

Prevalence and Predictors of Sexual Problems Among Midlife Canadian Adults: Results from a National Survey

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ABSTRACT

Background: Sexual problems are common among midlife men and women, and studies have identified a range of demographic, health, and relational correlates. Research on prevalence of these sexual problems within Canada is sparse and is warranted given the unique context related to provision of health care services in contrast to other countries.

Aim: We investigated sexual problems (women's low desire, orgasm difficulties, and vaginal pain, as well as men's low desire, erection difficulties, and ejaculation difficulties) and their correlates among a large sample of Canadian men and women aged 40–59 years.

Methods: A national sample of Canadians was recruited (N = 2,400). Prevalence statistics for the sexual problems, and odds ratios for correlates were computed using logistic regression to identify demographic, health, and behavioral correlates of men's and women's sexual problems.

Outcomes: Self-reported experiences in the last 6-months of low desire, vaginal dryness, vaginal pain, and orgasm difficulties for women, and low desire, erectile difficulties, and ejaculation problems for men.

Results: Sexual problems were relatively common; low desire was the most common sexual problem, particularly for women, with 40% reporting low sexual desire in the last 6 months. Women who were post-menopausal were much more likely to report low desire, vaginal pain, and vaginal dryness. Low desire and erectile difficulties for men, and low desire and orgasm difficulties for women were significant predictors of overall happiness with sexual life.

Clinical Translation: Given the prevalence and impact of sexual problems indicated in our study, physicians are encouraged to routinely assess for and treat these concerns.

Conclusions: Strengths include a national sample of an understudied demographic category, midlife adults, and items consistent with other national studies of sexual problems. Causal or directional associations cannot be determined with these cross-sectional data. Results are largely consistent with previous national samples in the United States and the United Kingdom. Sexual problems are common among Canadian men and women, with many being associated with self-reported sexual happiness. **Quinn-Nilas C, Milhausen RR, McKay A, et al. Prevalence and Predictors of Sexual Problems Among Midlife Canadian Adults: Results from a National Survey. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Sexual Problems; Midlife; Canadians

INTRODUCTION

Sexual problems are common among midlife men and women.^{1–3} Research on sexual problems has typically aimed to identify

potential health and psychosocial correlates and has found, for example, that women who are post-menopausal are more likely to report low desire, and that diabetes and hypertension are correlates of men's erectile problems.^{4–6} Large-scale studies of midlife Canadians are sparse, but U.S. research indicates that women's low desire, inability to achieve orgasm, vaginal dryness, and vaginal pain, as well as men's low desire, erectile difficulties, and pre-mature ejaculation are common sexual problems among individuals of this age group.^{1,2,6–8} In a telephone survey of Canadians aged 40–80 years, conducted between 2001–2002, 15% of Canadian men reported lack of interest in sex, 23% rapid ejaculation, and 16% erectile difficulties.⁹ In this same study, 30% of women experienced lack of sexual interest, 22% inability to reach orgasm, 24% lubrication difficulties, and 16% pain during intercourse. In a study of sexual

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Table 1. Prevalence of sexual problems

Variable	Prevalence No. (%)
Men	
Low desire (N = 1,168)	355 (29.6)
Erection problems (N = 1,162)	286 (23.8)
Ejaculation problems (N = 1,158)	296 (24.7)
No problems reported (N = 1,156)	550 (45.8)
1 Problem reported (N = 1,156)	346 (29.9)
2 Problems reported (N = 1,156)	199 (17.2)
3 Problems reported (N = 1,156)	61 (5.3)
Women	
Low desire (N = 1,119)	475 (39.6)
Vaginal dryness (N = 1,107)	319 (28.8)
Orgasm difficulties (N = 1,093)	159 (14.5)
Vaginal pain (N = 1,103)	205 (17.1)
No problems reported (N = 1,076)	466 (43.3)
1 Problem reported (N = 1,076)	298 (27.7)
2 Problems reported (N = 1,076)	170 (15.8)
3 Problems reported (N = 1,076)	94 (8.7)
4 Problems reported (N = 1,076)	48 (4.5)

