

Sexual Satisfaction and the Importance of Sexual Health to Quality of Life Throughout the Life Course of U.S. Adults

Kathryn E. Flynn, PhD,¹ Li Lin, MS,² Deborah Watkins Bruner, PhD,³ Jill M. Cyranowski, PhD,⁴ Elizabeth A. Hahn, MA,^{5,6} Diana D. Jeffery, PhD,⁷ Jennifer Barsky Reese, PhD,^{8,9} Bryce B. Reeve, PhD,¹⁰ Rebecca A. Shelby, PhD,¹¹ and Kevin P. Weinfurt, PhD^{2,11}

ABSTRACT

Introduction: Discussions about sexual health are uncommon in clinical encounters, despite the sexual dysfunction associated with many common health conditions. Understanding of the importance of sexual health and sexual satisfaction in U.S. adults is limited.

Aim: To provide epidemiologic data on the importance of sexual health for quality of life and people's satisfaction with their sex lives and to examine how each is associated with demographic and health factors.

Methods: Data are from a cross-sectional self-report questionnaire from a sample of 3,515 English-speaking U.S. adults recruited from an online panel that uses address-based probability sampling.

Main Outcome Measures: We report ratings of importance of sexual health to quality of life (single item with five-point response) and the Patient-Reported Outcomes Measurement Information System Satisfaction With Sex Life score (five items, each with five-point responses, scores centered on the U.S. mean).

Results: High importance of sexual health to quality of life was reported by 62.2% of men (95% CI = 59.4–65.0) and 42.8% of women (95% CI = 39.6–46.1, $P < .001$). Importance of sexual health varied by sex, age, sexual activity status, and general self-rated health. For the 55% of men and 45% of women who reported sexual activity in the previous 30 days, satisfaction with sex life differed by sex, age, race-ethnicity (among men only), and health. Men and women in excellent health had significantly higher satisfaction than participants in fair or poor health. Women with hypertension reported significantly lower satisfaction (especially younger women), as did men with depression or anxiety (especially younger men).

Conclusion: In this large study of U.S. adults' ratings of the importance of sexual health and satisfaction with sex life, sexual health was a highly important aspect of quality of life for many participants, including participants in poor health. Moreover, participants in poorer health reported lower sexual satisfaction. Accordingly, sexual health should be a routine part of clinicians' assessments of their patients. Health care systems that state a commitment to improving patients' overall health must have resources in place to address sexual concerns. These resources should be available for all patients across the lifespan.

J Sex Med 2016;■:1–9. Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

Key Words: Quality of Life; Self-Report; Sexual Behavior; Cross-Sectional Studies; Male; Female

Received June 2, 2016. Accepted August 18, 2016.

¹Center for Patient Care and Outcomes Research, Medical College of Wisconsin, Milwaukee, WI, USA;

²Duke Clinical Research Institute, Duke University School of Medicine, Durham, NC, USA;

³Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA, USA;

⁴Chatham University, Pittsburgh, PA, USA;

⁵Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, IL, USA;

⁶Center for Patient-Centered Outcomes, Northwestern University Feinberg School of Medicine, Chicago, IL, USA;

⁷Defence Health Agency, Department of Defense–Health Affairs, Falls Church, VA, USA;

⁸Cancer Prevention and Control Program, Fox Chase Cancer Center, Philadelphia, PA, USA;

⁹Department of Social and Behavioral Sciences, Temple University, Philadelphia, PA, USA;

¹⁰Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA;

¹¹Department of Psychiatry and Behavioral Sciences Duke University School of Medicine, Durham, NC, USA

Copyright © 2016, International Society for Sexual Medicine. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jsxm.2016.08.011>

INTRODUCTION

It has been more than 15 years since Laumann et al¹ identified sexual dysfunction as an “important public health concern” in the pages of the *Journal of the American Medical Association*. Many common health conditions and their treatments are associated with sexual dysfunction, including diabetes, hypertension, coronary artery disease, cancer, anxiety, and depression.² Despite the high prevalence of these conditions, discussions about sexual health are uncommon in clinical encounters, perhaps due in part to underlying assumptions that sexual health is not a priority.^{3–8} Patients might assume their clinicians will tell them if sexual side effects are associated with a disease or its treatments; clinicians might assume patients will initiate discussions about sexual health if it is important to them. In a study of older adults (57–85 years old), Lindau et al⁹ found that relatively few rated sex as unimportant. Nevertheless, our understanding of the importance of sexual health for people of all ages and in various health states remains limited.

