



Review

Impact of gender on sexual problems and perceptions among urban Malay elderly in Malaysia

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ABSTRACT

Background: Physical and pathological changes associated with advancing age affect sexual behaviours of the elderly. The aim of this study was to explore the impact of gender on sexual problems and perceptions among the urban Malay elderly.

Methods: A cross-sectional study was conducted among 160 Malaysian elderly participants aged 60 years and older who live in Kuala Lumpur. Twelve neighbourhood associations were randomly selected using multi-stage cluster sampling. Data was collected using standardized and validated questionnaire by face-to-face interview technique with which was conducted by trained interviewers.

Results: Mean age of the participants was 65.33 (5.87) year old with majority were still married. Female (55.7%) reported more sexual problems as evidenced by the higher proportion of those with lacked interest in having sex (72.5%), find sex is unpleasant (34.8%) and unable to come to orgasm (55.1%). Gender was found to have significant impact on every model obtained in the analysis for both sexual problems and perceptions. Female elderly were 10.6 times more likely to have sexual problem compared to male elderly (OR = 10.64, $P < 0.001$, 95% CI 3.61, 31.35) and 0.33 less likely to have good sexual perception (OR = 0.33, $P = 0.027$, 95% CI 0.12, 0.88).

Conclusion: Gender is a crucial factor towards sexual problem and perceptions among older persons. Older women were reported to have more sexual problems and poor sexual perceptions, reflecting the needs for sexual awareness and education to improve the perceptions and sexuality in later life.

1. Introduction

Sexuality is an integral part of human psyche and is increasingly recognized as an important health related quality of life concern for both men and women. The desire to be close to others as you growing older is very common, which include the desire to continuously experiencing an active, satisfying sex life. However, the various changes associated with ageing process such as physical, physiological, psychological and social changes can bring an increase in sexual problems, or sexual dysfunctions, as well as decreases in sexual activity (Goldfarb, Baron, & Lindau, 2013).

Sexuality involves a delicate balance of emotional and physical issues. The ability to enjoy a satisfying sexual activity will influenced individual's perception towards sexuality. Recent population-based surveys indicate that the prevalence of sexual dysfunction, particularly low sexual desire and arousal disorders, is increasing with age (Hartmann, Philippsohn, Heiser, & Rüffer-Hesse, 2004). Although

sexual problems are commoner among older persons, many older couples find greater satisfaction in their sex life than they did when they were younger due to fewer distractions, more time and privacy, no worries about getting pregnant and greater intimacy with a lifelong partner (Rheume & Mitty, 2008). However, concerns about sexuality are among older persons commonly revolving around the physical appearances among the female and sexual performance among the male.

Compared to men, older women tend to experience more sexual problems especially towards the menopausal period. In many women, sexual problems will include lack of interest in sex, poor vaginal lubrication, inability to achieve orgasm, not finding sex pleasurable, and pain during intercourse (Lindau et al., 2007). A community health survey conducted in Boston, United States of America reported strong positive association between age and sexual dysfunction among community-based women aged 30–79 has been reported (Lutfey, Link, Rosen, Wiegel, & McKinlay, 2009), possibly contributed by low sexual desire and vaginal dryness which increases with advancing age in

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women (West et al., 2008). Contrary findings have also been reported with similar rates of sexual dysfunction between younger and older women (Hughes, Rostant, & Sally, 2015). Self-rated poor health which can be due to health conditions such as arthritis, diabetes, and hypertension, or the presence of emotional problems like depression and stress decreased physical and emotional satisfaction with sex among women (Hughes et al., 2015).

However, attitudes about sex can be influenced by cultural differences and therefore differ from country to country, and between men and women in each country (Tan, Marumo, Yang, Hwang, & Ong, 2009). In an Asian survey involving 3538 Asian respondents (1776 men and 1762 women), which was dominated by those less than 60 years old (92%) in Hong Kong, Indonesia, Japan, Malaysia, Singapore, South Korea, Taiwan, and Thailand concluded sex is very important to Asian men and women, but many of them are not fully satisfied with their sex lives and want to improve them, indicating it is a problem not only involving older persons but also the younger age group. In another study among adults aged 40 to 80 years in the urban population of nine Asian countries also concluded the interest in sexual activity among Asian men and women despite experiencing prevalent sexual dysfunction (Nicolosi, Glasser, Kim, Marumo, & Laumann, 2005). However, there have been limited studies exploring sexuality issues especially among the older Malaysia which lead to the necessity of such study being conducted.