problems and their respective help-seeking behaviors in Canada, very few midlife Canadians reported being asked by their doctor about sexual problems during their routine visits (over the last 3 years), despite most believing that sexual functioning is a normal part of health care, and that they should be asked.⁹ Given the high and rising number of midlife adults in Canada, the potential impact of sexual problems on overall health and well-being, and with treatments available or pending in Canada, national Canadian data are needed to identify potential sexual health care needs for both health care professionals and policy makers.^{2,10–12}

Aims of this study were 3-fold. First, we sought to report the prevalence of sexual problems (women's low desire, orgasm difficulties, vaginal dryness, and vaginal pain, as well as men's low desire, erection difficulties, and ejaculation difficulties) using a large, national sample of Canadian men and women aged 40–59 years, and the study was intended a partial replication of other large-scale work to facilitate cross-study comparisons. Second, we aimed to estimate odds ratios (OR) predicting sexual problems based on demographic, attitudinal, behavioral, health-related, and relationship predictors. Finally, we investigated the relationship between experience of sexual problems and self-reported happiness with sexual life, calculating estimated OR using logistic regression analyses.

METHODS

Study Population and Sampling

The current investigation is based on data collected as part of a larger study on the sexual health and well-being of mid-life Canadians. The overarching study and study questionnaire were designed by the second and third authors in consultation with the Trojan Sexual Health Division of Church and Dwight Canada to better understand the sexual health needs of mid-life

adult Canadians. Data were collected between September 17, 2015, and October 12, 2015, by Leger (Toronto, Ontario, Canada), a professional marketing company. Participants were LegerWeb research panelists. The Leger panel was created using a random telephone recruiting method and is composed of approximately 460,000 people from the Canadian population.

Eligible panelists were invited to participate via an e-mail from Leger and a single e-mail reminder was sent to those who did not respond to the initial message. The participant clicked on a link that led to the study portal in order to complete the survey. Survey responses were transmitted over a secure, encrypted SSL connection and stored on a secure server. Participants received \$1 for completing the questionnaire, and the opportunity to enter into a drawing for one \$100 prize; or for one of two \$1,000 prizes of either one 1,000 air miles reward or one tablet computer. The survey was terminated once 2,400 completed questionnaires were obtained.

The aim was to recruit 2,400 participants (approximately half men and half women) between the ages of 40 and 59 years with representation from all provinces and territories. A total of 32,354 e-mail invitations were sent to panelists between the ages of 40 and 59 years. Of these, 5,615 respondents clicked on the survey link that led to the study portal. 141 Were disqualified because they did not fit the age range, and 2 indicated they would not respond to the survey truthfully. A further 2,642 were disqualified because quotas for gender, province of residence, and age had been met. The overall sample comprised 2,400 mid-life Canadians between the ages of 40 and 59 years who met all eligibility criteria and provided complete data. Ethics approval for this study and informed consent was received from the University of Guelph Research Ethics Board.

Study Sample

We included all cases in the analyses that had valid data for each of the sexual problems (Table 1 for group sizes). We present sample size separately for each logistic regression analyses—samples composed of all cases with valid data for each of the independent variables and the dependent variable using listwise exclusion of missing data.

Measures

Demographic, Health, and Relationship Variables

Demographic variables, including marital status, gender, sexual orientation, and age were assessed. Participants were able to identify as a man, woman, transgender male to female, and transgender female to male; participants were analyzed in accordance with their identified gender identity. The survey also collected data on participant marital status, subjective overall health ["For the purposes of this survey, health refers to physical, emotional, and mental well-being. Overall, would you say your health is ...?"; response options ranged from poor (1) to excellent (5)], self-reported diagnosis of common medical conditions

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