

Socio-Economic Status and Reporting of Sexual Difficulties in Sexual Behavior Surveys: Empirical Evidence from NATSAL 2000

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Introduction:

In the last two decades, research on sexual function problems and their correlates have received ample attention in empirical studies of adult sexual behavior. Although many studies are conducted on small samples or in clinical settings, a few large population based sexual behavior surveys provide excellent empirical data on sexual difficulties in general adult population. Consequently, there is a growing body of literature on estimated prevalence of various types of sexual difficulties and the socio-demographic, behavioral, health and psychological factors associated with them.

Using data from the National Survey of Sexual Attitudes and Lifestyles II (Natsal 2000) – a survey of adult sexual behavior in Britain, the current project explored associations between reporting of various sexual difficulties and socio-economic indicators among married and cohabiting women. While socio-demographic and health factors associated with sexual function problems is well addressed in the existing literature, the association with socio-economic indicators are not as well understood. With a sample size of 11161 that collected data on all standard components of sexual difficulties and their duration, Natsal 2000 provides an excellent opportunity to explore this relationship in a general adult population.

Background Literature:

A review of published research in the area reveals two primary areas of focus- estimated prevalence of sexual difficulties of various types and severity among various subpopulations, and the socio-demographic, behavioral and health factors associated with them. Since the current paper is concerned with the latter of the two questions, the review presented below will highlight findings of key studies dealing with factors that are associated with sexual difficulties. However, it is important to note here that while there is a growing body of research on prevalence of sexual problems, review of published work in this area has found a wide variation in the estimates presented. Some recent analysis has explored whether reported prevalence of sexual difficulties is sensitive to various aspects of study design, namely study population, sample size, data collection method and the instrument.¹

One of the early studies to collect survey data on sexual problems among a general adult population was the National Health and Social Life Survey (NHSLS) –a study of sexual behavior in the United States conducted in 1992. A probability sample of US men and women aged 18-59 years, the NHSLS collected data on various components of sexual difficulty and dysfunction including lack of desire, anxiety about sexual performance, sexual pain and difficulties with orgasm and arousal experienced in the twelve months prior to the survey. While some parts of the survey were administered by self completed questionnaires, the section on sexual problems was implemented by face to face interviews.

¹ Hayes RD, Bennett CM, Dennerstein L, et al. Are Aspects of Study Design Associated with Reported Prevalence of Female Sexual Difficulties? *Fertility and Sterility* 2008; 90-497

Analyses of sexual function data of NHSLs are presented in a book² and an article by Laumann et al.³ The results show that key socio-demographic variables like age, marital status, education and ethnicity are significant predictors of specific sexual function problems in both men and women. For example, being single, divorced or widowed results in higher odds of reporting some forms of sexual difficulties such as low desire for sex, difficulties with orgasm (men), orgasm and anxiety about sexual performance. The association with age, while statistically significant is not always in the same direction. Women who are college educated (with or without a degree) have lower odds of reporting almost all types of sexual problems although not all the results are statistically significant. NHSLs finds that college attendance and degree significantly lower the odds of reporting low desire, inability to achieve orgasm, sexual pain, anxiety and not enjoying sex in women. Similar pattern is seen in men with higher educational attainment.

With a study population similar to that of NHSLs, Natsal 2000 collected data on adult sexual behavior among British men and women aged 16-44. Second in a series of national level probability sample survey of sexual behavior in Britain, it was implemented between 1999 and 2001 by researchers from National Centre for Social Research, Royal Free and University Medical School and London School of Hygiene and Tropical Medicine. The survey collected data on the standard components of sexual difficulty discussed above as well as on additional items such as duration of the symptoms and whether any medical practitioner has been consulted. A significant difference between the two studies is that Natsal 2000 made use of computer assisted self interviewing technique (CASI) to administer the sensitive areas of the survey including questions dealing with sexual difficulties. Since respondents enter their responses directly into a laptop computer, CASI is used to allow privacy and reduce reporting bias in surveys that deal with sensitive behavior which are particularly susceptible to systematic underreporting.