2. Methodology

A cross sectional study was conducted among the elderly Malaysian in Kuala Lumpur from December 2014 to February 2015. Only 160 respondents completed the questionnaire from 234 distributed. Using multi-stage cluster sampling method, twelve neighbourhood associations were randomly selected from the housing list provided by the Kuala Lumpur City Hall People’s Housing Project and Public Housing. Those who were i) community-dwelling elderly Malaysians aged 60 and above, ii) ambulatory, and iii) capable of completing questionnaire orally were considered eligible for the study. Data was collected using validated questionnaire by face-to-face technique by trained interviewers, consisted of four sections namely socio-demographic characteristics (age, gender, education level, occupation and marital status), sexual activity, problems and perceptions. Sexual problems were measured using the nominal scale of Yes (1) and No (0). Please note that there were some differences on sexual problem items asked to male and female respondents. Respondents were considered to have overall sexual problem if they have one or more sexual problems asked. Meanwhile, the sexual perception consists of 7 items, measured using 3-point Likert scale (0 = Unacceptable, 1 = Acceptable and 2 = Don’t Know).

Descriptive and multivariate analysis were done using the Statistical Package for Social Science (SPSS) program version 22.0 with 3-step hierarchical multiple logistics regression was used to determine contributing factors of sexual problem and perception, in order to determine the impact of gender with and without the presence of other covariates. Overall sexual perception was obtained by computing total score of the items and categorized into two binary outcomes. Good sexual perception, coded as 1, was obtained if respondent scored “Acceptable” for four items or more. Poor sexual perception, coded as 0, was obtained if respondent scored “Unacceptable” for three items or less. All analysis were set at p - value < 0.05 (with a confidence limit at 95%) significance level. Informed consent was obtained prior to survey administration in line with the requirements of the university’s Ethics Review Board.

3. Results

Table 1 is showing the characteristics of the respondents involved in this study according to gender. The overall mean age of the respondents

Table 1
Characteristics of the respondents (N = 160).

Variable	Male (n = 91)		Female (n = 69)	
	n	% (95% CI)	n	% (95% CI)
Age				
Mean (SD) = 65.33(5.87)				
66.08(6.58)				64.35(4.65)
Education level				
No formal/Primary	60	65.9 (55.7,0.75)	58	84.1 (73.7,90.9)
Secondary/Tertiary	31	34.1 (22.2,40.9)	11	15.9 (9.1,26.3)
Occupation				
Working	21	23.1 (15.6, 32.7)	8	11.6 (6.0,21.2)
Retired	36	39.6 (30.1,49.8)	2	2.9 (0.8,10.0)
Unemployed/Managing home	34	37.4 (28.1,47.6)	59	85.5 (75.3,91.9)
Marital status				
Single/Widowed/Separated	25	27.5 (19.4,37.4)	32	46.4 (35.1,58.0)
Married	66	72.5 (62.6,80.7)	37	53.6 (42.0,64.9)
Chronic medical condition				
Mean (SD) = 2.18 (1.44)				
2.30 (1.55)				2.02 (1.26)

Table 2
Sexual activity and problem among respondents (N = 160).

Variable	Male		Female	
	n	%	n	%
Sexual activity with spouse (Male = 71, Female = 43)				
Sexual intercourse	55	77.5	30	69.8
Holding hands	70	98.6	41	95.3
Hugging	70	98.6	41	95.3
Kissing	66	93	40	93
Masturbation	11	15.5	7	16.3
Sexual problem (Male = 91, Female = 69)				
Lacked interest in having sex	27	29.7	50	72.5
Find sex unpleasant	18	19.8	24	34.8
Unable to come to orgasm (a climax)	16	17.6	38	55.1
Came to orgasm (a climax) too quickly	19	20.9		
Had trouble maintaining an erection	15	16.5		
UTI (urinary tract infection)	1	1.1		
BPH (Benign Prostate Hyperplasia)	6	6.6		
Problem related to male hormone	3	3.3		
Have reached menopause			68	98.6
Experienced physical pain during intercourse			60	87
Had trouble becoming lubricated or wet			61	88.4
Felt anxious about your ability to perform sexually			54	78.3
PID (Pelvic Inflammatory Diseases)			1	1.4
Overall sexual problem (Total = 62.5%, M = 24.4%, F = 38.1%)				
Yes	39	42.9	61	88.4
No	52	57.1	8	11.6

was 65.33 ± 5.87 years old. The mean age among the male respondents was 66.08 ± 6.58 and for female respondents was 64.35 ± 4.65.

Meanwhile, Table 2 shows the distribution of the respondents according to their sexual activity and problems. Both male and female elderly reported holding hands, hugging and kissing were reported as the commonest sexual activities among them. Majority of them were also still having sexual intercourse. Compared to men, more women were had lack of interest in sex (72.5%), perceived sex is unpleasant (34.8%) and unable to come to orgasm (55.1%). As expected majority of the female participants have reached menopausal period (98.6%) and therefore experiencing sexual problems related to that such as physical pain during intercourse (87.0%) and having trouble becoming lubricated or wet (88.4%). Many of them were also feeling anxious about their ability to perform sexually (78.3%). Overall, 62.5% respondents were reported to have sexual problems, in which 24.4% were male and 38.1% were female respondents. Among the female respondents, 88.4% were experiencing sexual any forms of sexual

Table 3
Sexual perception among the respondents (n = 160).

