

Sexual Health, Quality of Life and Wellbeing Among Older Men and Women in England

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NatCen
Social Research that works for society



The University of Manchester

ELSA English Longitudinal
Study of Ageing

Sexuality and Health



- U.K. population is ageing
- Older adults are healthier
- Few data describing sexuality in later life
- Sexual activities/satisfaction linked to health benefits
- Specific sexual problems associated with unfavourable health outcomes
- **Healthy ageing: what has sex got to do with it?**

English Longitudinal Study of Ageing (ELSA)

- Data on health, disability, wellbeing, economic circumstances and social participation
- Representative sample of English adults (50+)
- Interviewed every 2 years
 - *CAPI, self-completion, measurements*
- Nurse assessment every 4 years
 - *anthropometry, blood pressure, function, serum*
- Life course data collected at wave 3
- Waves 1-6 available from UK Data Archive

Sexual Function Questionnaire

ELSA English Longitudinal Study of Ageing
P3098/FEMALE
Card 022
Version 13.14 Batch 16.20

Sexual relationships and activities
Self-Completion questionnaire for women
In Confidence

INTRODUCTION
This booklet contains questions that ask about your attitudes to sexual relationships and your own sexual activities. Some questions may be of a sensitive nature. However, your accurate and considered responses are very important for this research. Sexual relationships and activities relate to health, well-being and other aspects of people's lives, but we have very little information on whether and how they change as people grow older. Answers to these questions will help us understand possible changes, the reasons, and how changes in sexual relationships relate to other aspects of people's lives.

As with all other information you give us, your answers will be treated in the strictest confidence and used only for the purposes of this research.

The interviewer has blank copy of the questionnaire to refer to if you need help in answering any questions so that they do not look at your copy.

You will find further explanations and instructions at the beginning of each section of the questionnaire. In the questionnaire there are sometimes instructions to go to certain questions - please follow these instructions carefully as they will take you to the questions which are relevant to you.

Please fill in your details below

First name _____ Date of birth Day Month Year
21.06 06.43

HOW TO RETURN THIS QUESTIONNAIRE
If the interviewer is still in your home once you have completed the questionnaire, please place it in the envelope provided, seal the envelope and hand it back to the interviewer. If the interviewer has gone, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

PLEASE START THE QUESTIONNAIRE AT QUESTION 1 ON THE NEXT PAGE

THANK YOU AGAIN FOR YOUR HELP

16 Spare columns 44-49

ELSA English Longitudinal Study of Ageing
P3098/MALE
Card 021
Version 13.14 Batch 16.20

Sexual relationships and activities
Self-Completion questionnaire for men
In Confidence

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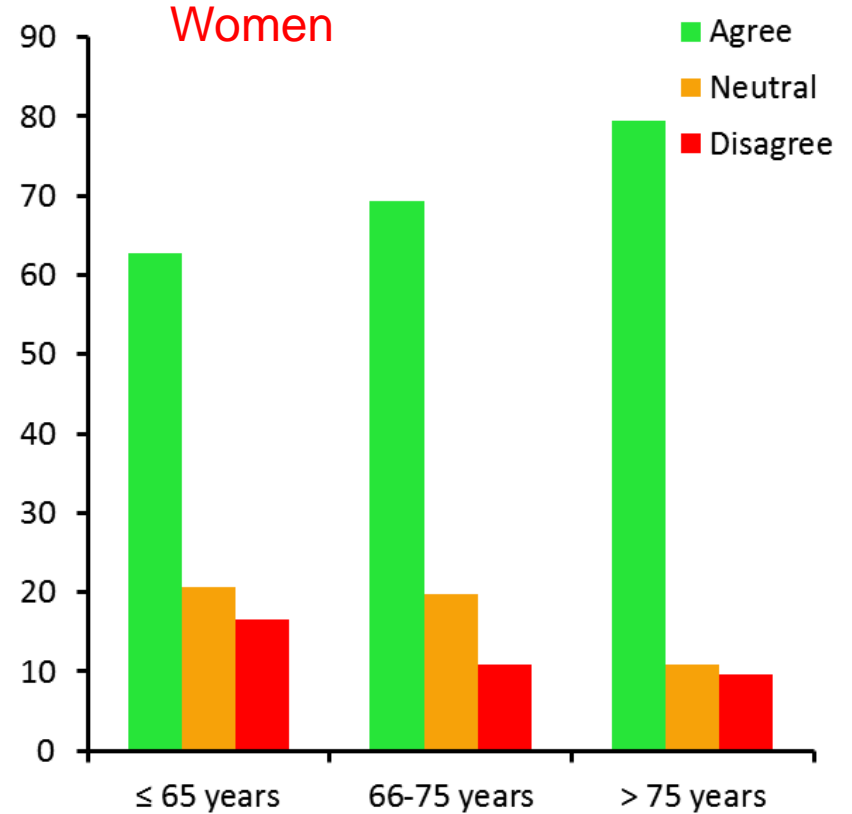
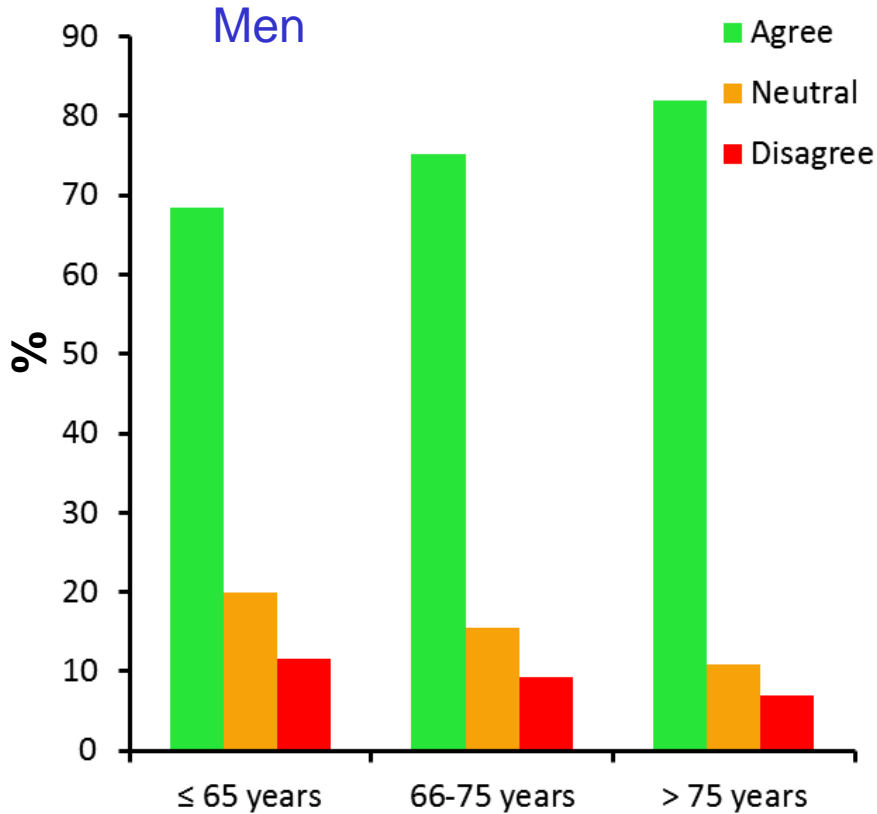
- Sexual attitudes, activities, problems, satisfaction, relationships
- Questionnaires cognitively tested and piloted before main stage data collection
- 7079 responders (56% female)
- Individual item non-response was low
- Data on 2100 married or cohabiting couples

Overview

- Sexual attitudes, sexual activities and health
- Associations of sexuality with measures of subjective wellbeing (SWB)
- Dyadic relationships within couples
- Associations of own and partner's sexual activity and function with SWB

