Sexual satisfaction and correlates among elderly Brazilians

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ABSTRACT

This probabilistic research examined the sexual satisfaction of 198 senior women classified as either physically more active (mean age: 72.03 ± 5.3) (± S.D.) or physically less active (mean age: 76.73 ± 5.7) and who took part in 29 different Senior Socialization Groups throughout the Florianópolis metropolitan area (Santa Catarina State in Southern Brazil). The physically more active women had more energy for everyday tasks, found moving about easier, were more satisfied with their capability to carry out everyday tasks, were more satisfied with their ability to work, and reported life had more meaning. However, they were less satisfied with their accessibility to health services. We did not find a significant difference between the two groups in terms of sexual satisfaction.

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1. Introduction

Sexual satisfaction is difficult to measure. Some authors have tried to improve the usually poor conceptualization and weak measurements (Hudson, 1998; Whitley, 1998; Lawrance and Byers, 1998), yet only a few of them (Weinstein, 1998; White, 1998; Bond and Tramer, 1998; McCoy and Bretschneider, 1998) have developed specific instruments to deal with sexual satisfaction among elderly people.

Most studies usually correlate sexual satisfaction to healthy sexual behavior (Haavio-Mannila and Kontula, 1997; Matthias et al., 1997), but we still do not know how sexual satisfaction could be influenced by subjective sexual well-being, defined here as the cognitive and emotional evaluation of an individual’s sexuality (Oberg et al., 2002).

Laumann et al. (2005) investigated four aspects of sexual well-being among elderly in 29 countries: emotional and physical satisfaction with partnered sexual relationship, satisfaction with sexual health/function, and the importance of sex as part of life as a whole. They found that despite the substantial cultural variation, several predictors of subjective sexual well-being (physical and mental health, sexual practices, and relationship context) were consistent across world regions. In addition, subjective sexual well-being was correlated with overall happiness in both men and women. Wiley and Bortz (1996) found 52% of men and 52% of women studied reported a desire to increase the frequency of sexual activity.

What really happens to men’s sexual behavior as they age? Men’s erections hang at a lower angle, orgasm takes longer to achieve, ejaculation fluid is less and erections take longer to achieve. Despite these physical changes, older men still report enjoying sex with their partners (Sanchez and Fuertes, 1989; Carman, 1997; Meston, 1997; Bortz et al., 1999; Papalia, 2000; Bulcão et al., 2004). According to Matthias et al. (1997), men are more likely to be sexually active, but less apt than women to be satisfied with their level of sexual activity. Regarding predictors of sexual activity, for men the strongest predictors were being younger and having more education.

What sexual changes do women experience with age? Women produce less vaginal lubricant as they age, which may make sexual intercourse painful (Sanchez and Fuertes, 1989; Meston, 1997; Rako, 1999; Papalia, 2000; Bulcão et al., 2004). Also, women tend to have less sex than men in later years because women are more likely to be widowed and not have a sexual partner. According to Matthias et al. (1997), for women, the strongest predictor by far was being married.

For both men and women the strongest predictors for sexual satisfaction were being sexually active and having positive mental health scores (Matthias et al., 1997). Some authors (Haavio-Mannila and Kontula, 1997; Matthias et al., 1997; Bortz et al., 1999) have studied the relationship between sexual satisfaction and sexual practice. Other authors suggest that the best predictor of high sexual satisfaction is having a high quality of life generally, and a good marriage (Brecher, 1984; Davis, 1998). Michael et al. (1994) point out that there is no clear relationship between sexual satisfaction and achieving orgasm. The emotional environment is also important, in that a positive emotional environment maximizes sexual interest and response (Hawtom et al., 1994).
Some studies have suggested that more sexually active young males became more sexually active when older (Newman and Nichols, 1960; Freeman, 1961; Silny, 1993; Papalia, 2000); and women who had a steady sexual life when young can remain sexually active when older (Masters and Johnson, 1966). In addition sexual satisfaction has greatly increased from one generation to the next particularly among women in a national representative survey in Finland (Haavio-Mannila and Kontula, 1997).

