

# Sexual Perceptions among People Aged 45 years, Association of Reproductive Health and Socio-Demographic Factors in Klang Valley, Malaysia

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## Abstract

**Objective:** The objective of this research was to study the sexual perception and practices among people aged 45 years and above and the associated socio-demographic factors.

**Materials and methods:** A cross sectional study was done on 473 middle aged and elderly people living in Klang Valley in 2005. They were married and literate. Data were collected by means of face to face interview using structured questionnaires and were analyzed using SPSS software. Logistic regression was used and  $p < 0.05$  was considered for statistical significance.

**Results:** The mean age of the respondents was  $54.36 \pm 7.91$  years and majority of them were in age group of 50-59yrs (41.25%) and 53.5 % were male. The ethnic distribution was 50.1% Malay, 23.3% Chinese and 26.6% Indians. Most of them (61 %) reported that they were healthy as compared to 39% who suffered at least from a major medical problem. Only 17.1% of respondents admitted that they had sexual problems and out of these 32% sought various types of treatment. There was a significant difference between satisfaction with sexual intercourse and gender, ethnicity, age, who initiated the sexual intercourse and presence of sexual problem.

**Conclusion:** The findings indicate that older people present as wide a variety of sexual problem areas as younger individuals. Accurate information about sexuality in later life will enable professionals to better provide a desirable environment.

**Keywords:** Reproductive health, Life style, Sexual problem

## Introduction

Reproductive health is a major world priority, with particular problems in developing countries. However, as Ndong et al., 1999 (1) states, "reproductive health generally has been synonymous with women's health", and it is mentioned in literature that repro-

ductive health of men has received little attention (2). Researchers and health planners have pointed out that better outcome for reproductive health programmers would be expected if men were involved (2-6), and there are a number of mechanisms by which this might occur.

Sex remains an essential aspect of human existence throughout life. Sexuality encompasses a wide range of sensual or erotic feelings or behaviors, including sexual fantasy, affectionate hugs amongst friends, flirtatious glances and genital intercourse among lovers.

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Attitudes and behaviors regarding sexuality are an integral of one's personality. Early sexual attitudes and experiences significantly affect our expression of sexuality at all ages. The views of families, peers, and cultures also tremendously influence sexuality by defining which behaviors are acceptable and which are not (7). While most people have little trouble understanding that young adults have sexual needs, their stereotypical view of the older adults does not include sex. However, older adults do have sexual desires and the capacity to enjoy sexual intercourse. In reality, older people can enjoy continued sexual interest, function and satisfaction. Unfortunately a number of social, cultural and health factors pose as obstacles for the elderly to continuously performing or continuing intimate relationships. There is little information on the types and distributions of psycho-sexual problems of older individuals in Malaysia (8). This is due to both a lack of research focusing specifically upon this age group, and the inclusion of a very small number of older people from large-scale Malaysian sexual health studies, noticed by the National Survey of Sexual Attitudes and Lifestyles by the National Population and Family Development Board Malaysia (NPFDB).

There is a common misconception that as a person gets older all sexual activity ceases and becomes 'asexual' being. The suggestion that an elderly person may still be sexually active engenders an emotional response from people: disbelief and disgust are commonplace, or people may find the concept amusing, giving rise to ribald jokes. Sexuality in late life remains largely taboo as a subject, but there is good evidence that both men and women continue healthy sexual activity into old age (9).

The objectives of this study were to determine the sexual perception and practices among people aged 45 years and above in Klang Valley, Malaysia and to relate the sexual perception and practices of these respondents with their socio-demographic background.

## Materials and methods

This was a cross sectional study conducted in 2005 for the first time by the National Population and Family Development Board Malaysia (NPFDB) on the middle age and elderly Malaysians via face to face interview using structured questionnaires.

A total of 500 people aged 45 yrs and above, living in 5 districts in Klang Valley agreed to participate in this study. The inclusion criteria for this

study were married Malaysians aged 45 years and above, who were literate. Respondents who refused to participate or were absent at the time the questionnaires were distributed, were excluded from the study. So, 473 respondents participated in the survey giving a response rate of 94.6 per cent.