Item	Male (n = 91), n (%)			Female (n = 69), n (%)		
	Unacceptable	Acceptable	Don't know	Unacceptable	Acceptable	Don't know
1. Elderly couple holding hands in public	3(3.3)	86(94.5)	2(2.2)	1(1.4)	68(98.6)	0(0)
2. Elderly couple hugging in public	58(63.7)	32(35.2)	1(1.1)	42(60.9)	27(39.1)	0(0)
3. Older persons still want to get married to have children	15(16.5)	76(83.5)	0(0)	15(21.7)	52(75.4)	2(2.9)
4. Older persons to be addicted to pornography	90(98.9)	1(1.1)	0(0)	69 (100)	0(0)	0 (0)
5. Older person addicted to online dating sites	86(94.5)	4(4.4)	1(1.1)	67(97.1)	1(1.4)	1(1.4)
6. Older person consume any drugs/medication to get back in shape such as collagen in order to strengthen the relationship.	18(19.8)	70(76.9)	3(3.3)	11(15.9)	57(82.6)	1(1.4)
7. Older person consume of materials to increase libido or boost sexual relationship	16(17.6)	73(80.2)	2(2.2)	22(31.9)	47(68.1)	0(0)

Table 4
Result of 3-step hierarchical multiple logistics regression for sexual problem.

Variable	First model		Second model		Third model	
	OR	95% CI	OR	95% CI	OR	95% CI
Gender	10.51 [†]	4.49, 24.59	10.7 [†]	3.85, 30.05	10.64 [†]	3.61, 31.35
Age			1.01	0.93, 1.09	0.97	0.88, 1.06
Education level			1.63	0.64, 4.11	1.24	0.46, 3.36
Occupation						
Retired			0.94	0.32, 2.72	0.99	0.33, 3.02
Unemployed/Managing home			0.24	1.94, 0.65	1.76	0.56, 5.50
Marital status			2.28	0.84, 6.16	2.23	0.80, 6.23
Chronic medical condition					1.38 ^{†*}	1.003, 1.90
Sexual perception					0.44	0.18, 1.09

Abbreviations: OR, Odd ratio; 95% CI 95% Confidence interval.

* P < 0.001.

** P < 0.05.

problems compares to 42.9% among men.

On the other hand, Table 3 is showing the respondents' sexual perceptions. Majority of male and female elderly perceived holding hands in public, get married and have children in later life, and consumption of any drugs/ medication to strengthen their relationship and libido or sexual relationship among older people were acceptable.

Table 4 shows the result of 3-step hierarchical multiple logistics regression analysis for sexual problem. First model of the analysis in which sexual problem was regressed on gender shows a significant model, $\chi^2(1) = 38.59, P < 0.001$ and Nigelerke $R^2 = 0.30$. Second model, adding sociodemographic variables (age, education level, occupation, marital status), was also significant, $\chi^2(6) = 43.82, P < 0.001$ and slightly increased Nigelerke $R^2 = 0.33$. The second model showed increased of Nigelerke R^2 by 3% compared to the first model. Third model, with chronic medical condition (numbers) and sexual perception added, a highly significant model was obtained, $\chi^2(8) = 51.21, P < 0.001$ and further increased of Nigelerke $R^2 = 0.38$. The model showed increased of number chronic medical condition was significantly associated with increased sexual problem. The analysis showed the significant role of gender in all the 3 models. As expected, the model revealed female elderly were 10.6 times more likely to have sexual problem compared to male elderly (OR = 10.64, $P < 0.001$, 95% CI 3.61, 31.35).

Similarly the result of 3-step hierarchical multiple logistics regression for sexual perception is shown in Table 5. First model with sexual perception was regressed on gender, revealed a significant model, $\chi^2(1) = 6.15, P = 0.013$ and Nigelerke $R^2 = 0.05$. Second model with incorporation of sociodemographic variables (age, education level, occupation, marital status), significant model was also obtained, $\chi^2(6) = 17.93, P = 0.006$ and increased Nigelerke $R^2 = 0.15$. Surprisingly, higher education level was significantly and negatively associated with sexual perception. Third model, in which chronic medical condition and sexual problem were added, was also significant,

Table 5
Result of 3-step hierarchical multiple logistics regression for sexual perception.

