



Sexual Activity, Interest and Satisfaction in older Women in Iran

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Abstract

Introduction: The world's population is aging and the issue of sexual activity in elderly is still taboo in many cultures. The purpose of this study was to examine the sexual activity, interest and satisfaction in older women attended Health Care Centers in Ardabil city.

Methods: This Cross-sectional study was conducted on 380 women over 60 years of old through a convenient sampling method. General health and FSFI Questionnaires were completed anonymously and through Face-to-Face and Individual Interviews. Data were analyzed using SPSS software.

Results: This study indicates that 60% of women had sexual activity and about half of them had

interest in sex. Sexually active women were significantly younger ($p<0.05$) and more educated ($p<0.001$) than sexually inactive women. Sexual activity, interest in sex, Emotional closeness and sexual satisfaction with their husbands, were affected significantly by presence of children at home.

Conclusion: This study approved that despite misconceptions, aging and sexuality do not conflict. The result of this study could help health care providers to provide appropriate and effective sexual healthcare services to older women.

Key words: Sexual activity, interest, older women, Iran

BACKGROUND

The world's population is aging and this trend continues (1). Number of people over 60 years is set to be doubled by 2050. Today, for the first time in history, most people can expect to live longer than 60 years (2). Similar to the global pattern, Iran's older population is growing due to increases in the average life expectancy (3). In Iran in 2015, about 10% of the population was over 60 years old, and in the next 35 years, this figure will increase to 33% (2).

Sexuality is an important component of emotional and physical intimacy that everyone experience throughout their lives (4). The issue of sexual activity in the elderly population remains largely a taboo in many cultures. Despite a common misconception, many elderly people enjoy an active sexual life (5). However, the sexual health of this aging population is often overlooked in academic discussions and in the media (6). Very little attention has been paid to the sexual activity of women after the age of 60 years (7).

So far, most of the researchs conducted on this group of people have been mainly focused on the sexual dysfunction in elderly women rather than on the positive aspects of sexual relations and healthy sexual



experiences (6). Also, the knowledge of healthcare providers on how to understand and manage the sexual health of elderly people is unknown and limited (8). Most beliefs about the older people's attitudes and sexual behaviors seem to be based on stereotypical views of aging and sexuality, and the communication between physicians and patients about sexual relations is still poor (9).

In 2010, the World Health Organization (WHO) emphasized that sexual health is important throughout life, and this gave legitimacy to sexual activity in elderly adults (10).

Understanding of sexual health in older women can help policymakers and health care providers to provide appropriate, effective and culturally-based sexual healthcare services for this group of people (11). Therefore, the aim of this study was to determine the sexual activity, interest and satisfaction of older women attended the Health Care Centers in Ardabil city.

MATERIALS and METHODS

This descriptive study was conducted from March 2016 to April 2018. All of the married women over 60 years old, who attended the health care centers affiliated to Ardabil University of Medical Sciences, were informed about the aim of this study and were selected by a convenient sampling method. The sampling was done by the assistance of trained midwives who were working in those health centers.

The inclusion criteria were; being a married woman (over 60 years old) with an acceptable general health status indicated by the General Health Questionnaire. The exclusion criteria included; having a history of hysterectomy, mastectomy or other genital surgeries, and having any cancer.

Data collection tools included; Goldberg and Hiller's general health Questionnaire (GHQ), a demographic information questionnaire, and FSFI (The Female Sexual Function Index) questionnaire.

General Health Questionnaire is a scale designed by Goldberg in 1972, to distinguish between healthy people and patients in all ages. This questionnaire is available as forms 12, 28, 30 and 60 questions. In this study, the 28-item form has been used. Its questions consist of four sub-scales, each of which itself contains 7 questions. Questions 1-7 relate to the scale of physical symptoms and general health status. Questions 8-14 related to the anxiety scale, questions 15-21 refer to the scale of social performance disorder, and questions 22-28 are related to the depression scale. The validity and reliability of this tool were 83% and 87% respectively (12, 13).

In Iran, Taghavi assessed the validity and reliability of the Goldberg's general health questionnaire in 2001. Based on his study, the reliability of the questionnaire was assessed by using three methods: Test-retest, split-half and cronbach alpha, which resulted in coefficients of 70%, 93% and 90%, respectively. Also, in order to study the validity of the questionnaire using three methods of concurrent validity, Subscales-scale correlations and factor analysis were used which had satisfactory results (14).

