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Introduction:

The paper presents results from analysis of sexual dysfunction data collected by NATSAL 2000. The objective of this analytical exercise was to find socio-demographic, sexual behavioral, health and lifestyle factors associated with sexual functions problems reported by sexually active heterosexual men and women. *The project was particularly interested in exploring the sexual behavioral and lifestyle factors associated with short term and persistent sexual function problems in single heterosexual adults.* The project used data collected by National Survey of Sexual Attitudes and Lifestyles in 2000 (NATSAL) which is a national probability survey of adult British population age 16-44. NATSAL 2000 covered a wide range of questions on sexual behavior, attitudes and health and was administered by audio-CASI technique to which has been shown to reduce reporting bias in surveys that deal with sensitive behavior.

Background:

While the potential impact of sexual function problems on quality of life and sexual partnerships is well understood, large scale studies on sexual dysfunction are few. Few recent studies have tried to identify demographic, social and behavioral factors associated with sexual dysfunction. One such study, the US National Health and Social Life Survey (NHSLS) conducted in 1992 found that apart from demographic factors such as age and gender, emotional and social stress and sexual trauma at young age were associated with an increased risk of certain sexual dysfunctions later in life.[1] Predictably, older men were more likely to report certain problems such as erectile dysfunctions. Both men and women with childhood history of sexual trauma were more likely to report certain sexual problems.

Analysis of NATSAL 2000 data has shown that prevalence of sexual function problems of any duration is much higher in women than in men. Mercer[2] et al. notes that 34.8% of men and 53.8% of women with at least one heterosexual partner in the previous year reported experiencing one or more sexual function problems for at least one month in the year before interview. However, persistent problems, defined as those lasting more than six months are much less common affecting 6.2% of men and 15.6% of women. In addition to gender, age and marital status, presence of children had significant effect on reporting of sexual dysfunctions. People reporting sexual function problems were also more likely to experience difficulty communicating about sex with their partners.

In the analysis presented in this paper, the population of interest is single heterosexual men and women. In addition to socio-demographic, health and lifestyle variables, the analysis included various indicators of recent sexual partnership and behavior. The

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[1] Laumann EO, Paik A, Rosen RC. Sexual Dysfunction in the United States. Prevalence and Predictors. JAMA 1999 ; 281 :537-44

[2] Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Fnction Problems ? Empirical Evidence from Britain's 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections.* 2005 ; 81 :394-399

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goal was to explore the nature of association between reporting of sexual function problem and recent sexual behavior in single heterosexual adults, and to determine if there are variations by gender or duration of problems.

Methods:

Measurement of Sexual Function:
Population for the project is defined as single heterosexual men and women who have had at least one sexual partner in their lifetime. The analysis concerns those who are primarily heterosexual and hence includes those who report having at least one heterosexual partner in their lifetime but no homosexual partners.

Questions dealing with sexual dysfunction in NATSAL 2000 were modeled after the NHSLS. The respondents were first asked whether they have encountered any of the following sexual function problems for over a month in the previous year-

Lack of interest in sex
Anxiety about sexual performance
Inability to experience orgasm
Premature orgasm
Pain during intercourse
Problem achieving or maintaining erection (men only)
Trouble lubricating (women only)

A response of yes on any of these was followed up by a question about the length of time the respondent has experienced a particular symptom. Other variables in this section were how many symptoms a particular respondent has experienced for more than one month and more than six months, whether a respondent has avoided sex as result of his/her symptoms and whether they have sought medical help for their problems.

Dependent Variables:
One of the more confounding findings of NATSAL 2000 was the high prevalence of any sexual function problem for at least one month and especially the high prevalence of reported lack of interest in sex. As shown in Table 1, almost 54% of women and 35% of men report experiencing at least one type of difficulty for more than a month in the previous year. When broken down by each type of problem however, it is clear that this figure includes a very high percent of women and men reporting a lack of interest in sex. About half of the men and three quarters of the women who report having any sexual function problem also report a lack of interest in sex

(alone or together with other symptoms). While an interesting find and an important indicator of quality of life, as Mercer[3] et al. comment ‘it is necessary to question whether a lack of interest in sex, the most commonly reported problem lasting at least 1 month in the past year, can be considered as “dysfunction”, or even a problem, given its relatively high prevalence.’

Table 1.