Prevalence data from Natsal 2000 shows that while a third of the men and half of the women surveyed reported experiencing at least one form of sexual difficulty in the previous twelve months, persistent problems - defined as those lasting for six months or more are much less common (1.8% among men, 10.2% among women).⁴ As the authors have pointed out, the high prevalence statistics in Natsal 2000 is impacted by a large percent of respondents reporting a lack of interest in sex. In logistic regression, a rise in age was found to increase the odds of persistent problems of any type in both men and women. Having young children at home increased the odds of any as well as persistent sexual function problems in women. Indicators of early sexual experience and the quality

² Laumann EO, Gagnon JH, Michael RT, et al. *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: Ill: University of Chicago Press; 1994

³ Laumann EO, Paik A, Rosen RC. Sexual Dysfunction in the United States. Prevalence and Predictors. *JAMA* 1999 ; 281 :537-44

⁴ 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

of recent sexual partnership such as frequency of sex and ease of discussing sex with partner are also shown to have strong associations with long term sexual function issues.⁵

While these and other smaller studies give ample insight into sexual function problems, variations in study design- questionnaire wording, composition of the population, and data collection method often make comparison of results difficult. As mentioned earlier, there is little consensus on the prevalence and correlates of sexual problems in the existing literature, which leaves much room for further research.

Methodology:

A national level survey, Natsal 2000 used a multistage probability cluster design with oversampling in London. A separate sample was drawn at the end of the main survey to increase the number of respondents from ethnic minorities. Data was collected by computer assisted personal interview and CASI to reduce reporting bias in items dealing with sensitive behavior. Detailed accounts of the Natsal 2000 methodology have been published in several articles.^{6 7} For the current analysis, only married or cohabiting heterosexual women aged 16-44 were chosen. This was done to control for the possible effects of sexual preference and current partnership status on sexual function issues reported. The study collected data on all standard components of sexual function problem. The questions were asked in the following way-

In the past year, have you experienced any of the following for 1 month or longer?

1. Lack of interest in having sex
2. Felt anxious just before having sex about your ability to perform sexually
3. Were unable to come to climax (experience an orgasm)
4. Came to climax (experience and orgasm) too quickly
5. Experienced physical pain during intercourse
6. Had trouble achieving or maintaining an erection (men only)
7. Had trouble lubricating (women only)

A response of yes in this section was followed up by a question about the length of time the respondent has experienced a particular symptom, whether they have avoided sex because of their problems and whether and what kind of medical help they have sought for the problems reported.

Other data used in the analysis were age, whether the respondent had children living in the same household, respondents' perception of their own health and indicators of socio-economic status derived from a number variables such as educational attainment,

⁵ Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Function Problems? Empirical Evidence from Britain's 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections*. 2005; 81:394-399

⁶ Erens B, McManus S, Field J, et al. *National Survey of Sexual Attitudes and Lifestyle II: Technical Report*. London: National Centre for Social Research, 2001

⁷ Johnson AM, Mercer CH, Erens B, et al. Sexual Behavior in Britain: Partnership, Practices and HIV Risk Behaviors. *Lancet* 2001; 358:1835-42

respondent's and household's social class, respondent's employment status, and hours of work of the respondent and partner.

The project sought to explore whether there is significant variation in reporting of sexual function problems of various types and duration between women of different socio-economic status. The outcome measures for this analysis were each individual sexual problem experienced for any duration in the previous twelve months, and for more than six months. Following existing literature on sexual function problem data of Natsal 2000, the length of time a symptom has lasted is taken as an indicator of severity. The other dependent variable used is the total number of sexual problems reported by a respondent (any duration). The nature and statistical significance of associations between the outcome measures and each socio-economic indicator were explored first by cross tabs and chi square tests. This analysis was used to select independent variables to be used in logistic regression and OLS regression. In addition to the select socio-economic variables, age, presence of children and respondent's health status were used in regression modeling. The weight variables of Natsal 2000 were used in all analyses which was done using version 9 of STATA.