Variable	First model		Second model		Third model	
	OR	95% CI	OR	95% CI	OR	95% CI
Gender	0.43 ^{†*}	0.22, 0.84	0.24 ^{†*}	0.10, 0.62	0.33 ^{†*}	0.12, 0.88
Age			0.94	0.87, 1.02	0.95	0.87, 1.03
Education level			0.22 ^{†*}	0.09, 0.55	0.23 ^{†*}	0.09, 0.57
Occupation						
Retired			1.23	0.39, 3.84	1.22	0.38, 3.90
Unemployed/Managing home			1.40	0.50, 3.93	1.53	0.53, 4.40
Marital status			0.89	0.38, 2.08	0.97	0.41, 2.30
Chronic medical condition					0.99	0.74, 1.32
Sexual problem					0.47	0.20, 1.12

Abbreviations: OR, Odd ratio; 95% CI, 95% Confidence interval.

* P < 0.001.

** P < 0.05.

$\chi^2(8) = 21.02, P = 0.003$ and Nigelerke $R^2 = 0.17$. As expected, the model revealed gender was significant in all the 3 models obtained, reflecting its important role on sexual perception. Female elderly were 67% less likely to have good sexual perception compared to male elderly (OR = 0.33, $P = 0.027$, 95% CI 0.12, 0.88).

4. Discussion

Sexuality in later life frequently misunderstood and being neglected despite its positive impact on quality of life of older persons. It is a core dimension of life that incorporates notions, beliefs, facts, fantasies, rituals, attitudes, values, and rights with regard to gender identity and role, sexual acts and orientation, and aspects of pleasure, intimacy, and

reproduction (World Health Organization, 2008). Many people are astounded at the idea of elderly people remaining sexually active in their sixties and beyond.

Findings of this study showed a high proportion of the elderly still having sexual intercourse with their spouse, which indirectly reflect their desire for sex, though possibly reduced than they were younger. Changes brought on by age can often make a person's sex life more difficult, but there is still an internal drive or need for sexual fulfilment (Kalra, Subramanyam, & Pinto, 2011). A study by Goh, Tain, Tong, Mok, and Ng (2004) reported that, coital frequency for men and women between the ages of 30 and 55 years averaged about five to six times monthly and was significantly reduced to about three times monthly in those above 55 years old. For the elders, the ability to remain sexually active is a major concern in their lives (Kalra et al., 2011). Although there are barriers for sexual life, the elderly showed their interest in different modes through holding hands, hugging and kissing (Rheume & Mitty, 2008). Older women also express sexual desire, but may fear their interest is undignified and disgraceful.

This study revealed the significant impact of gender on sexual problems among the respondents together with the presence of chronic medical condition. The model obtained also revealed female elderly were more likely to experienced sexual problems compared to men. With increase age, sexual problems become more prominent among elderly women which are partly related to menopause, which indirectly can lead to sexual inactivity. Sexual function tends to declines with ageing process and throughout the menopausal transition in middle-aged women (Nappi et al., 2010), which is further affected by reduced levels of estrogen and androgen during menopausal transition (Woods, Mitchell, & Julio, 2010). Research has shown that low sexual function adversely affects women's quality of life and interpersonal relationships (Prairie, Scheier, Matthews, Chang, & Hess, 2011). Studies have also shown the impact of chronic illnesses on sexual expressions of older persons. According to a review on sexuality and elderly with chronic diseases concluded that chronic diseases may influence sexual expressions and responses which adversely affect one's mood and energy so that can cause depression and grief, as well as loss of self-confidence, self-esteem, and self-concept in elderly adults (Effat, Arezoo, Mansoureh, & Parvaneh, 2016).

The analysis also showed the significant role of gender and education on sexual perception, with majority of female elderly is less likely to have good sexual perception. Unlike younger people, older persons usually seek companionship, affection, love, tranquility, harmony, contact, wisdom, and experience that the companion provides (Almeida & Lourenço, 2008). A study among 29 older women in the northern region of the state of Rio Grande do Sul concluded that for part of elderly women, the ageing did not imply in stagnant sexuality, because they still feel sexually satisfied and have no difficulty in exercising it (Gabriele, Marinês, Leila, & Alice, 2013). However, for most of them, the sexuality became inexistent, especially because of the loss of husband (Gabriele et al., 2013). Sexual perception has also been linked with cognitive function, with the association between lower general cognitive functioning and perceiving sexuality as unimportant seemed stronger in women compared with men (Hartmans, Comijs, & Jonker, 2015).

5. Conclusion and recommendation

The findings of the study highlighted the negative experience related to sexuality among female elderly with majority reported to have sexual problems especially in relation to the physical barriers to enjoy sex due to menopause. The negative experience is more significant among those who were married, because they are more likely to be sexually active compared to those who are single. Elderly women should be made aware on the options available to tackle these problems in order for them to perceive sexuality more positively and at the same time enjoying their sexual life. The stigma and taboos related to having

sex in later life should also be tackled seriously and adequately. The community especially the younger age group must be made aware of the positive outcomes that can be obtained from being sexually active in later life.

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Competing interests

The authors declare that they have no competing interests.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of Universiti Putra Malaysia

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