At first, the women's general health status was assessed by GHQ. Any woman, who obtained the total score of 21 or less, and score of 5 in the anxiety, sleep disturbances and depression symptom scale, was included in the research. Thus, from 1254 women, 380 were eligible to participate in study.

The demographic questionnaire, which included information such as age, education, occupation, age at menopause, age at marriage, living with children, and spouse's age, education and occupation, was completed.



Using the question; "how often do you think about sex?" with six variants ranging from "never" to "several times a day", the respondents who reported thinking about sex "one- to-a few times a week" were considered to be interested in sex.

Sexual activity was measured by the question; "have you had sexual relation during the last 4 weeks? To measure the sexual satisfaction, some questions were derived from the FSFI questionnaire. The FSFI is a multidimensional scale developed by Rosen et al for assessing sexual dysfunction in women and includes 19 questions (15), in which the questions 14, 15 and 16 are related to sexual satisfaction (emotional intimacy, sexual satisfaction with partner and overall sexual life satisfaction). Based on the FSFI scale, sexual activity includes caressing, foreplay, masturbation, and intercourse.

Mohammadi et al (2008) validated the Persian version of the FSFI. The reliability of the scale and subscales were calculated by Cronbach's alpha coefficient, which was 0.70 and validity was assessed by comparing mean scores. On the basis of sensitivity and specificity analyses they found that the optimal cut off score was found to be 28 for differentiating women with and without sexual dysfunction (16).

In regard to the ethical considerations, the questionnaires were completed anonymously. Moreover, after explaining the study objectives, a written informed consent was obtained from all participants. They were also informed about the voluntary nature of their participation in the study and the fact that, they do not need to answer any questions if they don't want to.

It should be noted that, we used the help of midwives who were the participants' own health care providers to distribute the questionnaires and gain their trust in order to obtain the most accurate responses.

The study was approved by the Ethics Committee of Ardabil University of Medical Sciences (REC.1395-63-IR.ARUMS).

Statistical analysis: Results are presented as means and standard deviations of continuous variables using *t*-test to evaluate the significant differences. Categorical variables are shown as percentages, and their relationships have been tested by chi-square tests.

To provide a concise data on satisfaction in the bivariate analysis section, we combined the "very satisfied" and "satisfied" in one category and "very dissatisfied" and "dissatisfied" into another category. The respond of "not sure" remained a separate category. Prior to collapsing, we conducted all analyses with all 5 levels of satisfaction. Data were analyzed using SPSS software version 21.

RESULTS

Results showed that, the mean age of participants was 71 ± 6.8 years ranging from 60 to 87 years. The mean age of menopause was 49.2 ± 3.7 years. The mean number of years since menopause was 22.6 ± 13.7 years, and the mean age of the participants at the time of marriage was 17.8 ± 2.9 years. Most of the women (38%) were uneducated, more than 85% of the women were housewives and the majority of them (66%) were living with their married or single children.

This study indicated that 60% of women had sexual activity during the last 4 weeks. Sexually active women were on average 12 years younger than sexually inactive women (65.9 years vs. 77.6 years), ($P < .05$). The



majority of sexually active women (48%) were in the age group of 60-69 years, and the sexually inactive women (44%) were in the age group of above 80 years.

The level of education in sexually active women was significantly higher than sexually inactive women, as 19% of sexually active women had university education, compared to 8% of sexually inactive women ($p < 0.001$).

Women, who were living with their married or single children at home, were significantly less sexually active than those who were living just with their husbands, (49% vs. 80%) respectively, ($p < 0.01$).

About half of the sexually active women (49.56%) were interested in sex and had sexual relation once or more per week, but this activity varied across the age groups, and declined significantly in the 80 years age group ($p < 0.0001$).

Women who were not living with their children were more likely to report being interested in sex compared to women who were living with their children (72% vs. 27%) respectively, ($p < .001$). There was no significant relationship between the educational level and employment of women and their interest in sex. Also, no significant relationship was found between the age, educational level and occupation of their husbands with their interest in sex (table 1).

All women with or without recent sexual activity were questioned about their sexual satisfaction. About 35% of women were satisfied or very satisfied with the amount of emotional intimacy during sex with their husband, 37% were satisfied or very satisfied with their sexual relation with their husband, and 39% were satisfied or very satisfied with their overall sexual life.