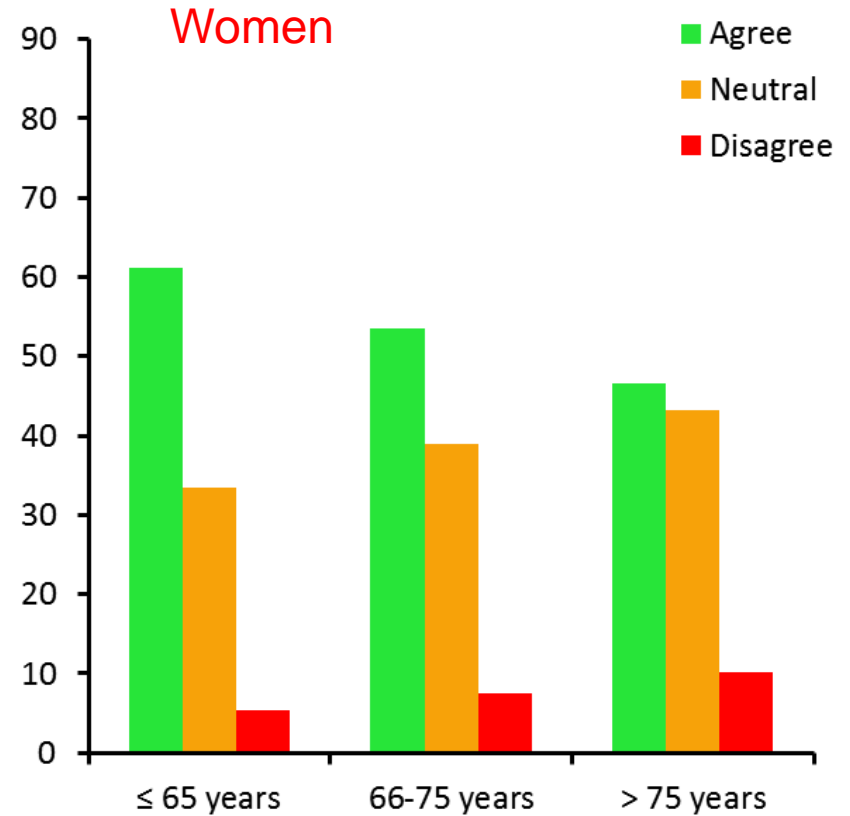
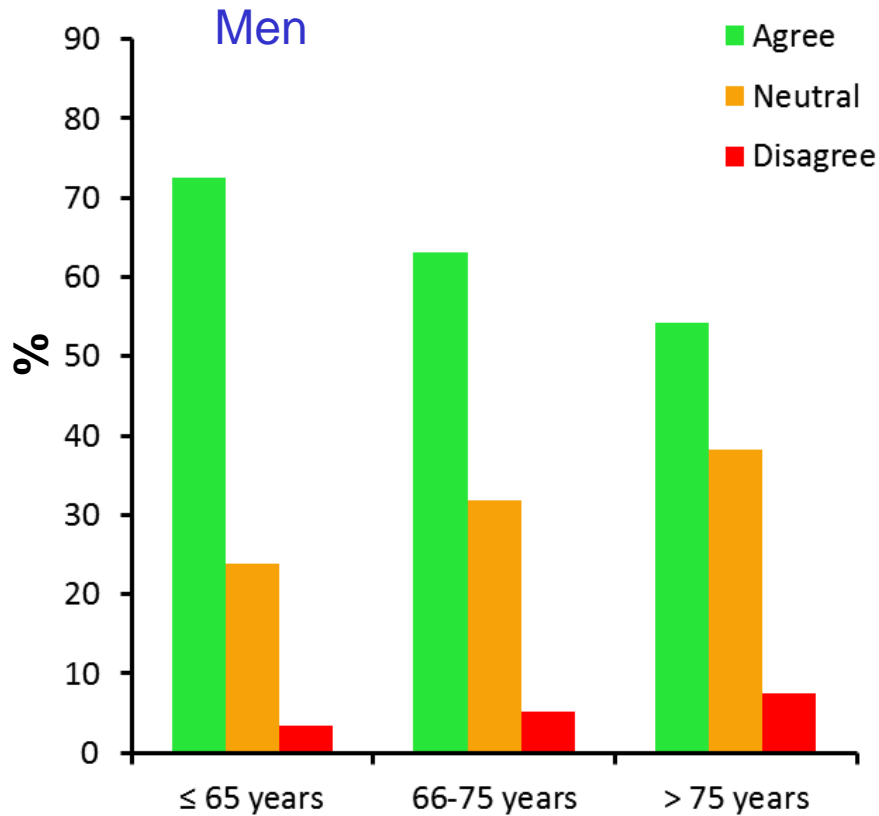
Importance of Sexual Relations

Satisfactory sexual relations are essential to the maintenance of a long-term relationship

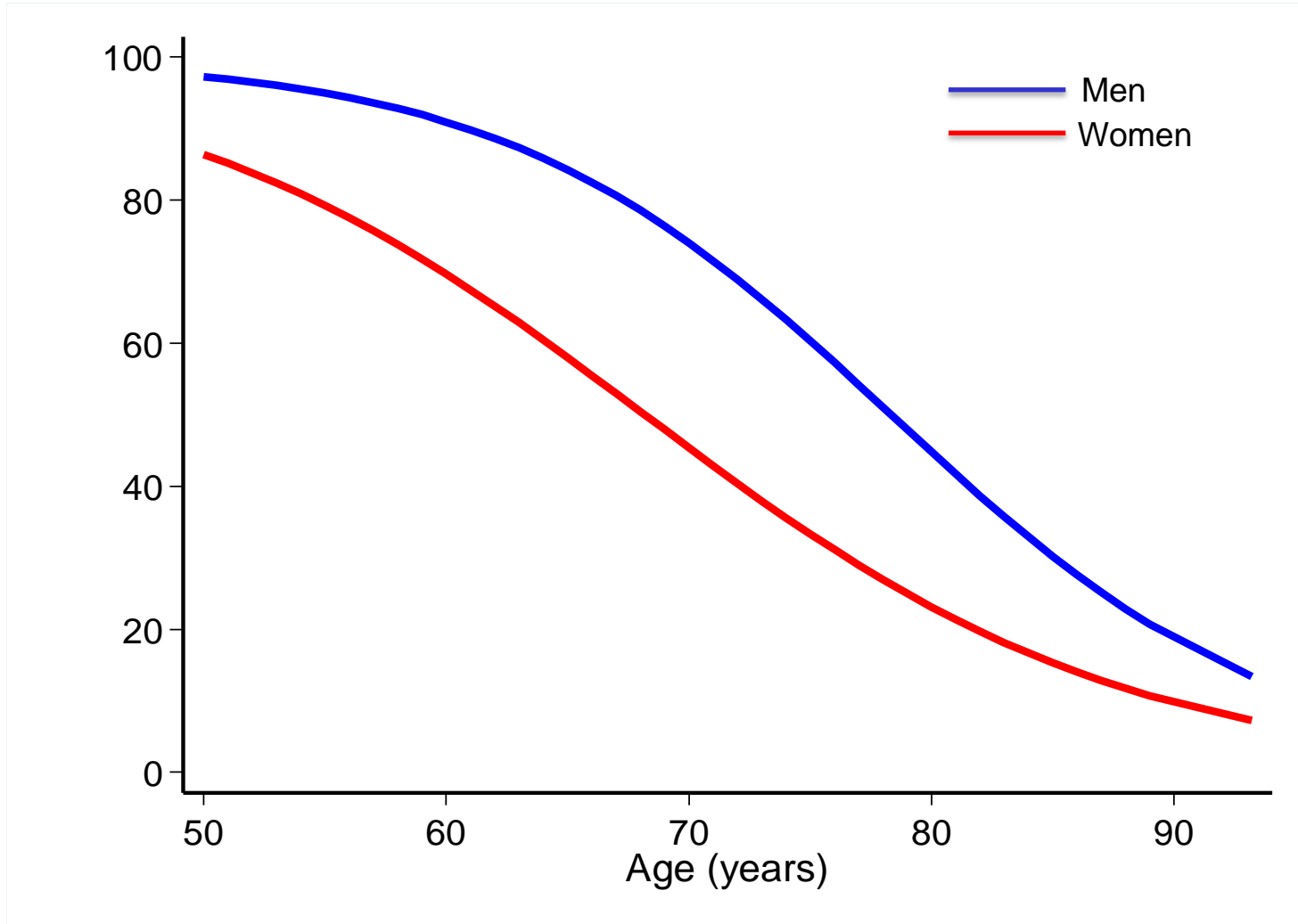


Benefits of Sexual Activity

Being sexually active is physically and psychologically beneficial to older people