Self-reported sexual function problems for people with at least one heterosexual partner in the previous year*

	Lasted at least one month last year		**Lasted at least six months last year**	
	Women	**Men**	**Women**	**Men**
Lack of Interest in Sex	40.6%	17.1%	10.2%	1.8%
Anxiety about Sexual Performance	6.7%	9.0%	1.8%	1.9%
No Orgasm	14.4%	5.3%	3.7%	0.7%
Premature Orgasm	1.3%	11.7%	0.2%	2.9%
Painful Intercourse	11.8%	1.9%	3.4%	0.3%
Trouble achieving/maintaining erection	0.0%	5.9%		0.8%
Problem lubricating	9.2%	0.0%	2.6%	
Any type of sexual function problem for 1+ months	53.8%	34.8%	15.6%	6.2%
At least one problem excluding lack of interest in sex	29.0%	24.1%	9.0%	5.0%

*Source: Mercer CH, Fenton KA, Johnson AM *et al.* Sexual Function Problems and Help Seeking Behavior in Britain: National probability Sample Survey. BMJ 2003; 327:426-7

[3] Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Fnction Problems ? Empirical Evidence from Britain’s 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections.* 2005 ; 81 :394-399

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In view of the high prevalence of reported lack of interest in sex as compared to the other problems, in this project the dependent variable is defined as reporting of `at least one sexual problem excluding lack of interest in sex alone'. As shown in Table 1, when defined in this way, the prevalence of reported short and long term sexual function problems drops significantly. Defined this way, the most common sexual function problem among women is lack of orgasm, followed by painful intercourse. The most common problem in men is premature orgasm followed by anxiety about sexual performance. Following existing literature, the length of time an individual has experienced any problem is taken as a measure of severity. Presence of at least one sexual function problem for more than one month is defined as short term problem while presence of at least one problem for six months or more is defined as persistent or long term problems.

Independent Variables:
The project was interested in exploring the socio-demographic, sexual partnership and behavioral, lifestyle and health factors associated with reporting of sexual function problems in single men and women. Following independent variables were considered:

- Socio-demographic: age, marital status, ethnicity, residence in urban area, presence of children, education, social class
- Recent Sexual partnership/behavior: Number of heterosexual partners in the past year, # of heterosexual partners in last three months, # of new heterosexual partners in the last year, # of concurrent heterosexual partners, sexual partners while traveling, contraceptive use in the last year, condom use in the last year, condom use at last sex with most recent partner
- Health: perception of own health, diagnosis of sexually transmitted infection last year,
- Lifestyle: frequency of sex, sexual satisfaction now, ideal sexual lifestyle now

Analytical approach:
In the descriptive stage of the analysis, the relationship between the dependent variables and the independent variables were explored using cross tabulations and comparison of means, and the strength of the relationship was assessed using appropriate tests of statistical significance such as chi square, and ttest. The results of the descriptive stage were used to develop predictive models using multiple logistic regression analysis. Results were weighted using NATSAL's weight variables to adjust for decisions made at the sampling stage.

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Findings:

a. Prevalence of sexual function problems in singles:

Sexual function problems of any duration were more prevalent in single women than in single men. About 32% of single women report at least one problem for more than a month whereas 28% of single men report the same. Long term problems, while much less common is present in about 9% of single women as opposed to 4 5 of single men (Tables 2.1 and 3.1). The prevalence of individual symptoms when controlled by marital status shows some interesting change. Anxiety about sexual performance is replaces `trouble lubricating' as the third leading problem after `no orgasm' and 'painful intercourse'. Anxiety is also the leading short term symptom among single men, followed by `premature orgasm' (Tables 2.2 and 3.2).

Table 2.1 Prevalence of `at least one sexual function problem for one plus months' (excluding Lack of Interest only)

n=9717 (weighted n=10256)	All		Single		Married/ Cohabiting		Single Men		Single Women	
Any Sexual Problems Lasting more than one month (other than LOI)	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**
Yes	2573	25.1%	903.3	29.4%	1516	23.2%	499	27.7%	404.7	31.8%

Table 2.2 Prevalence of Types of Sexual Problems for at least One Month

Percent with -	Single	Men	Women
Anxiety about Sexual Performance	12.5%	13.27%	11.46%
No Orgasm	11.7%	7.0%	18.4%
Premature Orgasm	7.0%	11.1%	1.2%
Painful Intercourse	7%	2.4%	12.8%
Erection		6.9%	
Problem lubricating			6.9%
Base (weighted)	3076	1803	1273