Data were collected using a self-administered questionnaire. It was pre-tested a week before actual data collection began to minimize mistakes and to improve the questionnaires and data collection process. A brief explanation on the survey was given to the respondents and they were assured of the confidentiality of the information given. The questionnaire included questions on socio-demographic profile, perception on the respondents' sexual satisfaction and practices. The semi-structured questionnaire was used in the face to face interview by the trained data collectors.

The main variables were satisfaction level of respondents' sexual behavior, the duration of marriage, presence of chronic diseases (diabetes mellitus, hypertension and heart disease), frequency of sexual intercourse, who initiate the sexual activity, presence of sexual problems, and the type of treatment of choice for such problems. Socio-demographic profile include age, gender, race, education level and monthly income were asked from the participants. The respondents were grouped into two age groups (45 to 59 and those 60 years and above).

Education level was categorized into no formal education, primary, secondary and tertiary level. Monthly income was categorized as no income, income of less than Ringgit Malaysia (RM) 1000.00, RM 1001 to RM 3000 and above.

Approval for the study was obtained from the local ethical committee. The data was analyzed using the Statistical Package for Social Science (SPSS) version 12.0. The 95% confidence interval estimates the degree of association and if the interval does not include one, the estimated odds ratio is considered statistically significant at  $p < 0.05$  level. As the data were primarily categorical, tests of association were used to establish bivariate relationships. Logistic regression was then used to model more complex relationships between the independent variables and the outcome variables of interest.

## Results

Four hundred and seventy three out of the 500 people were enrolled in this study (response rate of 94.6%).

### Socio-demographic profile

Table 1, shows the socio-demographic profile of the respondents. The age of respondents ranged from 45 to 70 years old, with the mean of  $54.36 \pm 7.91$  years and majority of them were in age group of 50-59yrs (41.25%). There were 53.5 per cent males. The ethnic distribution was 50.1% Malay, 23.3% Chinese and 26.6% Indians. About 39.3% of them had secondary and 40.8% had primary education and only 6.6% did not have any formal education. The average duration of marriage among the respondents was  $29.05 \pm 9.3$  yrs.

### Presence of medical problems

Most of them (288 or 60.9%) reported that they were healthy as compared to 185 (39.1%) who suffered from at least one type of medical problems (Diabetes mellitus, hypertension and heart disease). Only 149 (31.3%) had one illness and 28 (5.7%), 8 (1.7%) of the patients had two and three diseases, respectively. Table 2 shows the frequency of diseases among respondents.

### Sexual perception, practices and problems

Table 3 shows the sexual perception and practices of the respondents. About 72% said sex was important in their current age and about 87% were satisfied with their sexual practices. However, only 46.3% of the respondents were willing to respond when asked about the frequency of their sexual practices.

For both sexes, the mean frequencies of sexual intercourse in a week and in a month were  $1.68 \pm 1.04$  and  $3.02 \pm 10.45$  times respectively. Only 17.1% of respondents admitted because they were having sexual problems and out of these, 32% sought various types of treatment. Majority of them (70%) wished that they would have a better sexual relationship at their current age.

### Association of Sexual perception and practices with socio-economic factors

There was a significant difference between satisfaction with sexual intercourse and gender, ethnicity, age, who initiated the sexual intercourse and presence of sexual problem. There was also a significant difference between agreeing for finding another partner because of dissatisfaction of sexual intercourse and ethnicity (table 3).