Physical exercise usually brings a better life satisfaction and better organic functional capabilities and sexually active elderly people generally engage regularly in more physical exercises (Anderson, 1998). Vaz and Nodin (2005) found significant statistical differences between active and less active elderly people with regard to sexual behavior. The elderly who engage in physical exercise usually have a more positive responses in their self-perception about sexual relations, while non-active elderly generally complain about “feeling frequently fatigued”.

In this context, we decided to investigate possible correlates to sexual satisfaction among elderly people who are currently engaged in an extension program in the Florianópolis metropolitan area, controlling for their level of physical activity. Considering the few male participants in our programs, we did not analyze the data from this minority. We try to answer questions like: would more physically active elderly women be more sexually satisfied? How might psychological, health and economic variables affect elderly women’s sexual satisfaction?

2. Subjects and methods

2.1. Sampling

We used a probabilistic random stratified sampling technique to select 198 senior women, of different age strata (65–69 years, \( n = 57 \); 70–74 years, \( n = 58 \); 75–79 years, \( n = 48 \); 80 years and over, \( n = 35 \), who took part in 29 Senior Socialization Groups throughout the Florianópolis metropolitan area (capital of Santa Catarina State in Southern Brazil).

2.2. Instruments

The instruments for data collection consisted of individual interviews with the following parts: (1) identification, sociodemographic, and seniors’ health data; (2) International Physical Activity Questionnaire (IPAQ), version 8, long form for a normal week; (3) World Health Organization Quality of Life questionnaire (WHOQOL) brief version, with questions related to self-evaluation of quality of life, sexual satisfaction, economic satisfaction, health satisfaction, and psychological satisfaction.

2.3. Procedures

The data were collected by the researchers and by their previously trained research assistants. Prior to the application of the interview, the interviewers explained to the selected senior the importance and objective of the research, the guarantees for anonymity of response, the application technique and the destination of the obtained data. Next, we obtained verbal agreement to participate in the research. The interview was carried out and, at the end, two copies of the formal consent forms were signed, one for the researchers and the other for the participant.

2.4. Statistical analyses

The criterion for the level of seniors’ physical activity was based on current recommendations of thresholds of physical activities that result in benefits for health. Participants were classified as “physically active” if they engaged in physical activities for at least 150 min a week, at moderate intensity (Pate et al., 1995; ACSM, 2000). The sample was divided into two levels: physically less active and physically more active.

Data were analyzed using descriptive statistics, parametric t-test, Pearson’s correlation coefficient, factor analysis and \( \chi^2 \)-test. A level of significance of \( p < 0.05 \) was adopted.

3. Results

Physically less active participants were older, shorter and lighter than the physically more active ones. There was no difference with regard to educational status (Table 1 lists more details).

In general, the physically more active participants scored higher on the WHOQOL-BREF questionnaire. For them life had more meaning, they had more energy for everyday tasks, they had a greater capacity for locomotion, they were more satisfied with their ability to carry out everyday tasks and they were more satisfied with their ability to carry out work. However, they were less satisfied with the accessibility of the health services provided. We did not find a significant difference between the two groups in terms of sexual satisfaction (Table 2).

3.1. Psychological correlates with sexual satisfaction

On the whole, the sexually more satisfied participants were those who self-evaluated as having a better quality of life, as having more meaning in their lives, and as having more satisfaction with life in general. When looking separately at physically active and inactive participants, the physically less active ones presented these same correlations. In addition, they also reported having more social support from friends. On the other hand, among the physically most active, sexual satisfaction correlated only with reporting more meaning in their lives and with more complaints about negative feelings such as bad moods, despair, anxiety and depression (Table 3).