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Table 3.1 Prevalence of `at least one sexual function problem for six plus months' (excluding Lack of Interest only)

n=10156 (weighted n=10365)	All		Single		Married/Cohabiting		Single Men		Single Women	
Any Sexual Problems Lasting more than six months (excluding LOI only)	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**	**Freq (Weighted)**	**%**
Yes	683	6.6%	182.5	5.9%	449	6.8%	71.02	3.9%	111.5	8.7%

Table 3.2 Prevalence of Types of Sexual Problems for at least One Month

Percent with	Single	Men	Women
Anxiety about Sexual Performance	2.1%	2.22%	1.87%
No Orgasm (NO O)	2.6%	0.8%	5.3%
Premature Orgasm	1.1%	1.8%	0.1%
Painful Intercourse	1%	0.3%	2.0%
Erection		0.7%	
Problem lubricating			1.3%
Base (weighted)	3137	1844	1293

b. Socio-demographic variables:

There was clear association between short term sexual functions and age and marital status for both men and women. Singles, overall, were more likely to report short term difficulties. The pattern was also true for either gender. About 32% of single women and 28% of single men report experiencing at least one difficulty as opposed to 25% of married women 20% of married men (Table 4). Short term problems are also more common in women and men age 16-24 than in older age groups. The prevalence rates for single men and women are 29% and 35% in the 16-24 age group. The prevalence is much lower for those ages 35-44, about 19% (Table 5).

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Table 4. Prevalence of Sexual Dysfunctions by Marital Status[4]

	Percent with Dysfunction for 1+ Month			Percent with Dysfunction for 6+ Months		
	All	Women	Men	All	Women	Men
Married	22.6%	24.9%	20.2%	6.8%	8.1%	5.4%
Cohabiting	24.7%	28.9%	20.3%	6.8%	9.3%	4.1%
Previously Married	23.9%	21.1%	28.5%	8.0%	7.8%	8.4%
Single	29.4%	31.8%	27.7%	5.9%	8.7%	3.9%
Total	25.1%	27.1%	23.2%	6.6%	8.4%	4.8%
p value	*0.00*	*0.00*	*0.00*	*0.21*	*0.69*	*0.03*

Table 5. Prevalence of Sexual Dysfunctions by Age Group

	Percent with Dysfunction for 1+ Month						Percent with Dysfunction for 6+ Months				
	All	Women	Men	Single Women	Single Men		All	Women	Men	Single/Women	Single/Men
Age Group						Age Group					
16-24	31.0%	33.5%	28.6%	34.7%	28.9%	16-24	5.4%	7.9%	3.1%	7.7%	2.8%
25-34	25.6%	28.0%	23.2%	30.1%	27.9%	25-34	7.0%	9.0%	5.0%	10.7%	4.9%
35-44	21.0%	22.3%	19.7%	19.8%	19.5%	35-44	7.0%	8.2%	5.7%	8.4%	6.8%
Total	25.1%	27.1%	23.2%	31.8%	27.7%	Total	6.6%	8.4%	4.8%	8.7%	3.9%
p value	0.000	0.000	0.000	0.0004	0.0533		0.0614	0.5838	0.0230	0.1958	0.0228

However, the relationship between long term sexual problems and age or marital status was much less clear. Neither age nor marital status was significantly related to reporting of long term problems in women. In their analysis, Mercer et al[5] found that age and marital status are significantly related to long term sexual problems when `lack of interest in sex (only)' is included in the definition.

[4] The bases for Tables 4, 5, 6 are given in the Notes section at the end of the paper
[5] Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Fnction Problems ? Empirical Evidence from Britain's 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections.* 2005 ; 81 :394-399

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However, it appears that, persistent sexual difficulties in women excluding lack of interest in sex only is not associated with age and marital status. Age and marital status were found to be significantly related to long term difficulties in men but the direction of the relationship is reversed. Unlike with short term problems, the risk of persistent problems in increased with age and in married men.

The other socio-demographic factor that was found to be significantly related to dysfunctions in both single men and women is the presence of children. Short term sexual difficulties are less prevalent in those with children (Table 6). This is true for men and women overall and those who are single. It is possible that this relationship is affected by a difference in age of people with and without children. In other words, as men and women with children are significantly older, they are less likely to report short term dysfunction anyway.