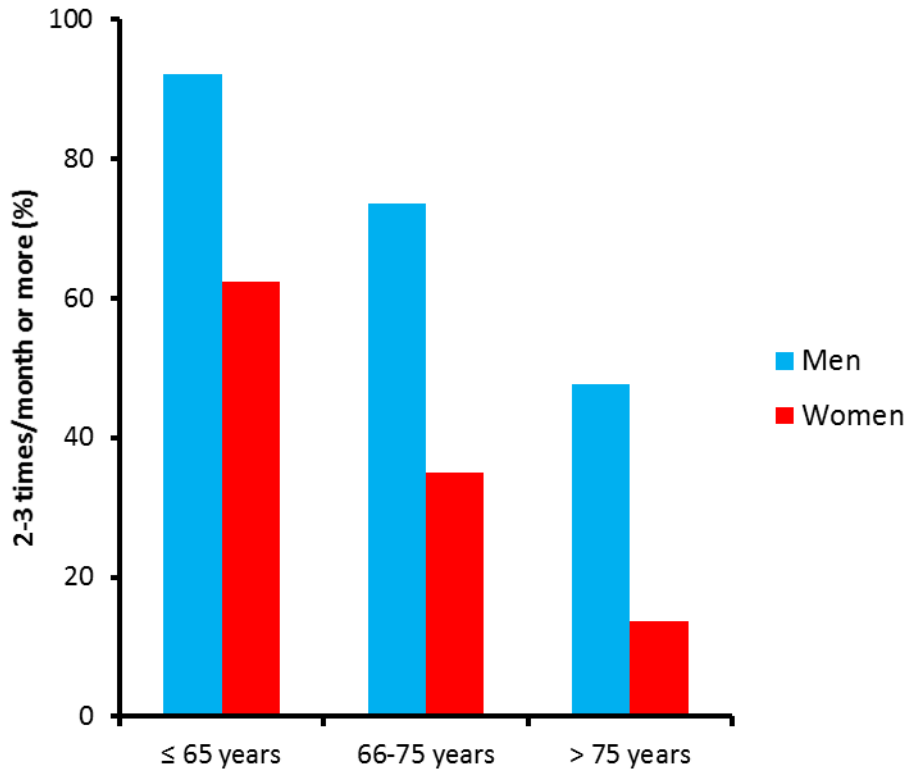


Age and any sexual activity

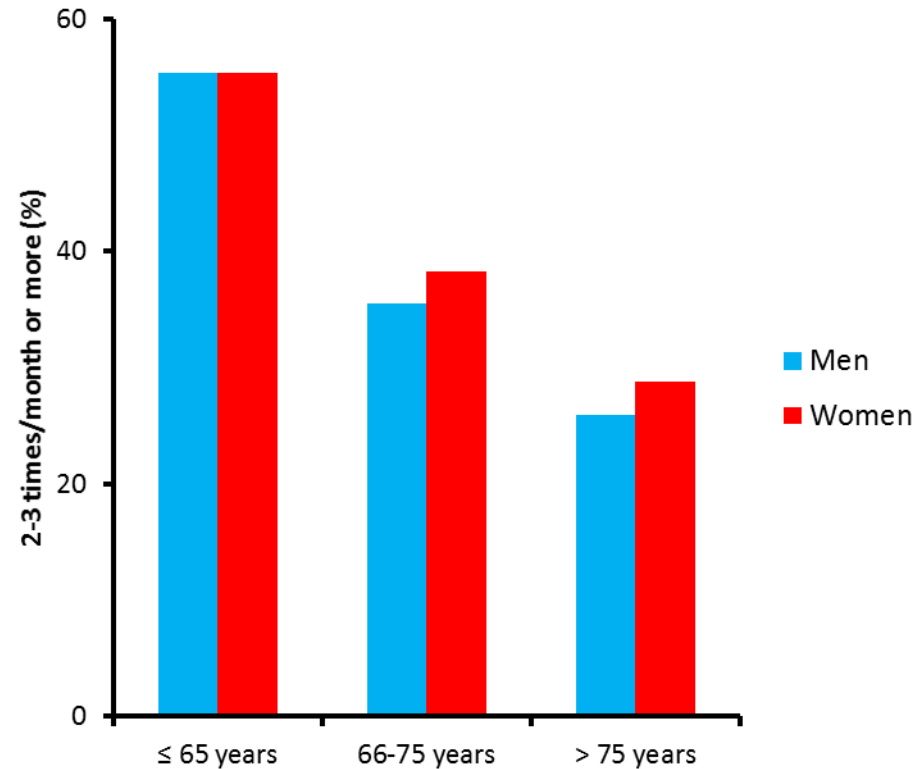


Ageing and Sexual Activity

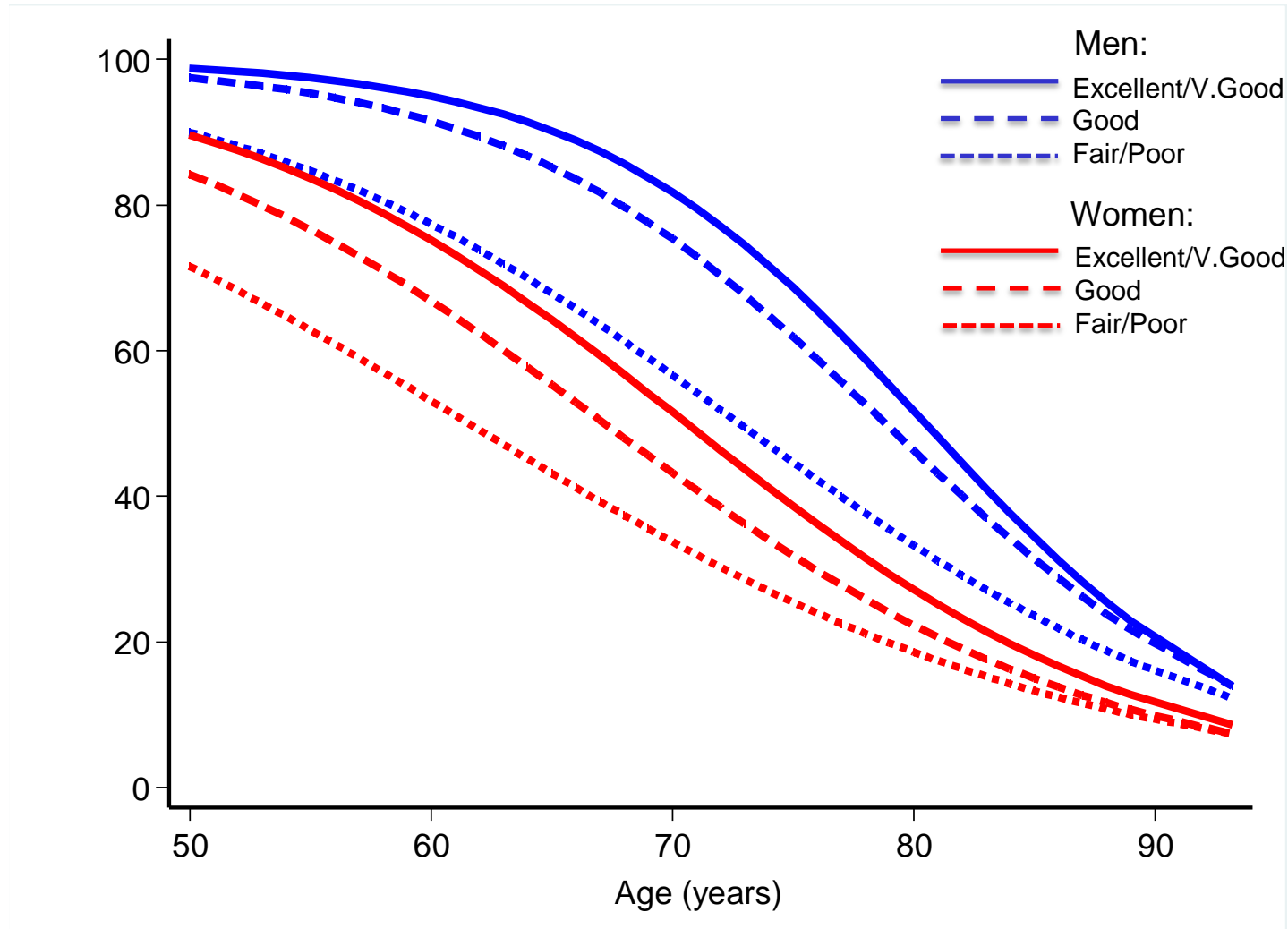
Frequency of thinking about sex



Frequency of sexual intercourse - among those reporting any sexual activity in past year



Age, health and any sexual activity



Sexual Activity/Function & Health

	Diabetes	CVD	Fair/Poor Health
MEN			
	Adjusted Odds Ratios		
Any sexual activity	0.53***	0.55***	0.39***
Frequent sexual thoughts	0.82	0.68**	0.47***
Frequent intercourse	0.72	0.81*	0.51***
Frequent masturbation	1.13	1.00	0.74
Difficulty with orgasm	1.70*	1.74**	1.51*
WOMEN			
Any sexual activity	0.63**	0.80	0.69**
Frequent sexual thoughts	0.85	0.79	0.68**
Frequent intercourse	0.80	0.96	0.85
Frequent masturbation	0.57	1.12	1.00
Difficulty with orgasm	0.80	0.80	1.37

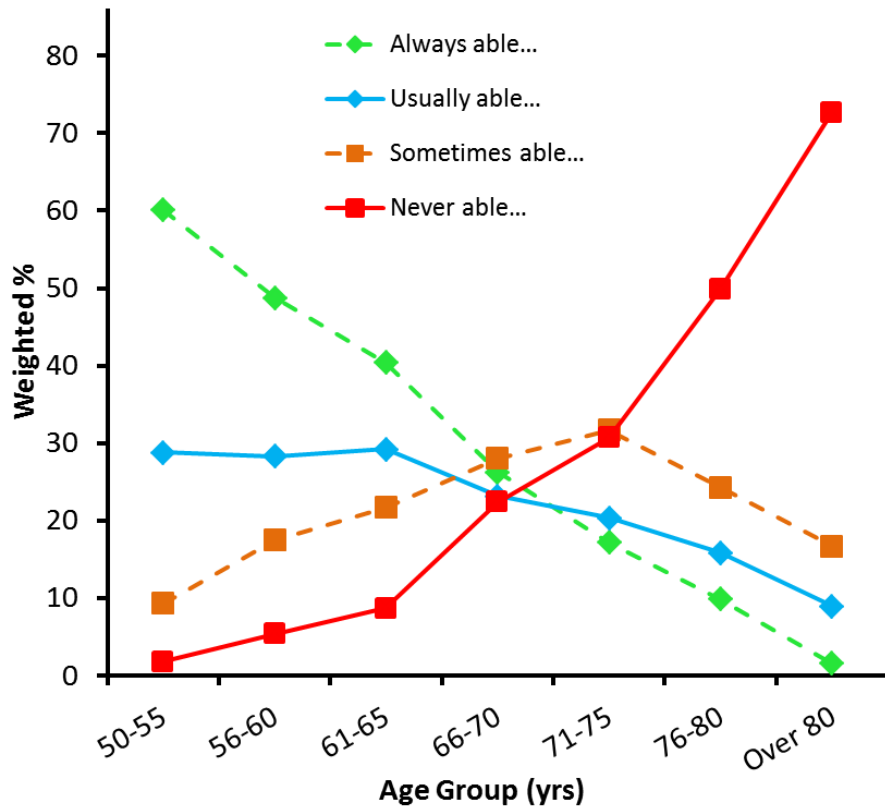
Models adjusted for age, partner status, smoking status and alcohol consumption