3.2. Health-correlates with sexual satisfaction

In general, the sexually more satisfied participants also self-evaluated as having fewer physical impediments due to pain, as having more satisfaction with their capacity to carry out their daily activities.
tasks and as having greater capacity for work. The physically less active participants presented the same correlations between sexual satisfaction and satisfaction with the capacity to accomplish daily tasks, besides evaluating themselves as healthier. Meanwhile, the physically more active participants are sexually satisfied when they are satisfied with their capacity for work (Table 4).

3.3. Economic correlations with sexual satisfaction

In general, the sexually most satisfied participants were also the ones that self-evaluated as being more satisfied with money and

3.4. Factor loading for variables related sexual satisfaction

The 26 variables coded by the IPAQ were subjected to factor analysis using Varimax rotation, to eliminate the possible redundancy of statistics. Six factors emerged with Eigenvalues >1.0, and these accounted for 57.82% of the total variance. Sexual satisfaction loaded heavily on the sixth factor (0.736–6.90%) which was interpreted as health status, and satisfaction loaded heavily on the second factor (0.220–13.16%) which was interpreted as social support and psychological condition (Table 6).
4.2. Psychological correlates toward sexual satisfaction

The findings of this study will be discussed by trying to understand the differences between the more and less physically active participants, as well as the relationship between the dependent variable “sexual satisfaction” and the three independent variables (“Psychological correlates,” “Health correlates,” and “Economic correlates”), taking into account the relevant literature, on three aspects.

4.1. Significant differences between physically less and more active participants

The higher scores among more physically active participants on “life having more sense”, “having more energy for everyday tasks”, “being more mobile”, being more satisfied with their ability to carry out everyday tasks” and “being more satisfied with their ability to perform their work” confirm reports already published in the literature (Rew, 1990; Lau et al., 2005). The dissatisfaction with the accessibility of provided health services among the more physically active participants could be related to a higher degree of physical activity, which probably makes them more demanding.

4.2. Psychological correlates toward sexual satisfaction

In general, the more sexually satisfied participants were the ones that self-evaluated as having a better quality of life, as having more sense in their lives, and as having more satisfaction with life in general, which gives support to the findings of other studies (Matthias et al., 1997; Oberg et al., 2002; Laumann et al., 2005).

It is interesting to note that the physically less active participants presented the same correlations as the more active ones; however, they have more social support from friends, while the physically more active participants complained about having negative feelings such as bad moods, despair, anxiety and depression.

4.3. Health-correlates with sexual satisfaction

In general, the sexually more satisfied participants also self-evaluated as having fewer physical impediments due to pain, as being more satisfied with their capacity for carrying out daily tasks, and as having a better capacity for work.

4.4. Economic correlation with sexual satisfaction

In general, the sexually most satisfied participants also self-evaluated as being more satisfied with money and with the health service. The physically less active participants presented the same correlations as well as a correlation between sexual satisfaction and a better standard of living. On the other hand, the physically most active participants did not present any correlations with financial matters.

5. Conclusions

Overall, these findings confirm previous literature (Rew, 1990; Anderson, 1998; Bortz et al., 1999; Zeiss and Zeiss, 1999; Lau et al., 2005; Laumann et al., 2005). However, there are some discrepancies between this and other work. In particular this study found that the less physically active participants self-evaluated as healthier than the more physically active participants, which contradicts the data from Vaz and Nodin (2005).

The level of the participants’ physical activity appears to have great implications for several aspects of daily life such as finding the meaning to life, having enough energy to make it though the day, being able to move about and work, and feeling satisfied with health services. Yet physical activity seemed irrelevant to sexual satisfaction. Considering the degenerative effects of age and the widowhood of most of the participants, this finding suggests that either the participants’ sexuality is unimportant to their lives, or else it undergoes emotional re-interpretations that emphasize living among friends or family. Such a conclusion would agree with the emphasis placed by Davis (1998) on the importance of quality of life and relationship quality for sexual satisfaction.

Conflict of interest statement

None.

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