There was no consistent significant association between sexual dysfunctions and education, or ethnicity or social class.

Table 6. Prevalence of Sexual Dysfunctions by Presence of Children

	Percent More than one Month						Percent Longterm				
Children	**All**	**Women**	**Men**	**Single/Women**	**Single/Men**	**Children**	**All**	**Women**	**Men**	**Single/Women**	**Single/Men**
No	29.3%	33.4%	26.5%	33.9%	28.1%	No	6.1%	9.5%	3.8%	8.2%	3.6%
Yes	21.8%	23.5%	19.7%	24.7%	20.9%	Yes	7.0%	7.8%	5.8%	10.2%	7.8%[6]
p value				0.0008	0.098		0.1327	0.0566	0.0058	0.2403	0.022

c. Sexual partnership, lifestyle and behavior:

Tables 7 and 8 below summarize results of recent sexual partnership variables. Single women and men with short term sexual difficulties report somewhat higher mean number of heterosexual partners in the previous year and in the past three months than those without any problem. Single women with problems also report a higher mean occasions of sex in the previous 4 weeks. Single men and women who report short term problems also have significantly higher prevalence of more than two heterosexual partners in the previous year and concurrent partners. 61% of single men and 44% of single women with problems report having more than two

[6] Frequency for this cell was low

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partners. The rate for single men and women without problems is 49% and 31% respectively. The prevalence rate of concurrent partnerships (in the previous year) and new sexual partners while traveling abroad (in past 5 years) is also somewhat higher in those with problems.

When long term sexual difficulties are considered however, the association with mean number of partners and new partners in the previous year is reversed for men and not significant for women. Single men who are having sexual difficulties for more than six months report somewhat lower mean number of partners and new partners. Long term sexual problems do not appear to have significant association with mean number of partners, new partners and occasions of sex in women.

Table 7. Sexual Partnership and Sexual Function Problems[7]

	Percent with Dysfunction for 1+ Month		**Percent with Dysfunction for 6+ Months**	
	Single men	**Single women**	**Single men**	**Single women**
Mean number of heterosexual partners last year				
Any dysfunctions (excluding lack of interest in sex=NO	2.22	1.32	2.43	**1.4**
Any dysfunctions (excluding lack of interest in sex)=YES	2.78	1.7	1.93	**1.52**
Mean number of new heterosexual partners last year				
Any dysfunctions (excluding lack of interest in sex)=NO	1.49	0.66	1.59	**0.737**
Any dysfunctions (excluding lack of interest in sex)=YES	1.8	0.99	1.23	**0.816**
Mean number of new heterosexual partners last 3 months				
Any dysfunctions (excluding lack of interest in sex)=NO	1.09	0.82	1.19	**0.871**
Any dysfunctions (excluding lack of interest in sex)=YES	1.36	1.05	0.935	**0.83**
Mean occasions of sex/last four weeks				
Any dysfunctions (excluding lack of interest in sex)=NO	**4.9**	4.4	**4.9**	**4.7**
Any dysfunctions (excluding lack of interest in sex)=YES	**5.2**	5.4	**4.06**	**4.1**

[7] The base for Tables 7 through 11 are included at the end of the paper

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Table 8.

	Percent with Dysfunction for 1+ Month		Percent with Dysfunction for 6+ Months	
	Single men	**Single women**	**Single men**	**Single women**
Percent 2+ partners last year				
Any dysfunctions (excluding lack of interest in sex)=NO	49.3%	31.3%	52.6%	34.5%
Any dysfunctions (excluding lack of interest in sex)=YES	60.7%	43.6%	48.1%	41.2%
	0.0003	0.0002	0.5188	0.2099
Percent Concurrent Partners Last Year				
Any dysfunctions (excluding lack of interest in sex)=NO	14.2%	10.1%	15.4%	11.4%
Any dysfunctions (excluding lack of interest in sex)=YES	19.3%	16.1%	20.8%	17.0%
	0.0294	0.0117	0.2436	0.1351
Sexual partners during travel abroad				
Any dysfunctions (excluding lack of interest in sex)=NO	21.8%	13.4%	76.1%	83.9%
Any dysfunctions (excluding lack of interest in sex)=YES	29.8%	22.0%	76.4%	85.1%
	0.0032	0.0009	0.9549	0.7642

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Table 9.