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

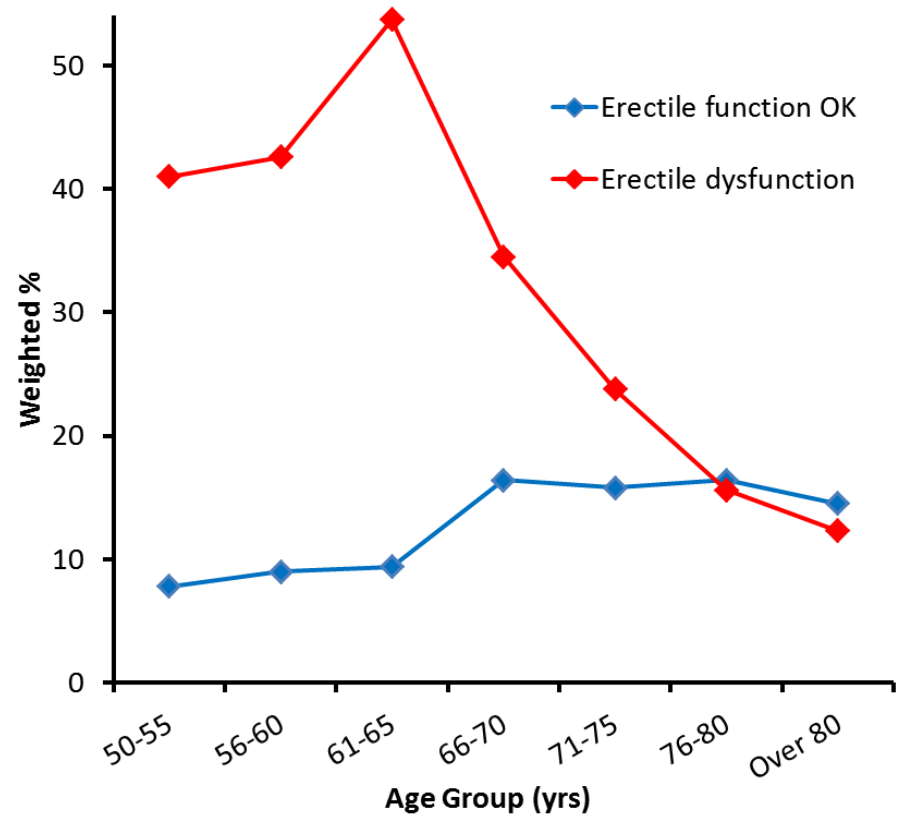
Erectile function and concern



...to get an erection good enough for intercourse

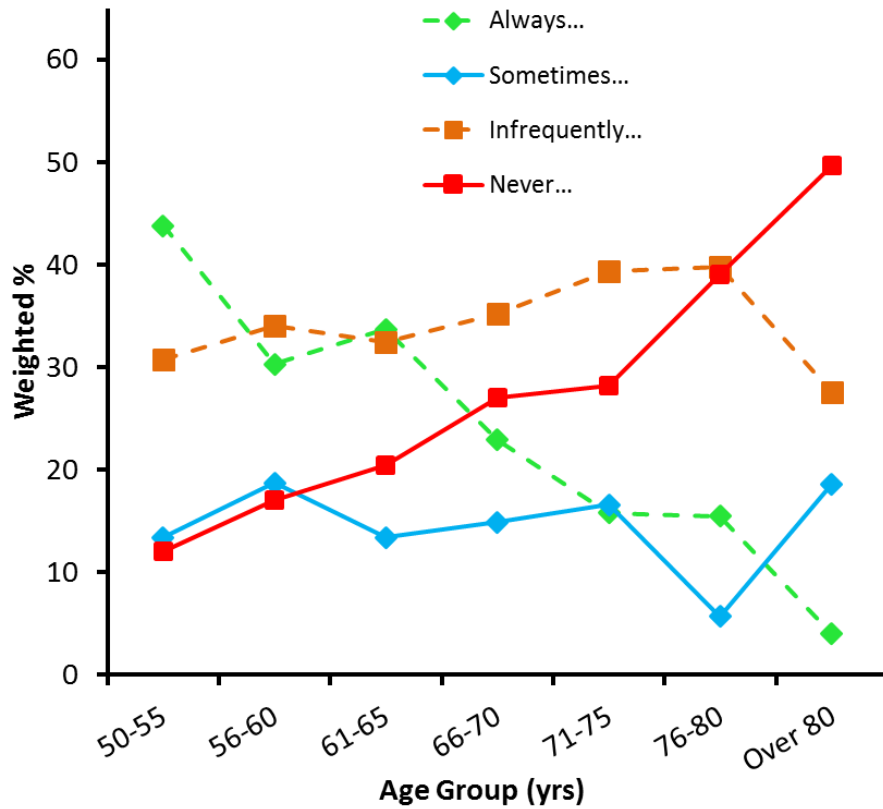


Concerned about erectile function

