because a great many other aspects of life in an institution also have to be covered. As a result we know little about how residents of nursing or care homes experience sexuality, for example, and what they understand by it. On the other hand, the advantage of the broad research design was that it was possible to establish links between intimacy, sexuality and broad quality of life. Another limitation is that the questions on intimacy and sexuality were only put to residents who were able to take part in the survey; those who were mentally or physically incapable of this are therefore left out of the picture. Finally, this was an exploratory study, which did not investigate deeper questions such as the influence of institutional characteristics on quality of life and perceptions of diversity.

The study shows that intimacy and sexuality are an element of quality of life and therefore warrant attention in the care policy of institutions. The study also shows that the sexual orientation of residents of institutions is not of decisive importance for their quality of life.