### Discussion

Malaysia during the past two decades had under-

**Table 1: Socio-demographic profile of the study group (n= 473)**

|                        | n   | %    |
|------------------------|-----|------|
| <b>Gender</b>          |     |      |
| Male                   | 253 | 53.5 |
| Female                 | 220 | 46.5 |
| <b>Race</b>            |     |      |
| Malay                  | 237 | 50.1 |
| Chinese                | 110 | 23.3 |
| Indian                 | 126 | 26.6 |
| <b>Age</b>             |     |      |
| 45-59                  | 355 | 75.1 |
| 60 and above           | 118 | 24.9 |
| <b>Education level</b> |     |      |
| None                   | 31  | 6.6  |
| Primary                | 193 | 40.8 |
| Secondary              | 186 | 39.3 |
| Tertiary               | 61  | 12.9 |
| Unknown                | 2   | 0.4  |
| <b>Income (RM)</b>     |     |      |
| None                   | 0   | 0    |
| <1000                  | 185 | 39.1 |
| 1001-3000              | 114 | 24.1 |
| 3000 and above         | 144 | 30.4 |

**Table 2: Frequency of diseases (n= 149)**

|  | Frequency (%) |
|--|---------------|
| Circulatory system                                       | 22.2          |
| Neoplasm   | 17.8          |
| Genitourinary system                                     | 14.9          |
| Respiratory system                                       | 8.8           |
| Endocrine, nutritional & metabolic                       | 8.3           |
| Eye & adnexa   | 7.5           |
| Digestive system   | 7.5           |
| Injury, poisoning & other consequence of external causes | 5.8           |
| Infections & parasites                                   | 4.4           |
| Musculoskeletal & connective tissue                      | 2.8           |

gone rapid modernization and social changes, including older age at marriage and erosion of traditional limits on interactions between unmarried boys and girls. However, stereotypes that older people are physically unattractive, uninterested in sex, and incapable of achieving sexual satisfaction are still widely held (9). Sexuality is one aspect of our concern because it is a very integral part of our humanity. The study showed that 87% of Malaysians aged 45 and above in the study areas in Klang Valley, were satisfied with their sexual practices. The high satisfaction level was expected.

**Table 3:** Association of sexual satisfaction with socio-demographic profile

|  | Sexually satisfied |           | P-Value |
|--|--------------------|-----------|---------|
|  | Yes                | No        |         |
| <b>Demography</b>                        |                    |           |         |
| <b>Gender</b>                            |                    |           |         |
| Male                                     | 212 (51.8)         | 42 (65.1) | 0.033   |
| Female                                   | 197 (48.2)         | 22 (34.9) |         |
| <b>Race</b>                              |                    |           |         |
| Malays                                   | 215 (52.6)         | 22 (34.9) | 0.033   |
| Chinese                                  | 66 ( 60)           | 44 (40)   |         |
| Indian                                   | 88 (69.8)          | 38 (30.1) |         |
| <b>Age</b>                               |                    |           |         |
| 45-59 years <sup>a</sup>                 | 25 (57.4)          | 92 (42.6) | 0.015   |
| ≥ 60 years                               | 61 (72.6)          | 23 (27.4) |         |
| <b>Who initiated sexual intercourse?</b> |                    |           |         |
| Respondent                               | 114 (29.7)         | 24 (17.4) | 0.001   |
| Partner                                  | 114 (29.7)         | 20 (14.9) |         |
| Both                                     | 156 (40.6)         | 6 (3.7)   |         |
| <b>Presence of sexual problem</b>        |                    |           |         |
| Yes                                      | 52 (12.7)          | 29 (46.0) | 0.001   |
| No                                       | 357 (87.3)         | 34 (54.0) |         |

Data are presented as n (%).

<sup>a</sup> Odds ratio=0.75, Confidence interval= 0.66- 0.94

ted as the age of respondents ranged from 45 to 70 years old, with the mean of  $54.36 \pm 7.91$  years and majority of them were in age group 50-59 yrs (41.25%).

On the importance of sex in their life, 72% of the respondents considered sex was important in their current age. However, only 46.3% of the respondents were willing to respond when asked about the frequency of their sexual practices. It was clear that about half of the respondents were too shy to disclose their sexual behavior. For both sexes, the mean frequency of sexual intercourse in a week and in a month was  $1.68 \pm 1.04$  and  $3.02 \pm 10.45$  times respectively. Even though only 17.1% of respondents admitted that they were having sexual problems, 70% wished that they would have a better sexual relationship at their current age; this result is consistent with previous study results (6).