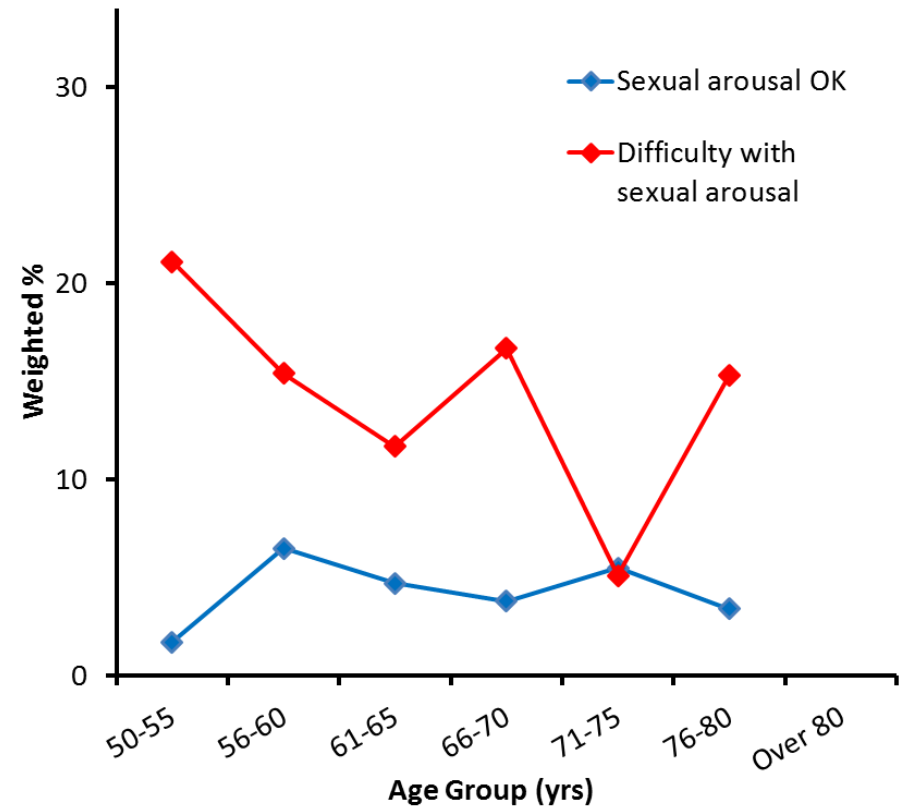


Sexual arousal and concern

...feel sexually aroused during sexual activity



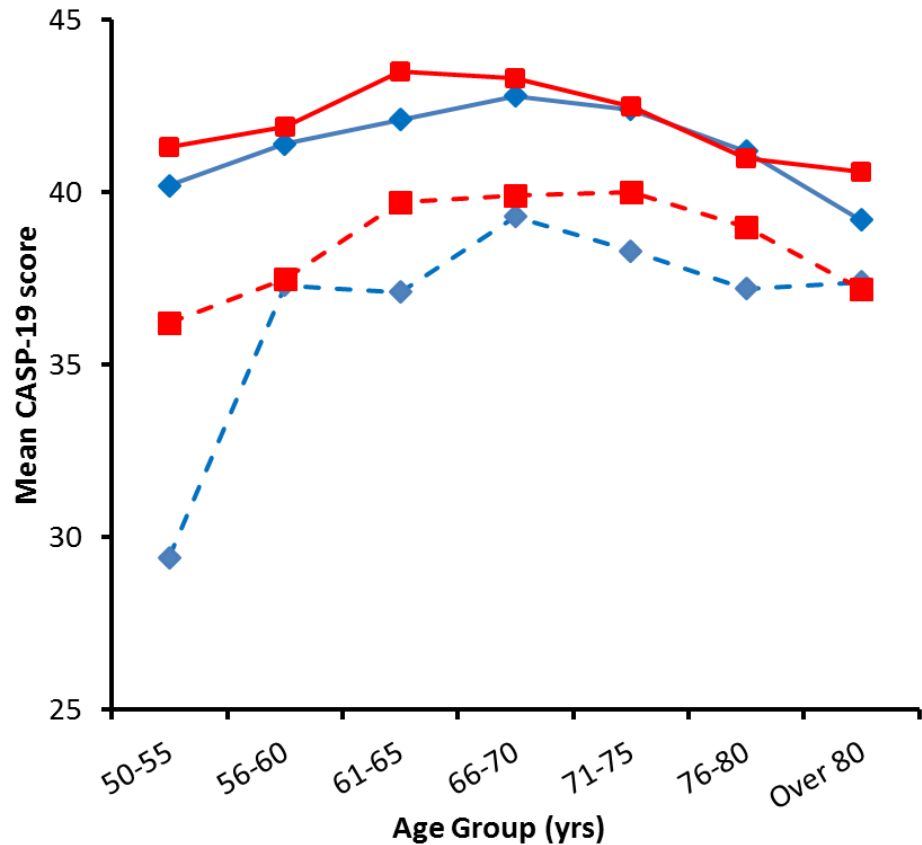
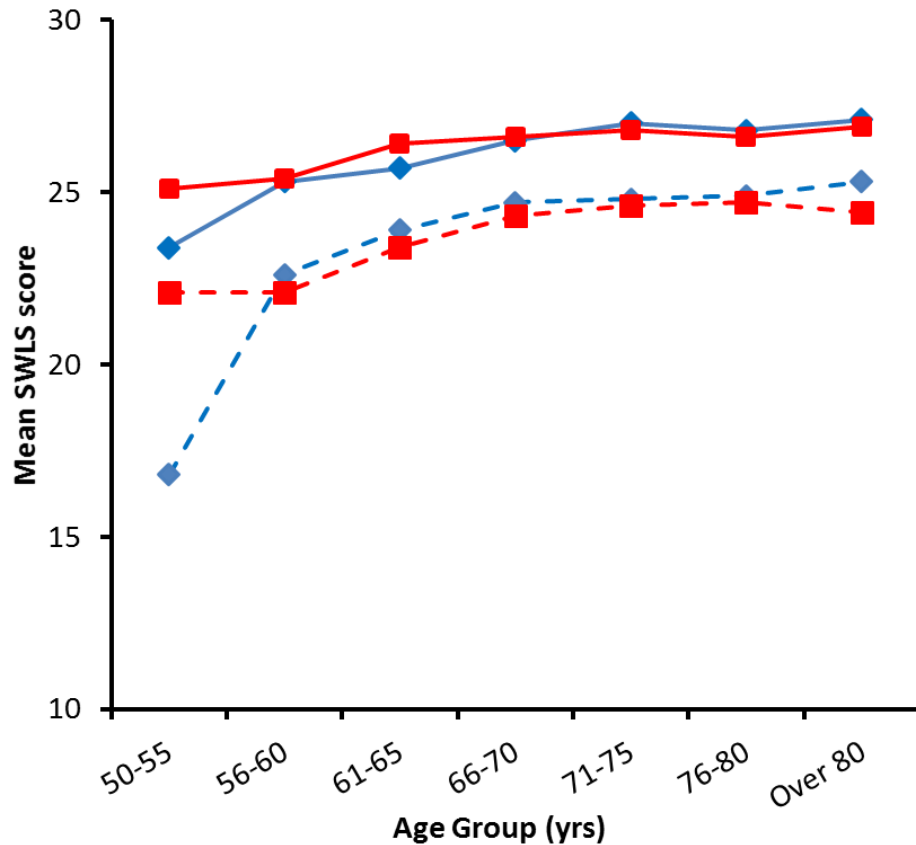
Concerned about ability to become aroused