We found that, their emotional intimacy and sexual satisfaction were associated with the presence of children at home, as the response of "dissatisfied (68%) or very dissatisfied" (69%) was higher among women who lived with their married or single children than those who were living just with their husband (31% and 30%), respectively, ($p < 0.001$). we also found that, the motional intimacy and sexual satisfaction of participants were not related to their age and educational level.

Satisfaction with the overall sexual life was not associated with the living of children with them, their age and their educational level (table2).

DISCUSSION

This study evaluated the sexual activity, interest and satisfaction of older married women with an acceptable general health status.

Reports on the sexual activity of older women in Iran are rare, because sexuality in elderly people is regarded a taboo in Iran, which has a male-dominant context. In Iran, the priority is given to male sexual fulfillment, and it is thought that women's sexual activity is limited to reproductive and childbearing years, and menopause is considered the endpoint of sex life and femininity (17).

The interesting finding of present study was that, the majority of women were sexually active and about half of the sexually active women were interested in sex. This is while; the elderly people are often thought to be sexually inactive. We often think that, older women are too old or too ill to have sexual activity (5, 18, 19).



Merghati-Khoei et al stated that, sexual pleasure involves several experiences influenced by various factors including culture, society and religious beliefs (20).

The women in our study were living in the city of Ardabil, which is an ancient and religious city located in northwest of Iran in the Azerbaijan province (21). The teachings of Islam strongly emphasize that sexual satisfaction makes the couples better aware of the role they have in marital life in order to improve their marital satisfaction (22). It seems that women's religious belief is one of the important factors that affect their sexual activity and interest, as many women in this study expressed that having sex with their husband is rewarded by God.

In line with the results of other published studies (5, 23-26), the findings of this study indicated that sexual activity and interest of the participants decreased with age and women who were sexually active and interested in sex were younger than the inactive women. Results of a systematic review that captured older people's attitudes and concerns about sex and sexuality showed that health, not age, is what truly impacts sexuality and illustrated the complex and delicate relation between ageing and sexuality (27).

We also found that, women with a higher level of education was more likely to be sexually active than less educated women. In line with the results of this study, some other studies confirmed that level of education is a strong influencing factor in sexual satisfaction. This was best prominent in the university educated subjects. It seems that, some changes occur in the perception, understanding and sexual needs of women with ageing (26, 28, 29), which lead to neglect and social misconceptions. In contrary, Mroczek et al, did not find any significant statistical relationship between variables such as age and education, and ranking of psychosexual needs above the essential hierarchy (important and very important), (19). Freak-Poli et al, argued that participation in sexual behavior is generally associated with younger age, greater social support, and healthier behaviors (5).

According to our study, living with married or single children is an important factor that influences sexual interest and activity. Women, who lived alone with their husbands without the presence of their children, were more sexually active and interested in sex than the women whose children were living with them.

The effect of children presence on their parents' life is inevitable. Studies have shown that, the presence of children at home can negatively affect the marital and sexual satisfaction of parents in many ways, such as leaving less time for couples to spend together (30). The results of our study indicated that elderly women had difficulty in establishing emotional relationships with their spouses in the presence of their children, grandchildren, daughter-in-law or son-in-law due to shame and embarrassment. This could be due to the widely accepted beliefs that blame elderly people for having sexual activity as it is considered bad and embarrassing (31).

Although aging is an important predictor of sexual satisfaction (32), nearly one-third of older women participating in this study were satisfied or very satisfied with their level of emotional intimacy during sex, sexual relations with their husbands, and their overall sexual life. Consistent with the findings in our study, Trompeter et al showed that early half of the women over the age of 80 years reported that, they "almost always or always" have sexual satisfaction (24). In this regard, Moghasemi et al argued that some older women do not



worry about menstruation problems, unwanted pregnancies and contraception issues, so they have more peace of mind in the sexual relationship (11). It can be concluded that aging and sexuality do not contradict each other. Despite misconceptions, many older women for many reasons can enjoy an active sex life (5).

CONCLUSION

This study showed that focusing on sexual activity and satisfaction instead of sexual dysfunction may be a better approach to older women's sexual health (20). Elderly sexual health must be a part of health care and medical education, and physicians must be advised to ask older patients about their sexual activity and concerns. Additionally, concerning the gender-based differences in sexual behaviors, it is suggested that some studies should also address the sexuality of older men and the spouses of older women. The result of such studies could help health care policy makers, health care providers and all those involved in promotion of sexual health of older people to provide appropriate and effective sexual healthcare services for this group of people.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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