	Percent with Dysfunction for 1+ Month		Percent with Dysfunction for 6+ Months	
	Single men	Single women	Single men	Single women
In the last year did not use any method of contraception				
Any dysfunctions (excluding lack of interest in sex)=NO	16.7%	17.2%	14.0%	14.5%
Any dysfunctions (excluding lack of interest in sex)=YES	8.4%	8.1%	23.9%	14.6%
	0.0003	0	0.0485	0.9718
Used Condom Last Year=Yes				
Any dysfunctions (excluding lack of interest in sex)=NO	69.9%	53.6%	72.1%	57.8%
Any dysfunctions (excluding lack of interest in sex)=YES	74.7%	64.1%	54.8%	48.3%
	0.1011	0.0011	0.005	0.0643
Had heterosexual vaginal/anal sex without a condom=yes				
Any dysfunctions (excluding lack of interest in sex)=NO	57.1%	68.1%	61.7%	70.6%
Any dysfunctions (excluding lack of interest in sex)=YES	75.8%	77.0%	70.8%	73.9%
	0	0.0001	0.004	0.7999
Used condom at last sex with most recent partner=No				
Any dysfunctions (excluding lack of interest in sex)=NO	47.3%	60.0%	49.1%	60.3%
Any dysfunctions (excluding lack of interest in sex)=YES	57.6%	63.6%	68.0%	69.3%
	0.0015	0.2707	0.0029	0.1038

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The nature of condom use in the previous year shows an interesting pattern (Table 9, previous page). Singles with short term problems are half as likely to report not using any methods of contraception last year. A higher percent of them also report using condoms as method of contraception last year. 54% of single women without problems and 64% of single women with problems report using condoms as a contraceptive method in the previous year. The direction of the relationship is same for single men as well, although the relationship was found to be not significant. However, other indicators of condom use points to inconsistent use. A significantly higher percent of single men and women with problems report having heterosexual vaginal or anal sex without a condom in the previous year. The same kind of relationship is noticed with regard to condom use in most recent sex with current partner, although the association was significant only for men. About 58% of men who are having sexual difficulties report not using a condom during most recent sex with the most recent partner as opposed to 47% of those who are not.

With respect to patterns of condom use in the past year, the trends noticed for those reporting short term difficulties are repeated. Yet 71% of single men with long term difficulties also report having heterosexual sex without a condom as opposed to 62% of men who don't. 68% of single men with long term problems also report not using a condom at most recent sex with most recent sexual partner as opposed to 49% of men who don't. Men with persistent problems also report lower rates of condom use as a contraceptive. While the association for women was not significant, the direction of the relationship reflects similar trends of inconsistent condom use. In other words, while the nature of sexual recent sexual activity in terms of partner acquisition and change varies by duration of sexual problems, patterns of condom use in recent sexual partnerships seem inconsistent regardless of duration, especially in men.

While no significant and consistent pattern was noticed with respect to perception of own health, men and women with short term difficulties report a significantly higher rate of STI diagnosis in the previous year (table 10). This seems consistent with the higher rates of partner acquisition and inconsistent condom use. The association between STI diagnosis and long term sexual problems could not be determined due to inadequate sample size. Also, as Mercer et al. found in their analysis, singles with sexual problems, regardless of duration have an overall negative early sexual experience. A higher percent of them were not \`sexually competent' at first sexual intercourse (Table 11).[8]

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[8] Sexual competence is a composite of several variables and measures whether the respondent can be considered \`competent' at first sex

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Table 10. Health and Sexual Health

	Percent with Dysfunction for 1+ Month		Percent with Dysfunction for 6+ Months	
	Single men	Single women	Single men	Single women
Health= Very Good				
Any dysfunctions (excluding lack of interest in sex)=NO	44.2%	42.5%	43.4%	58.5%
Any dysfunctions (excluding lack of interest in sex)=YES	42.1%	37.4%	51.4%	66.0%
	0.494	0.1173	0.017	0.1474
Diagnosed with STI in the last year=Yes				
Any dysfunctions (excluding lack of interest in sex)=NO	0.8%	1.4%	1.2%	2.2%
Any dysfunctions (excluding lack of interest in sex)=YES	3.2%	3.6%	7.1%	2.6%
	0.0003	0.0071	0.0	0.7