Sexual activity and wellbeing

- All respondents ($n = 7079$)
 - Outcome Measures:
 - **Satisfaction With Life Scale (SWLS):**
Evaluative Subjective Wellbeing →
summed score ranges from 5 to 35
 - **CASP-19:** Quality of Life measure →
summed score ranges from 0 to 57
- Higher score = better SWB or QoL*

'Any' sexual activity and SWB

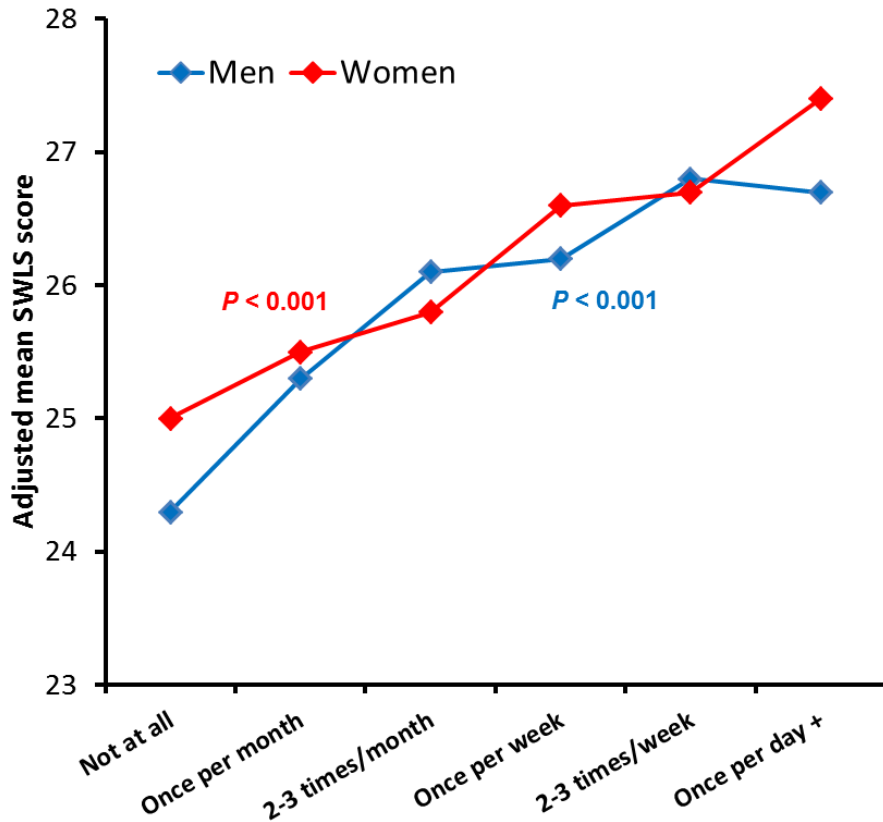


■ - Women
◆ - Men

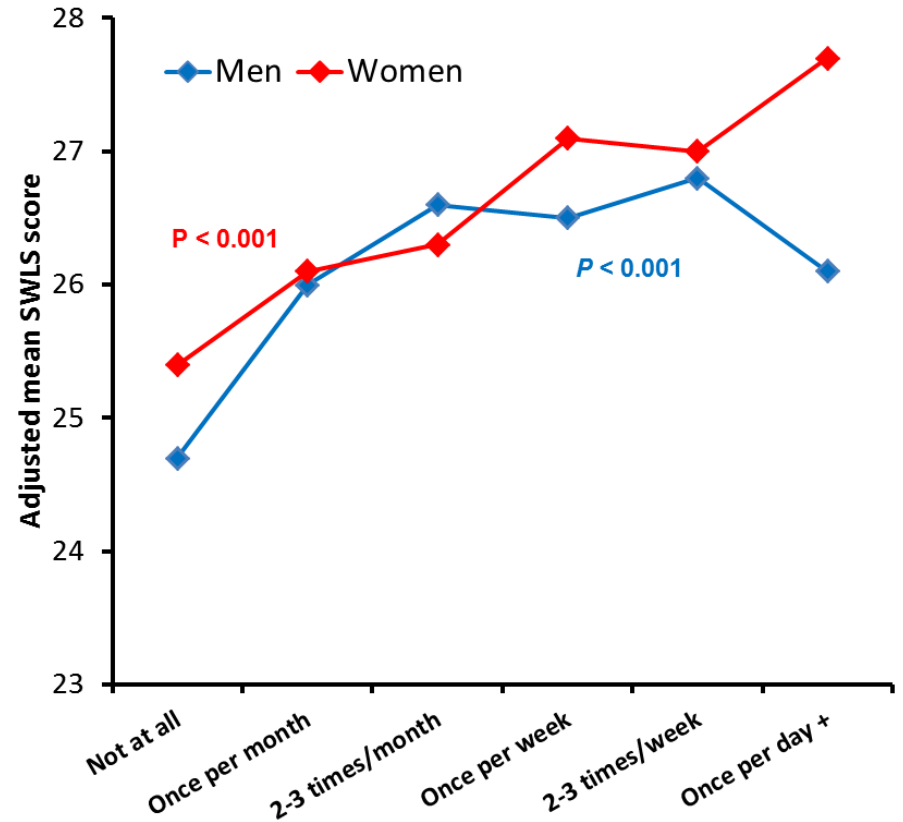
— - Any sexual activity in previous 12 months
- - - - - No reported sexual activity

