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

DAVID LEE

ageuk Research Fellow

NatCen
Social Research that works for society

MANCHESTER 1824
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

- 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.

**Men**

- Agree
- Neutral
- Disagree

**Women**

- Agree
- Neutral
- Disagree
Benefits of Sexual Activity

Being sexually active is physically and psychologically beneficial to older people

Men

Women

- Agree
- Neutral
- Disagree

%  

≥ 65 years  66-75 years  > 75 years

≤ 65 years  66-75 years  > 75 years
Age and any sexual activity

- **Graph**: A line graph showing the percentage of any sexual activity in the past year (%) against age (years) for both men and women. The graph indicates a decrease in sexual activity with age for both genders, with men generally having a higher percentage than women at all ages.

- **Key**:
  - **Men**: Blue line
  - **Women**: Red line

- **Axes**:
  - **X-axis**: Age (years) ranging from 50 to 90
  - **Y-axis**: Percentage of any sexual activity ranging from 0% to 100%

- **Trends**:
  - As age increases, the percentage of any sexual activity decreases for both men and women.
  - Men consistently have a higher percentage of any sexual activity compared to women at all ages.
Ageing and Sexual Activity

Frequency of thinking about sex
- Among those reporting any sexual activity in past year

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

Bar charts showing the frequency of thinking about sex and sexual intercourse among different age groups for men and women.
Age, health and any sexual activity

Men:
- Excellent/V.Good
- Good
- Fair/Poor

Women:
- Excellent/V.Good
- Good
- Fair/Poor
## Sexual Activity/Function & Health

<table>
<thead>
<tr>
<th></th>
<th>Diabetes</th>
<th>CVD</th>
<th>Fair/Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual activity</td>
<td>0.53***</td>
<td>0.55***</td>
<td>0.39***</td>
</tr>
<tr>
<td>Frequent sexual thoughts</td>
<td>0.82</td>
<td>0.68**</td>
<td>0.47***</td>
</tr>
<tr>
<td>Frequent intercourse</td>
<td>0.72</td>
<td>0.81*</td>
<td>0.51***</td>
</tr>
<tr>
<td>Frequent masturbation</td>
<td>1.13</td>
<td>1.00</td>
<td>0.74</td>
</tr>
<tr>
<td>Difficulty with orgasm</td>
<td>1.70*</td>
<td>1.74**</td>
<td>1.51*</td>
</tr>
<tr>
<td><strong>WOMEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual activity</td>
<td>0.63**</td>
<td>0.80</td>
<td>0.69**</td>
</tr>
<tr>
<td>Frequent sexual thoughts</td>
<td>0.85</td>
<td>0.79</td>
<td>0.68**</td>
</tr>
<tr>
<td>Frequent intercourse</td>
<td>0.80</td>
<td>0.96</td>
<td>0.85</td>
</tr>
<tr>
<td>Frequent masturbation</td>
<td>0.57</td>
<td>1.12</td>
<td>1.00</td>
</tr>
<tr>
<td>Difficulty with orgasm</td>
<td>0.80</td>
<td>0.80</td>
<td>1.37</td>
</tr>
</tbody>
</table>

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

---

**Graph 1:**
- **Always able...**
- **Usually able...**
- **Sometimes able...**
- **Never able...**

**Graph 2:**
- **Erectile function OK**
- **Erectile dysfunction**

---

**Age Group (yrs):**
- 50-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76-80
- Over 80

**Weighted %:**
- 0
- 10
- 20
- 30
- 40
- 50
- 60
- 70
- 80
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 \( \rightarrow \)
    summed score ranges from 5 to 35
  - **CASP-19:** Quality of Life measure \( \rightarrow \)
    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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/Poor (male)</td>
<td>0.62***</td>
<td>0.54***</td>
</tr>
<tr>
<td>Fair/Poor (female)</td>
<td>0.90</td>
<td>0.99</td>
</tr>
<tr>
<td><strong>CES-D ≥ 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (male)</td>
<td>0.83</td>
<td>0.92</td>
</tr>
<tr>
<td>Depressed (female)</td>
<td>0.84</td>
<td>0.68*</td>
</tr>
</tbody>
</table>

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

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

David M. Lee, James Nazroo, Daryl B. O’Connor, Margaret Blake & Neil Pendleton

Archives of Sexual Behavior
The Official Publication of the International Academy of Sex Research
ISSN 0004-0002
Arch Sex Behav
DOI 10.1007/s10508-014-0465-1