Table 11. Early Sexual Experience: Sexual Competence and Knowledge of Sex

	Percent with Dysfunction for 1+ Month		Percent with Dysfunction for 6+ Months	
	Single men	Single women	Single men	Single women
Sexual Competence=Not Competent				
Any dysfunctions (excluding lack of interest in sex)=NO	48.3%	50.9%	48.5%	52.0%
Any dysfunctions (excluding lack of interest in sex)=YES	50.5%	59.1%	63.5%	70.9%
	0.4921	0.0147	0.0195	0.0009
Adequate Information at First Sex=Needed more Information				
Any dysfunctions (excluding lack of interest in sex)=NO	70.3%	74.0%	73.8%	75.0%
Any dysfunctions (excluding lack of interest in sex)=YES	81.8%	79.7%	70.0%	85.8%
	0.0004	0.1259	0.7761	0.1067

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d. Logistic Regression Models:

Multiple logistic regression was used to develop separate predictive models for sexual difficulties in single men and women lasting at least one month. Due to small sample size, one model was developed for both men and women reporting sexual dysfunctions lasting six months or more. The results are presented in Tables 12, 13 and 14 below.

As Table 12 below shows, `sexual satisfaction' and `condom used at last sex with most recent partner' significantly affect the odds of reporting of sexual dysfunction for at least one month in single men. Men who report being always satisfied with sex and using condom at most recent intercourse are half as likely to report sexual problems. Men who are over 35 years of age and those who report not having any method of contraception are also less likely to report sexual problems. Increased odds are associated with wanting to have sex much more or a bit more often and with acquiring sexual partners while traveling abroad, although the latter was not significant. Higher number of sexual partners in the previous three months also marginally increased the odds.

Table 12. Regression Model for Sexual Function Problems for at Least One Month in Single Heterosexual Men

Number of obs	=	1627
Population size	=	1720.077
F(7, 764)	=	8.1
Prob > F	=	0

Any sexual function problem for at least one month (other than lack of interest in sex only)	Odds Ratio	Std. Err.	t	P>t	[95% Conf.	Interval]
age35_44	0.71	0.133488	-1.8	0.072	0.494879	1.030805
Number of heterosexual partners/last 3 months	1.11	0.054128	2.16	0.031	1.00974	1.222574
In the last year not used any method of contraception	0.50	0.119538	-2.91	0.004	0.308582	0.795639
Used condom at last sex with most recent partner	0.57	0.076022	-4.23	0	0.436223	0.738143
Sexual partners during travel abroad/last five years	1.26	0.182788	1.57	0.117	0.944202	1.67164
Sexual satisfaction=Always	0.53	0.073594	-4.55	0	0.407333	0.69981
Ideal sexual frequency= much more/a bit more often	1.31	0.184126	1.95	0.051	0.998237	1.730283

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Single women who reported enjoying sex `always' were also about half as likely to report experiencing sexual difficulties for a month or more (Table 13). Presence of children and sexual competence at first intercourse are also significantly associated with reduced odds of sexual difficulties in single women. Women who are younger than 24 are more likely to report sexual difficulties as are those reporting more than two sexual partners in the previous year and those who report having sex without a condom in the previous year. Finally, like men, women who say they would like to have sex much more or a bit more often have a higher risk of sexual difficulties.

Table 13. Regression Model for Sexual Function Problems for at Least One Month in Single Heterosexual Women

Number of obs	=	1629
Population size	=	1225.524
F(7, 754)	=	7.46
Prob > F	=	0

Any sexual function problem for at least one month (other than lack of interest in sex only)	Odds Ratio	Std. Err.	t	P>t	[95% Conf.	Interval]
age16_24	1.30	0.164417	2.09	0.037	1.01647	1.668628
Own children at home	0.68	0.09641	-2.72	0.007	0.515292	0.898714
Two plus sexual partners/last year	1.41	0.213725	2.26	0.024	1.046706	1.898276
Had heterosexual vaginal/anal sex without a condom/last year	1.68	0.28688	3.06	0.002	1.204863	2.352329
Sexually competent at first sex	0.72	0.104315	-2.29	0.022	0.538751	0.953904
Sexual satisfaction=Always	0.51	0.081483	-4.23	0	0.368795	0.694068
Ideal sexual frequency= much more/a bit more often	1.26	0.169193	1.7	0.09	0.964662	1.636709

Finally, single women are twice as likely to report long term sexual difficulties as men. Those who had sex without a condom last year as well as those who would like to have sex more often also have a significantly higher risk of long term sexual problems. Enjoyment of sex, competence at first sexual intercourse and use of condoms as method of contraceptive in the previous year were associated with significantly higher odds of long term sexual function problems. Finally, unlike with any sexual problems that have lasted one month or more, the odds of reporting long term problems is lower for younger people.