Sexual activities and SWLS

Frequency of kissing, fondling & petting



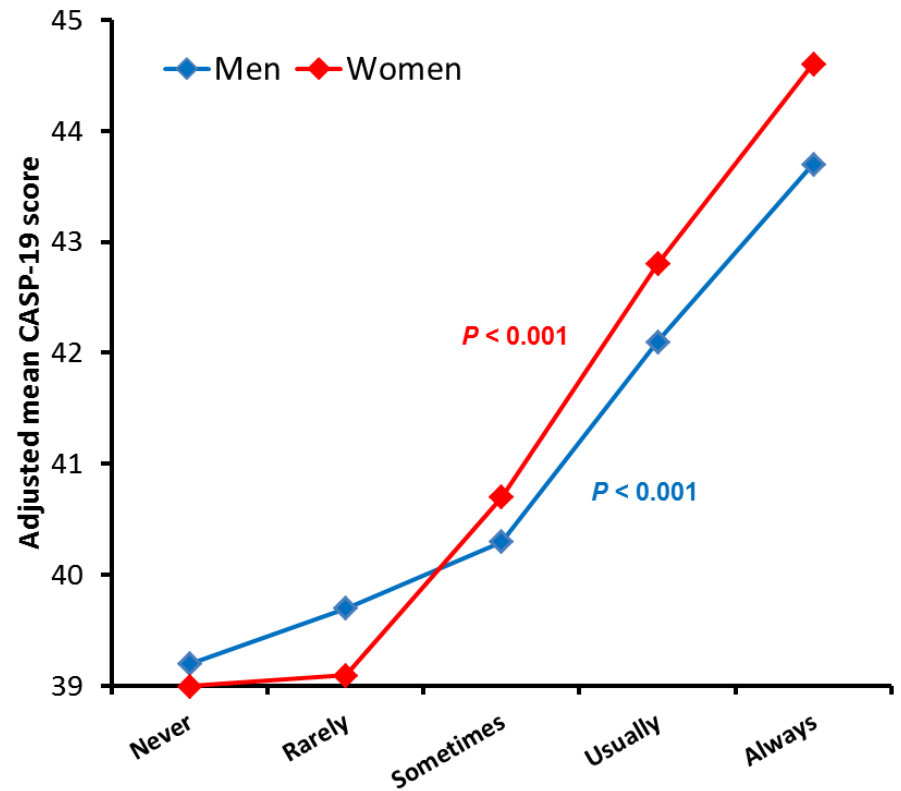
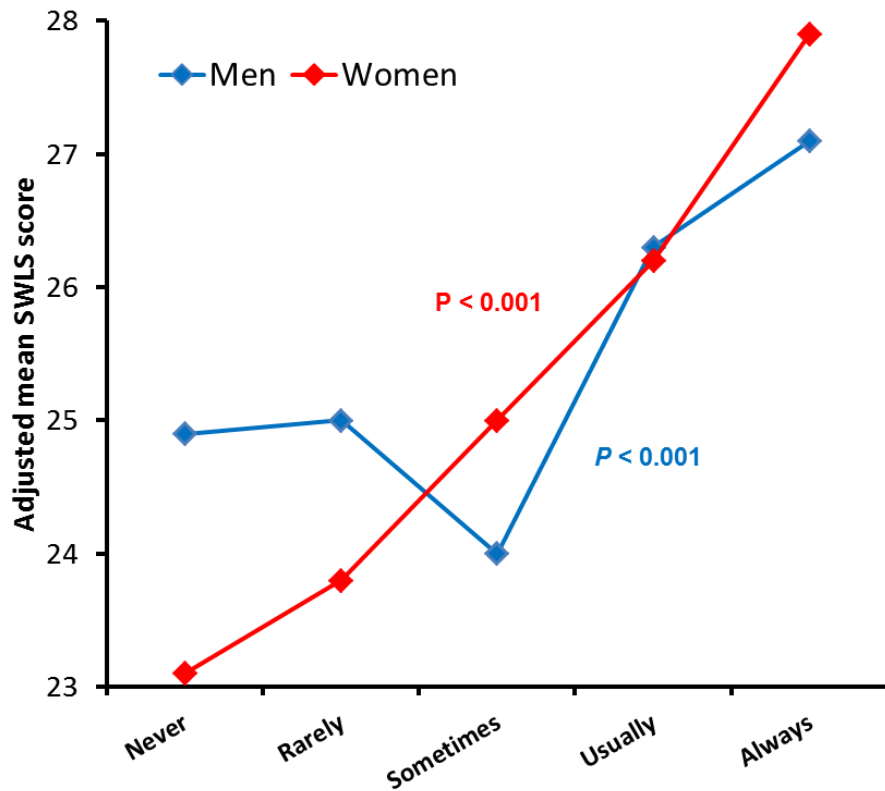
Frequency of sexual intercourse



Models adjusted for age, self-rated health, depression and partner status

Relational factors and SWB

How often did you feel emotionally close to your partner when you had sex together?



Models adjusted for age, self-rated health, depression and partner status

Sexuality in Couples



- May differ - but both partners sexual trajectories interact in a partnership
- Health as a ‘jointly’ produced outcome
- Sexuality is an important connection between partners → measurable benefits?
- *Regression models* – one each for the outcome of the two partners

Likelihood of any sexual activity in the last 12 months

	Men	Women
	Adjusted Odds Ratio	
<i>General Health</i>		
Fair/Poor (male)	0.50***	0.70**
Fair/Poor (female)	0.82	0.64**
<i>CES-D ≥ 4</i>		
Depression (male)	0.63*	0.74
Depressed (female)	0.73	0.88

Models also adjusted for both partners age

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

Likelihood of sexual intercourse 2/3 times per month or more

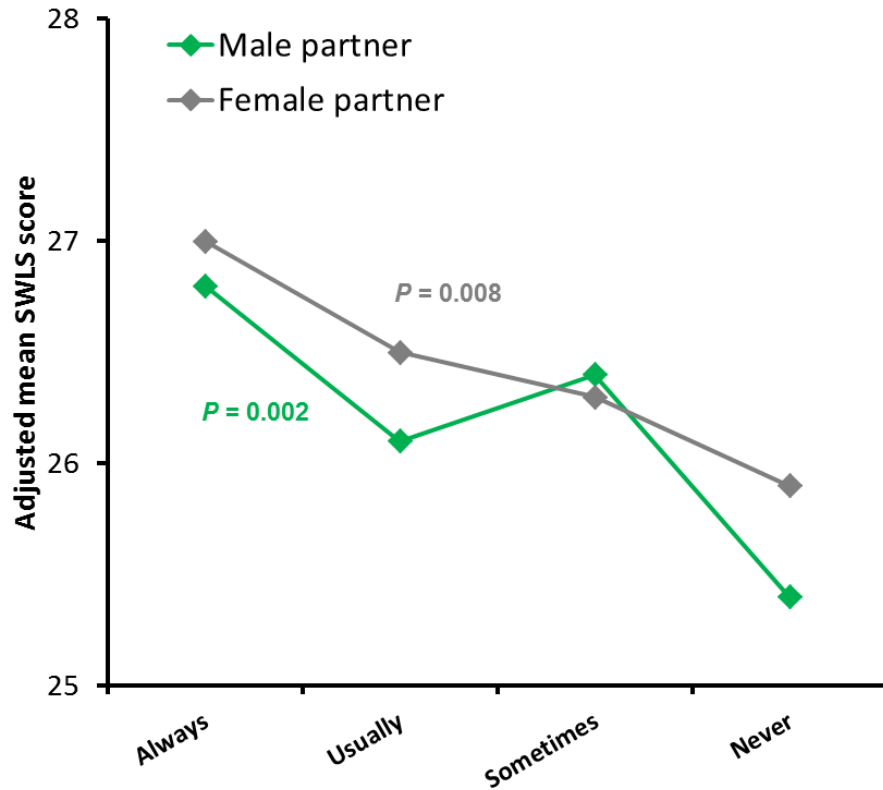
	Men	Women
	Adjusted Odds Ratio	
<i>General Health</i>		
Fair/Poor (male)	0.62***	0.54***
Fair/Poor (female)	0.90	0.99
<i>CES-D ≥ 4</i>		
Depression (male)	0.83	0.92
Depressed (female)	0.84	0.68*

Models also adjusted for both partners age

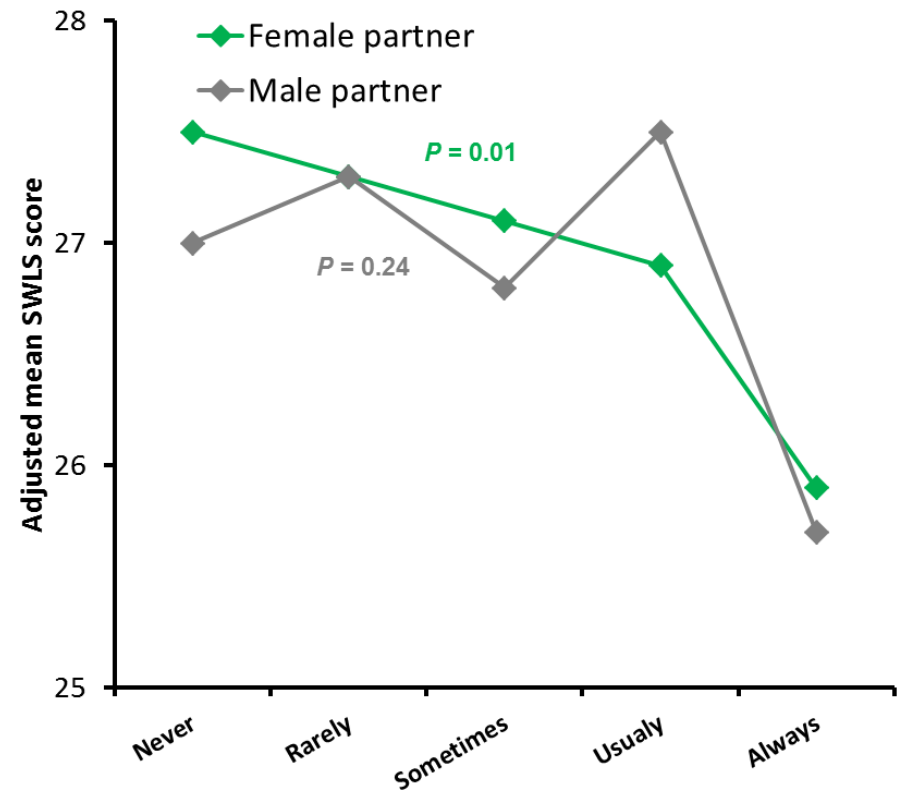
* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

Sexual problems and SWB

Ability to get an erection good enough for sexual activity...



