

FACTORS EFFECTING SEXUAL RESPONSE AND SEXUAL SATISFACTION AMONG ELDERLY PERSONS IN BANGKOK, THAILAND

Paveena Permpool¹, Khemika Yamarat^{2,*}, Chitlada Areesantichai²

¹Graduate School Chulalongkorn University, Phayathai Rd., Phatumwan, Bangkok 10330, Thailand

²College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: The objective of this survey research was to study the factors effecting sexual response and sexual satisfaction among elderly people in the Bangkok metropolitan area. The total 450 elderly people above the age of 60 were interviewed on structured questionnaire. The statistics used were percentage, mean, standard deviation, Cronbach's alpha and the chi-squared statistic. The results indicate that out of 450 elders, 48% were males and 52% were female, average age of the respondents were 65 years with a standard deviation of 1.021. Most of the elders were married and lived with spouses respectively 65% among males and 35% among females. Their health problems centered on blood pressure 65% for males and 35% for females. Question about sexual health indicated that 59% of males and 18% of females still had sexual desire. Sex activities during the past 4 months were masturbation (32% of males and 45% of females) and sexual intercourse (19% males and 23% female). The sexual problems of the elders and their spouses were premature ejaculation (13% of males and 43% of females) and vaginismus (in females 55%, and in spouse of male participant 19%). Most of the elders had moderate levels of sexual satisfaction and sexual response. The associations between various factors and sexual response and sexual satisfaction were statistically significant. These factors were marital status, non communicable diseases, physical check up, exercise, alcohol consumption, smoking, sexual activities, stress, sexual desire, sexual problems and attitudes.

Keywords: Elderly, Sexual response, Sexual satisfaction, Sexual health, Sexual attitudes, Thailand

INTRODUCTION

At present the ratio and proportion of elders are increasing rapidly. Thailand is becoming old age society [1]. Sexuality is part of life and living of people. Focal & Lauver [2] said that the public at large thought that sex was a matter for younger people and it was wrong for older people. However, older people still need sex and sexual capability, but differ individually. When they were getting older their bodies and physiology changed and then sexual response slowed [3]. As a matter of fact sexual relations are a natural practice for living things and a natural process for human beings. At present people give more weight to this matter, especially older people's organs were weakening resulting in less harming in sexual relation with their spouses. They could understand, adjusting, and problem solving correctly and could have happy sexual relation in their families. The older peoples undergo change mentally, physically and socially little by little resulting in sexual problems

such as slow erection of sex organs, less strength than younger time, shorter period of erection, sexual desire decreasing, lubricant substance in vagina decreasing and painful during sexual relation. These problems might lead to mental problems such as worrisome which would lead to the mentioned problems. Understanding these problems would enable the older to accept and solve the problems rapidly. This would stop frustration and of before the coming chronic hard to remedy. Therefore we should not overlook sexual problems in the elders. Sexual health and sexual relation in these elders should receive special attention. The objective of this survey research was to study the factors effecting sexual response and sexual satisfaction among elderly people in the Bangkok metropolitan area.

MATERIALS AND METHODS

A descriptive design was used in this survey study.

Participants

This study was conducted in male and female elderly people above the age of 60 in Bangkok, Thailand. Total of sample was 450 participants.

* Correspondence to: Khemika Yamarat
E-mail: Khemika.Y@Chula.ac.th

Table 1 Number and percent of survey participants (n = 450)

	Male (n = 214)		Female (n = 236)	
	n	%	n	%
Age				
60-64	101	47.2	112	47.5
65-69	67	31.3	82	34.7
70-74	30	14.0	23	9.7
75-79	12	5.6	8	3.4
80-85	4	1.9	11	4.7
$\bar{x} = 65, SD = 1.021$ Min = 60, Max = 85				
Marital status				
Single	22	10.3	63	26.7
Partner / spouse lived together	136	63.6	81	34.3
Couple / marital separation	21	9.8	20	8.5
Divorce	10	4.7	13	5.5
Widow / spouse died	25	11.7	59	25.0
Lust				
Without	88	41.1	193	81.8
Have	126	58.9	43	18.2
Sexual activity				
Masturbate	68	31.8	106	44.9
Partner to orgasm	47	22.0	67	28.4
Hugging	51	23.8	40	16.9
Caress	55	25.7	49	20.8
Stroking	29	13.6	41	17.4
Kissing	28	13.1	59	25.0
Have sex	40	18.7	55	23.3
The secretion of semen				
No problem	138	64.5	35	36.1
Delayed ejaculation	27	12.6	42	43.3
To premature ejaculation	3	1.4	20	20.6
The problem of erectile dysfunction				
No problem	26	35.5	29	46.8
Have	138	64.5	33	53.2
The painful vagina				
No problem	129	80.6	29	45.3
Have	31	19.4	35	54.7
The problem is with delayed ejaculation.				
No problem.	128	59.8	31	32.0
Vaginal dryness	27	12.6	25	25.8
Painful urination after sexual intercourse.	5	2.3	15	15.5
Vaginal pain during sexual intercourse	4	1.9	15	15.5
Bruised penis	1	0.5	11	11.3