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Table 14. Regression Model for Sexual Function Problems for Six or More Months in Single Heterosexual Men/Women

Number of obs	=	3321
Population size	=	2920.15
F(7, 973)	=	7.94
Prob > F	=	0

Any sexual function problem for six plus months (other than lack of interest in sex only)	Odds Ratio	Std. Err.	t	P>t	[95% Conf.	Interval]
Female	2.001124	0.378449	3.67	0	1.380693	2.900353
age16_24	0.7753796	0.141734	-1.39	0.164	0.541662	1.109942
Used condoms as a contraceptive method/last year	0.7046295	0.130565	-1.89	0.059	0.489825	1.013633
Had heterosexual vaginal/anal sex without a condom/last year	1.45983	0.315532	1.75	0.08	0.955199	2.23106
Sexually competent at first sex	0.5333574	0.095481	-3.51	0	0.37536	0.757859
Sexual satisfaction=Always	0.6287981	0.127926	-2.28	0.023	0.421817	0.937342
Ideal sexual frequency= much more/a bit more often	1.40714	0.253328	1.9	0.058	0.988338	2.003408

Comments:

The project was initiated with the objective of finding factors - socio-demographic, sexual, health and behavioral, that may be associated with reporting of sexual function problems in women and men. The project focused on single heterosexuals to explore the nature association between sexual function problems and recent sexual behavior and find patterns of variations by gender and duration of symptoms, if any.

It was found that while existence of any problem for a month varied by age, marital status and children, they are unrelated to other key socio-economic factors such as education, social class or ethnicity. Long term problems, especially in women were also less related to demographic factors. The only demographic variable that is consistently significant is age and the direction of the association changes with duration. Long term problems are more likely to be present in older singles than younger ones.

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Significant associations were noted with recent sexual behavior for all durations. Those reporting any sexual difficulty for a month or more were also found to be more sexually active in terms of partner acquisition, partner change, and concurrent partnerships. Understandably, long term sexual difficulties had negative association with sexual activity, if any. With regards to contraceptive use, it was noticed that sexual function problems, regardless of duration wais associated with inconsistent condom use in the previous year. There was also some evidence that single men and women who report sexual difficulties at least for a month also had a higher prevalence of STI in the previous year, although the relationship could not be determined for long term dysfunctions due to low sample size.

The results reported in this analysis can not be interpreted as suggesting a cause and effect relationship between sexual difficulties and patterns of sexual partnerships and contraceptive use among single heterosexual population. However, the results show consistent differences in many aspects of recent sexual behavior between people with and without problems.

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Notes:

1. Population
- Excludes number of het/hom sexual partners, lifetime=0
- Includes `had heterosexual sexual intercourse age13+=1 AND homosexual sexual experience=0)

2. Definition/coding of dependent variables

- At least one sexual problem for **at least a month** (excluding only LOI) =1/else=0
  Those cases with LOI as the only symptom are coded as zero. Cases with LOI with other symptoms are coded as 1. The value of 1 includes all other cases (excluding LOI only) which means cases with long term problems are also included in 1.

- Any one sexual problem for at least a six months (excluding only LOI)=1/else=0
  Those cases with no problem lasting for six or more months are coded as zero, along with cases that have no problems.

3. Weighted Bases for Tables 4-6

Table 4.

	All	Women	Men
Married	4764	2471	2292
Cohabiting	1840	948	891
Previously Married	647	408	239
Single	**3107**	**1287**	**1820**

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Table 5.

	Single/Men	Single/Women
Age Group		
16-24	1038	767
25-34	603	381
35-44	179	138

Table 6.

Children	Single/Men	Single/Women
No	1702	988
Yes	117	299

4. Bases for Tables 7-11

	Single/men	Single/women	Single/men	Single/women
Any dysfunctions (excluding lack of interest in sex)=NO	1304	868	1749	1176
Any dysfunctions (excluding lack of interest in sex)=YES	498.6	404	71	111