#### **EPIDEMIOLOGY**

# Influence Factors of Sexual Activity for Internal Migrants in China



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#### **ABSTRACT**

**Background:** Sexual frequency is associated with the quality of life. China's internal migrants that are sexually active are more likely to participate in sexual behavior. However, less work has been undertaken to assess the sexual frequency and its predictors in migrants.

Aim: This study seeks to explore which factors were related to sexual frequency in migrants and how the association varies with different levels of sexual frequency.

**Methods:** A total of 10,834 men and 4,928 women aged 20–49 years from 5 cities in China were enrolled by multi-stage sampling during August 2013—August 2015.

**Outcomes:** Sexual frequency among migrants was determined by asking: How many times have you had sexual intercourse with a man/woman in the past 30 days?

Results: In this study, sexual frequency with an average age of 38.28 years was 5.06 (95% CI 5.01–5.11) time per month. Negative binomial showed that male gender, younger age, earlier age of sexual debut, masturbation, more knowledge of sexual and reproductive health, longer time together with a spouse, and higher school education and incomes were predictors of increased sexual frequency in migrants. Communicating with sexual partners frequently had the largest effect on sexual frequency compared with occasional communicating ( $\beta = 0.2419$ , incidence rate ratio = 1.27, 95% CI 1.23–1.31). In the quantile regression, months of cohabitation ( $\beta = 0.0999$ , 95% CI 0.08–0.12), frequent sexual communication ( $\beta = 0.4534$ , 95% CI 0.39–0.52), and masturbation ( $\beta = 0.2168$ , 95% CI 0.14–0.30) were positively related to lower levels of sexual frequency. Interestingly, migrants who had low and high sexual frequency would be affected in opposite directions by the knowledge of sexual and reproductive health.

Clinical Translation: Clinicians can more understand the relationship between sexual frequency and its factors that can as the symptom basis of sexually-related diseases.

Conclusions: The present findings indicate that specific demographic, socioeconomic, and epidemiological characteristics influenced sexual frequency among migrants. Sexual communication as the largest effect predictor to sexual frequency should be paid more attention to, to improve sexual activity of migrants. Zhang J, Wu J, Li Y, et al. Influence factors of sexual activity for internal migrants in China. J Sex Med 2018;6:97–107.

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Key Words: Sexual Activity; Influence Factors; Migrants; China; Quantile Regression

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#### INTRODUCTION

At the end of 2015, there were an estimated 247 million rural-urban migrants in China, accounting for 18% of China's total population, meaning China contains the largest migrant population in the world. As a special group, most of the migrants are young and middle-aged adults in sexually active, and they are more likely to participate in sexual behavior than local residents because they are isolated, have anxiety, and have more social and economic pressure. Healthy sexual activity in human beings as an important source of physical pleasure and emotional intimacy has been associated with joy, slimmer waists, and higher self-esteem and health in migrants. Conversely, problems in their sexual expression might increase depression and marital disharmony. 6,9,10

Except for emotional or psychological health, sexual frequency was also associated with preserved physical well-being. <sup>11</sup> Low frequency of sexual intercourse was identified as a risk factor for the development of prostate cancer for men and breast cancer for women. <sup>12,13</sup> Increased sexual frequency as a protective factor could raise penile blood flow of men, be beneficial to blood pressure reactivity and heart rate variability, and could potentially decrease the risk of hypertension, cardiovascular events, and left ventricular hypertrophy. <sup>14–16</sup> Some studies have even revealed sexual frequency is associated with better homeostasis, better parasympathetic tone, lower mortality risk, and higher quality of life. <sup>11,17</sup>

Considering the possible association between sexual frequency and the quality of life, many studies have interest in demographic, socioeconomic, and epidemiological characteristics that predict sexual frequency. Gender, race, ethnicity, and cohabitation status play an essential role in human sexuality, in particular, in terms of sexual frequency. <sup>17–19</sup> However, contradictory findings appeared across some predictors, such as education and age. For instance, although much research has revealed a positive association between the level of education and sexual frequency, other reports have seen no relation. <sup>6,20</sup> Equally, though significant amounts of literature on sexual frequency has been published to understand sexual dysfunction in older people or high-risk behaviors in young adults, comparatively less work has investigated sexual frequency in China's internal migration population. <sup>21,22</sup>

Taken together, we conducted a cross-sectional study in 5 Chinese cities, located in the eastern, western, middle, northern, and southern parts of China, to determine which predictors were related to coital frequency and how the association would vary in migrants with different levels of sexual frequency. Given distinct characteristics of sexual frequency that is a discrete and non-negative integer, negative binomial (NB) regression and quantile regression (QR) were used to deeply examine interrelations.

## **METHODS**

### Sampling Strategy and Study Population

This research project was supported by the Ministry of Science and Technology of the People's Republic of China. Sexual frequency is a key element in the study. We conducted a crosssectional study about sexual frequency in 5 cities in China—Beijing, Shanghai, Hangzhou, Chengdu, and Chongging-between August 2013 and August 2015. This study was a multi-stage probability sample designed to represent the migrant population in large cities of Chinese men and women between 20 and 49 years old. In each city studied, 2 districts possessing a densely populated migrant population and a strong family planning network were randomly selected. After the granting of permission from the employers of migrants to conduct a tour survey, 3 types of locations in districts including factories, construction sites, and service sites were sampled to recruit approximately proportional migrant populations. The inclusion criteria for subjects were as follows: (1) rural-to-urban migrant population that separated registered and actual residences; (2) aged from 20-49 years; (3) resided in the study city for at least 6 months; (4) sexual debut had already occurred; and (5) voluntarily participated in this investigation. All subjects were ethnic Han Chinese. With the assistance of local hospitals and familyplanning bureaucracies, the survey with 10,834 men and 4,928 women migrants in the target areas were completed. The overall response rate for the survey was 94.92%. To be specific, 2,906 came from Beijing; 4,219 came from Shanghai; 3,114 came from Hangzhou; 3,218 came from Chengdu; and 2,305 came from Chongqing.

#### Interviews

Before investigation, eligible participants who were willing to participant in the study received a careful explanation of the purpose, benefits, and barriers of the study. The study participants were gathered by local hospitals and family-planning bureaucracies and again informed of the purpose and nature of the study to gain the further trust of the participants. The investigators were properly trained for the purpose of fully understanding the questionnaire content, having the requisite interview skills and assisting the participants to complete the questionnaires. With the assistance of same-gender investigators, participants independently finished the questionnaire in a private meeting room. Principal investigators checked the completeness and consistency of the data, feeding back errors to the investigators when unqualified questionnaires were found. Investigators fixed these questionnaires with the participants in a timely manner. The collection of all data took approximately 15 minutes. Patient data were strictly anonymous.

# Description of Variables

#### Outcome

The frequency of sexual intercourse among the migrant study population was determined by asking: How many times have you had sexual intercourse with a man/woman in the past 30 days? Notably, this study only surveyed heterosexual encounters.

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