Simple random was applied for 3 districts which consisted of 150 persons from each one. These samples were concluded from purposively selected from active elderly societies. Recall period 4 months was used after discussion with experts.

Material

All participants were interviewed on pre-tested questionnaire which consisted of the following topic; sexual attitude, sexual response, sexual satisfaction, health related to sexual response and sexual satisfaction.

Data Collection

After obtaining approval of the Ethics Review

Committee for Research Involving Human Research Subjects at Chulalongkorn University, the researcher contacted the elderly club of 3 districts to be interviewed. Face-to-face interview was done with 10 interviewers.

Data analysis

All questionnaires were analyzed by using SPSS version 17.0. The statistic used was percentage, mean, standard deviation. Chi-squared test and Cronbach's alpha were applied to data analysis.

RESULTS

Table 1 found that the female elders were 52.4%

Table 2 Number and percent of stress, attitude, satisfaction among survey participants (n = 450)

Stress	Male (n = 214)		Female (n = 236)	
	N	%	N	%
Low	81	37.9	83	35.2
Moderate	102	47.7	106	44.9
High	31	14.5	47	19.9
Attitude				
Low	81	37.9	67	28.4
Moderate	102	47.7	136	57.6
High	31	14.5	33	14.0
Satisfaction				
Low	48	22.4	101	42.8
Moderate	156	72.9	129	54.7
High	10	4.7	6	2.5
Sexual response				
Low	46	21.5	133	56.4
Moderate	111	51.9	89	38.1
High	57	26.6	14	5.9

Table 3 Association between sexual response and sexual satisfaction among survey participants

	Sexual response			Sexual satisfaction			x ²
	Low	Moderate	High	Low	Moderate	High	
Gender				69.839*			21.169*
Female	46	111	57		48	157	9
Male	133	89	14		101	129	6
Sexual activity							
Masturbate	43	104	27	31.191*	24	142	8
Partner to orgasm	7	84	23	74.671*	13	96	5
Hugging	13	59	19	31.187*	15	70	6
Caress	9	69	26	64.193*	12	87	5
Stroking	8	46	16	27.819*	9	58	3
Kissing	8	61	18	42.999*	11	73	3
Have sex	7	65	23	52.802*	7	83	5
The secretion of semen				15.667*			5.368*
No problem	7	117	49		5	149	7
Have	10	61	21		17	83	4
The problem of erectile dysfunction				42.37*			10.948*
No problem	6	107	48		4	147	6
Have	12	39	14		14	50	5
The painful vagina				15.163*			1.272*
No problem	7	99	51		5	137	6
Have	8	46	13		15	59	2
The problem is with the latter				10948*			1.975*
No problem	5	110	44		11	140	8
Have	10	67	26		11	89	3
Lust				1.345*			90.369*
No problem	170	84	27		139	135	7
Have	9	116	44		10	151	8
Health problems							
Hypertension	169	116	30	1.266*	88	211	3
Diabetes	172	100	25	1.250*	93	172	60.1
Heart	171	96	21	1.286*	110	124	7
Disease and vascular wall	176	86	23	1.312*	139	127	6
Prostate	178	6	1		142	99	1
Urinary symptoms	174	90	33	1.041*	119	163	7
Problems with the uterus	175	64	35	80.722*	135	32	1

*P values < 0.5

and 47.6% were males most of them were between 60-64 years old which were 47.2% males and 47.5% females. Most of them were married and lived together, 63.6% males and 34.3% females respectively. 58.9% of males and 18.2% females still had sexual desire. Females had more sex activities than males. Both genders had self – help sex orgasm 31.8% males and 44.9% females. The elders and their bedmates had delay ejaculation at 12.6% and 43.3% respectively. The elders and their bedmates had penis erecting problems at 64.5% and 53.2% respectively. The female elders who had spouses had pain in vagina at 54.7% and males bedmates had pain in the vaginas at 19.4%. The elders or their bedmates had slow ejaculation and dried vagina at 12.6% and 25.8% respectively.