One would argue on the data quality, although it is difficult to establish validity in studies of this nature, certain procedures identified as increasing the likelihood the reliability and validity of the study were adopted. The information collected would be more accurate if it was collected through self administered questionnaire rather than via face to face interview using structured questionnaire. The anonymity achieved through using self-administered questionnaires is known to increase the validity of data generated (10).

However, the research was focused on the qualitative aspect of sexuality to ensure higher responses.

Sexual dysfunction, an impaired ability or interest in sexual activity, can occur among men and women. Types include erectile dysfunction and premature ejaculation in men, and dyspareunia, vaginismus, and orgasmic dysfunction in women (11). These dysfunctions may be caused by drug reactions, psychological effects, or physiological factors and may be treated with sex therapy, drugs, penile implants, or hormones. It was alarming to note that among the 17.1% of respondents who were admitted had some sexual problems, only 32% sought various types of treatment. Although sex education for older people is uncommon, it has been shown to be highly successful.

Socio-demographic characteristics of respondents were compared with the satisfaction level of their sexual practices to find the relationship between them. Gender and ethnicity of respondents showed significant relationship with their level of satisfaction on sexual practices. There were significant associations between age groups, who initiated the sexual intercourse and presence of sexual problems with sexual satisfaction. This result is in accordance with Graciani et al., population-based study which was done in Spain in 2004 (12). Surprisingly, there was also a significant difference between agreeing for

finding another partner because of dissatisfaction of sexual intercourse and ethnicity.

Our study population comprises only respondents from five areas in Klang Valley. Therefore, the results cannot be generalized to the whole Malaysian adults population aged 45 year and above in the whole country.

Not many studies have been done on sexual behavior of Malaysian adults despite most people regard sex as an essential aspect of human existence throughout life. This study hopefully can provide information on the sexual and reproductive health status of Malaysian adults aged 45 year and above, as well as make recommendations for the improvement of their sexual perception and practices which will indirectly improve their quality of life. In general, the finding indicates that older people present with as wide a variety of sexual problem areas as are reported for younger individuals. Accurate information about sexuality in later life will enable professionals to better provide an accepting atmosphere. Such knowledge also facilitates a realistic perspective of sexuality in our own later years.

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### **References**

1. Ndong I, Becker RM, Haws JM, Wegner MN. Men's Reproductive Health: Defining, Designing and Delivering Services. *International Family Planning Perspectives* 1999;25, Supplement.
2. Collumbien M, Hawkes S. Missing men's messages: does the reproductive health approach respond to men's sexual health needs? *Cult Health Sex* 2000; 2:135-50.
3. Dudgeon MR, Inhorn MC. Men's influences on women's reproductive health: medical anthropological perspectives. *Soc Sci Med* 2004;59:1379-95.
4. Pachauri S. Male involvement in reproductive health care. *J Indian Med Assoc* 2001 ;99:138-41.
5. Wang YF. Male reproductive health research needs and research agenda: Asian and Chinese perspective. *Asian J Androl* 1999;1:13 20.
6. Wegner MN, Landry E, Wilkinson D, Tzanis J. Men as partners in Reproductive Health: From Issues to Action. *International Family Planning Perspectives* 1998; 24:38-42
7. Department of Statistics. Year Book of Statistics Malaysia Kuala Lumpur, 1999.
8. Department of Statistics (1991). Vital Statistics Time Series Peninsular Malaysia 1911-1985. Kuala Lumpur.
9. Report of the Second National Health and Morbidity Survey Conference, Kuala Lumpur, 20-22 November 1997.
10. Bradburn N.M, Sudman S. Reviewed work(s): Improving Interview Method and Questionnaire Design . *Journal of Marketing Research* 1979;16:598-9.
11. Subhash CB, Shashi KB. Depression in Women: Diagnostic and Treatment Considerations American Academy of Family Physicians. 1999.
12. Graciani A, Banegas JR, López-García E, Rodríguez-Artalejo F. Prevalence of disability and associated social and health-related factors among the elderly in Spain: a population-based study. *Maturitas* 2004;48 381-92.