

Associations of social support and sex life – the HeSSup Study

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Abstract

The present study characterized the associations of three sex life issues (importance of, satisfaction with, and ease in talking about sex life) with social support and reciprocity. We utilised survey data of working-aged men and women ($n = 21,101$) from the population-based random sample of the Health and Social Support (HeSSup) Study (40% response). The respondents with abundant social support considered sex life important, were satisfied with it, and found it easy to talk about sex life more often than those with less social support. Social support in sex life offered by one's own spouse/partner was important particularly to women, not available from the other sources to the same extent. Friends functioned as significant positive sources of support in sex life particularly among women, but relatives did not. Mutual reciprocity was associated with favourable perceptions of sex life. Persons lacking established primary social support should have easy access to services.

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1. Introduction

Perceived social support is positively associated with, for example, health [1] and a strong sense of coherence [2], but what about such spheres of life as sex life? It seems unclear whether an abundance of social support would be associated with the value of, contentment with, and/or openness about one's own sex life.

In addition to the stated outcome and explanatory variables, the consideration of social support with sex life issues is limited to the heterosexual orientation and wellness direction. This eliminates the discussion on the same gender or medical issues such as AIDS. The issues abound in the literature but no questions were included about them in the study.

1.1. Apperception of social support

Social support implies that a person is a member of a network of mutual obligations or that he/she is cared for and

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loved (emotional support for need) and/or esteemed (esteem support for need recognition) [3]. Support practices include confiding in, showing consideration towards, or reassuring someone as well as talking when upset or talking about health with someone [4]. Social support is reported in marital quality [5]. While support is expected in times of stress or distress, it may deteriorate during marital conflict [6].

Background characteristics such as age, gender, or marital status [7] and the roles these persons play as sources of social support (spouse, relative, and friend) affect a person's support network. One's own spouse and close family members have traditionally been perceived as the most important sources of social support [8], but are they significant sources of social support in sex life?

1.2. Apperception of social support in sex life

There appear to be no association studies about social support with importance of, satisfaction with, or ease in talking about sex life. Even our librarian was unable to find suitable citations with the combination. The subject matter on reciprocity is evolving.

Literature on social support and sex life has mainly concentrated on problem behaviours such as risk behaviours [9,10], needs of persons having been objects of sexual abuse as children [11–16] or as adults [17]. One study concentrated on a couple with a partner having a problem with sex life [18].

Supportive social relationships that are known to be important in creating the perception of unconditional acceptance and maintaining the care element in social support [19] may enhance sex life issues, interaction, or reciprocity. Tête-à-tête or allowing someone to talk about sex life may indicate the value or importance of sex life in itself.

Reciprocity refers to sharing. It is an essential element of sexual communication [20] or a necessary characteristic in order for social support to result in a positive effect [7]. It is part of personal skills to be emotionally and sexually compatible with a partner or to obtain satisfaction with sex life. A harmonious, well-balanced, and stable sex life is expected as a result of constructive reciprocity between two people. When reciprocity is missing, people often perceive that they themselves give more support than they receive [7]. Yielding or a compromise is expected to be present even in sex life issues [20], although a person should maintain a firm footing in health concerns. The extent of reciprocity serves to verify how a relationship has grown and developed [21], or how much room there is for improvement.

The present study characterized the associations of three sex life issues as outcome variables (importance of, satisfaction with, and ease in talking about sex life with perceived social support and network reciprocity).

2. Methods

2.1. Sample and method

The present study was based on cross-sectional data from the baseline survey of the 15-year Health and Social Support Study (the HeSSup Study). Random samples of equal size stratified according to gender and four age groups (20–24, 30–34, 40–44, and 50–54 years) were obtained from the Finnish Population Center (http://www.vaestorekisterikeskus.fi/vrk/home.nsf/pages/index_eng) which records every citizen of the country.

A mailed survey was conducted between September and December of 1998 during which the questionnaires were mailed to the 52,739 eligible study participants in Finnish or Swedish. The response rate of 40.8% was attained following a reminder to the non-respondents ten weeks after the initial mailing. A total of 620 responses (comprising doubles from the same person, person other than the addressee responding, or inappropriate responses) were discarded, and a random study population of 21,101 individuals remained available for the analyses (40.0% response rate). Representativeness of the study has been analysed and reported elsewhere [22].

2.2. Questionnaire

The responses to three sex life (outcome) questions were asked on a 7-point Likert-type scale. In order to avoid small frequencies in the extreme categories, three combined groupings (1–2, 3–5, 6–7) were used in the analyses. The following questions (outcome variables) were used:

How important is sex life to you? (1 = very important, 7 = not at all important)

Are you satisfied with your sex life? (1 = very satisfied, 7 = very dissatisfied)

Do you find it easy to discuss your sex life with an important other? (1 = very easy, 7 = very difficult)

These outcome measures were inspected for strengths and relationships and the finding has been reported elsewhere [23].

The explanatory variables included *perceived social support* and *network reciprocity* in addition to gender, age, and having a spouse. Responses to perceived social support [2,24,25] were solicited from six alternative sources but only three sources (spouse, relative, and friend) were used in the present study. Two of the authors (JV & AO) translated the 6-item version of the instrument [24] by using the double translation scheme (=translation and back translation). *The reciprocity scale* was used to measure reciprocity and its components [26,27].

2.3. Statistical analyses

Two subgroups were first formed for the purposes of data analysis. Those who had reported having a marital spouse or

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