Moreover, although many studies have examined risk factors for specific sexual problems,¹⁰ less is known about individuals’ global evaluations of sexual satisfaction and whether satisfaction differs by demographic and health characteristics. Multiple factors interact to determine sexual satisfaction, including but not limited to culturally influenced expectations about sex and sexuality,¹¹ sexual communication and sexual practices within couples,^{12,13} and, in a study limited to older women, age, race-ethnicity, and mental health.¹⁴ Conceptually related to satisfaction (although not equivalent), bother or distress about sexual dysfunction appears to increase men’s and women’s willingness to discuss a sexual problem with a physician and, in women, drives decisions to seek treatment.¹⁵

A better understanding of the importance of sexual health to quality of life and global evaluations of sexual satisfaction in diverse populations is needed to help guide future research efforts, including the development of interventions to enhance patient-provider communication about sexual concerns associated with common conditions and their treatments. To this end, this study sought to provide epidemiologic data on the importance of sexual health to quality of life and sexual satisfaction in a large sample of diverse U.S. adults and to examine how each is associated with sex, age, race-ethnicity, and health factors.

METHODS

Study Population

Data for this study were collected during testing of version 2.0 of the Patient-Reported Outcomes Measurement Information System (PROMIS) Sexual Function and Satisfaction (SexFS) measurement in a large, cross-sectional, population-based sample of U.S. adults in KnowledgePanel (GfK; <http://www.gfk.com/>). The panel is an address-based probability sample drawn from the U.S. Postal Service Computerized Delivery Sequence File, which includes 97% of households in the U.S. Selected panel members

who do not have a computer with internet access are provided with one.

In June 2013, after a pilot test in a convenience sample of 30 participants, 10,129 English-speaking panel members at least 18 years old were invited to participate in our survey. Of those, 4,443 (43.9%) viewed the informed consent form, which included the description, “The study will help researchers understand how illness affects different areas of people’s lives, particularly their sex lives.” Of those who viewed the consent form, 3,667 (82.5%) consented to participate and 3,515 (95.9%) completed the survey. A target sample size of 3,500 participants was based on previously planned psychometric analyses for measure development. However, this sample size also provided sufficient statistical power for the multivariable modeling presented in this study. With a sample size of 3,500 equally allocated in two groups, we had greater than 90% statistical power to detect a difference in two proportions no greater than 0.06 and greater than 90% statistical power to detect a less than 1.1 point difference in t-scores between two means.

The self-administered online questionnaire included approximately 177 items. Skip patterns determined the particular set of items participants received depending on their sex and sexual activity status. Content included all candidate items for the SexFS 2.0 and items capturing sociodemographic and health characteristics. For a survey of this length, KnowledgePanel participants receive an incentive equivalent to \$6. The institutional review board of the Duke University Health System approved the study, and all participants provided informed consent.

Variables

Importance of sexual health was measured with an item we developed that asked, “How important is sexual health to your quality of life?” Response options included “not at all,” “a little bit,” “somewhat,” “quite a bit,” and “very.” We considered modeling importance as ordinal using ordinal logistic regression or even as continuous using simple linear regression, but a χ^2 score test showed significant violation of the proportional odds assumption ($P < .0001$) within an ordinal logistic regression model, signaling that the response increments were not linear with respect to the covariates. Thus, for use in the models and presentation in the tables, we dichotomized responses into high importance (ie, “quite a bit” or “very”) and low importance (ie, “not at all,” “a little bit,” or “somewhat”).

Sexual satisfaction was measured using the PROMIS SexFS 2.0 Satisfaction With Sex Life scale.¹⁶ The PROMIS SexFS is a state-of-the-art, patient-reported outcome measure developed using robust qualitative and quantitative methods.^{16–22} The satisfaction scale includes five items to assess how satisfying and pleasurable the person regards his or her sex life in the past 30 days, with no limitation on how the person defines “sex life.” Internal consistency reliability was high in the U.S. general population (Cronbach $\alpha = 0.94$). The scale is scored on the T-metric, with a score of 50 centered on the mean for sexually

Download English Version:

<https://daneshyari.com/en/article/5730458>

Download Persian Version:

<https://daneshyari.com/article/5730458>

[Daneshyari.com](https://daneshyari.com)