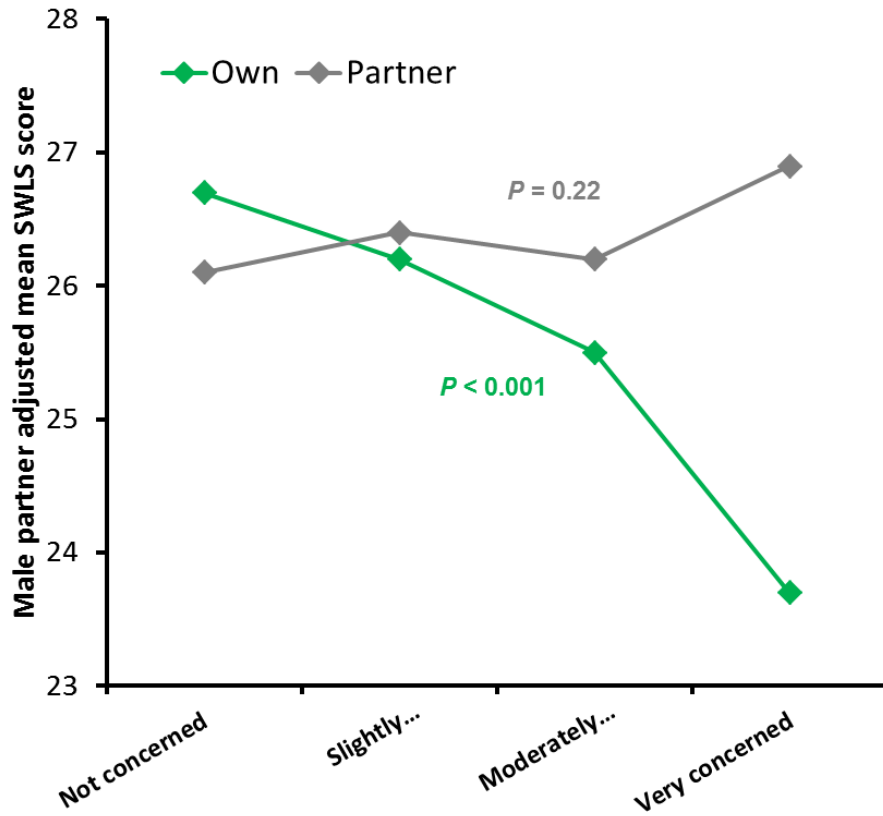
Pain or discomfort during or after sexual activity...



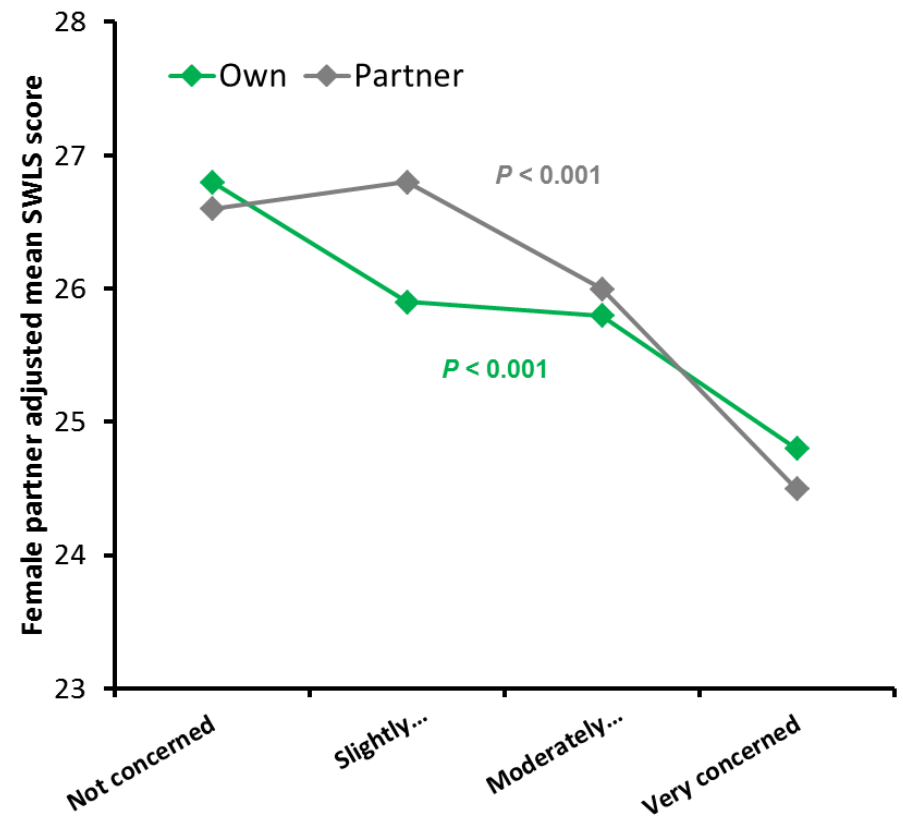
Models adjusted for age, self-rated health and depression

Concerns about sex life and SWB

Male partners' SWLS scores



Female partners' SWLS scores



Models adjusted for age, self-rated health and depression

Summary

- Sexuality perceived by older people as an important and beneficial part of later life
- Sexual health associated with better general health and subjective wellbeing
- Poorer health among men negatively affects sexual health of both partners
- Associations between sexual health and wellbeing show gender specific directionality

Conclusions (1)

- Findings focus on ‘population averages’ – considerable diversity in the ELSA data...
- Counter stereotypes about late-life sexuality, and offer older people a reference against which they may relate their own experiences
- ...but not by proposing ‘arbitrary norms’ of sexual health and function on older people

Conclusions (2)

- The sexual health needs of older people should not be ignored – clinicians need to be proactive & engage openly with older people
- Older peoples' sexual health should be managed, not just in the context of their age, gender and general health, but also within their existing sexual relationship

*Sexual Health and Well-being Among
Older Men and Women in England:
Findings from the English Longitudinal
Study of Ageing*

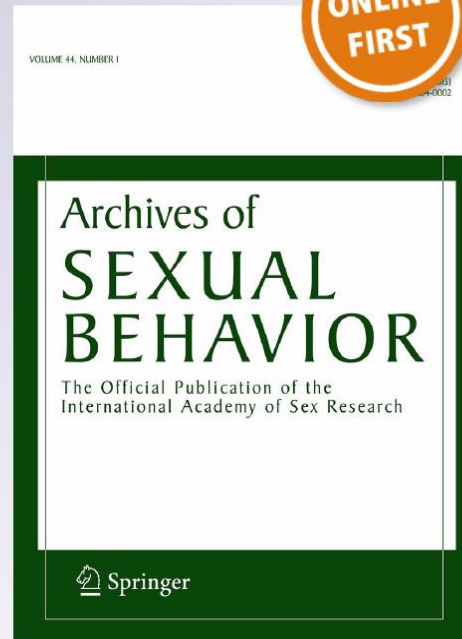
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