Table 2, the study found that the sample both males and females had stress at moderate level at 47.7% and 44.9% respectively. They had sexual attitude at moderate level 47.7% for males and 57.6 for females and they had sexual satisfaction at moderate level 72.9% for males and 54.7% for females and males sample had a moderate level of libido and sexual response –51.9% and female sample needed sexual response at low level 56.4%.

Table 3, the study found that gender, marital status, health history, health diagnosis, smoking, exercise, alcohol consumption, stress management, sexual desire, sex activities, problem of ejaculation, problem of penis erection, painful problem in vagina, and sexual attitude were the significant factors decreasing sexual response and sexual satisfaction among elderly persons.

DISCUSSION AND CONCLUSION

There are many factors associated with decreasing sexual response and sexual satisfaction among elderly persons in Bangkok, Thailand. This study revealed that gender, marital status, health history, health teleportation information (health diagnosis, smoking, exercise, alcohol consumption), stress management, sexual desire, sex activities, problem of ejaculation, problem of penis erection, painful problem in vagina, and sexual attitude were the significant factors. Each factor was discussed. As the study of Dusitsin [4] stated that people were 45 years old or over their sex hormone was decreasing continuously in both males and females. Their sexual desire was decreasing. The factor relating to the ability in sex relation in the old ages was interested in term of marital status. Especially, the living spouses who still had sexual desire. In this

case, sex relation problems in the elders might have predominant effects. The study also found that no or poor sexual desire in the elders might be caused by stress from the loss of the spouse. This holds them from exhibiting sexual desire and had guilt feeling to find a new mate at this age [5].

For health history of the elders and chronic non-communicable diseases, the study indicated that factor such as chronic diseases, blood pressure, diabetes, heart disease, blood vein wall disease, prostate gland wine dripping and ovary disease related to sexual response and sexual satisfaction was significant. All these diseases cause low blood flow in the sex organ. Therefore, yielding and no erecting of the sex organ will be happened. The side effect of some kind of medicine taken also affected sexual function. This is consistent with the study of Watanasinit [6]. This caused the sexual response and sexual satisfaction was decreasing.

Besides, the problem resulting from the physical, mental and social condition affected the physiology of sexual response which could not response to sex stimulation causing sex activity problems [7]. Individual's behavior is also significant factor affecting sexual response among elderly people. From the study of Klonerand & Speakman [8] also revealed that smoking effected to sex deficiency eventuality. On the other hand, keeping daily exercise, eating good and useful food, no alcohol consumption, stress management effectively, sufficient rest, keep communication with couple, could prolong sex life and achieved sexual satisfaction [9, 10-12]. As the study of Chareonsiri [13] mentioned that happy sex techniques development in the elders was decreasing stress in all manners. Responding to the right needs, practice sex relation at ease in order to get used to winning worrisome little by little.

This research results also indicated that sex activities such as self-help orgasm, helping partner to achieve orgasm, hugging, kissing, stroking and having sex related to sexual response and sexual satisfaction was significant. We could say that sex relation action ties consisted of many things not only having sex, but also hugging, hand holding and kissing [2, 4].

Problem of ejaculation, delayed ejaculation and premature erection and problem in vagina is also related to sexual response and sexual satisfaction. Some people ejaculated fast or could not control ejaculation as desired, their sex activities will be decreased, especially in men approaching elderly ages [6]. Denman [14] reported that the problem of sex health might originate from many courses such as painful while having sex resulting in sexual

desire disappeared and no sex motivation leading to leaking lubricant substance in females in all age groups. These problems yielded lower sexual desire, stressing in vagina, painful while having sex and unable to reach orgasm.

Moreover, sexual attitude of the elders related to sexual response and sexual satisfaction was significant. The study of Inklup [5] revealed that attitude toward sex relation effecting the state of mind, social and image of the elders. Most of time, the elders who still had sexual desire, they felt embarrassing from young people. They thought that public may tease them. This reflects the negative attitude from elders toward sexual relation.

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