Results:

While over half of married and cohabiting women (55%) report having some kind of sexual difficulty for at least one month in the past year (Table 1), severe problems lasting more than six months are much less common (17%). Other than low interest in sex which has been reported by 45% of women in the group, lack of orgasm and pain during sex are the most common problems reported (12% and 10%). Anxiety about sexual performance is the least common problem reported by this group of women.

Of the socio-economic indicators explored in this analysis, education and social class of the household are significantly associated with a higher prevalence of sexual problems of many types. Percent of women reporting sexual difficulties of any type lasting at least a month is consistently and significantly higher among those with a higher educational attainment (Table 2). The relationship is strongest for lack of orgasm of any duration and long term. Among women with a degree, the prevalence of lack of orgasm of any duration and for over six month is 18% and 6% respectively. In comparison, among women who have not passed any exams, the rate is 8% and close to 0%. A significantly higher percent of women with a degree or some college (A-level) also report experiencing two or more sexual problems for any duration.

Table:1 Prevalence of Sexual Function Problems for Married or Cohabiting Heterosexual Women

SEXUAL PROBLEM		
Problems lasting 1+ months	Percent	95% Confidence Interval
At least one sexual problem	55%	(54%-57%)
Lack of Interest in Sex	45%	(44%-47%)
Anxiety about sexual performance	5%	(4%-5%)
No Orgasm	12%	(11%-13%)
Pain during Intercourse	10%	(9%-11%)
Trouble with Lubrication	9%	(8%-10%)
Two or more problems	18%	(17%-19%)
(Ns)	(3658-3664)	
Problems lasting 6+months	Percent	95% Confidence Interval
At least one sexual problem	17%	(16%-18%)
Lack of Interest in Sex	12%	(11%-14%)
Anxiety about sexual performance	1%	(1%-2%)
No Orgasm	3%	(3%-4%)
Pain during Intercourse	3%	(3%-4%)
Trouble with Lubrication	3%	(2%-3%)
Two or more problems	5%	(4%-5%)
(Ns)	(3657-3698)	

Social class of the household, which is highly correlated with educational attainment, is also found to be significantly associated with anxiety, difficulties with orgasm and lubrication (Table 3). In households where either partner works in professional, managerial and technical professions, women report a significantly higher prevalence of anxiety and lack of orgasm (6% and 15% respectively) than those who work in unskilled jobs (2% and 9%). A significantly higher percent of women in higher social class report two or more problems of any duration. However, the pattern is less consistent for problems lasting six months or longer.

The associations between sexual problems and employment status, and hours worked in the previous week are less clear and not statistically significant in most cases. Lack of interest in sex is somewhat less common among women who are either employed or work full time. The percent of women reporting orgasm and lubrication is somewhat higher in women who are working full (14% and 11%) than in those who are unemployed or have worked less than 10 hours a week (10% and 8%). Although statistically significant, these associations are much weaker than the other indicators of socio-economic status such as education and profession.

Table 2. Percent Reporting Sexual Problems by Education

SEXUAL PROBLEM	Education				P
	Degree Level	A-Level	o-level/	none	
Problems lasting 1+ months					
At least one sexual problem	58%	59%	56%	51%	0.0532
Lack of Interest in Sex	48%	49%	45%	41%	0.0506
Anxiety about sexual performance	7%	5%	4%	4%	0.0150
No Orgasm	18%	15%	10%	8%	0.0000
Premature Orgasm	2%	1%	1%	2%	0.5149
Pain during Intercourse	11%	14%	11%	8%	0.0401
Trouble with Lubrication	12%	9%	10%	6%	0.0113
Two or More Problems	26%	23%	16%	12%	0.0000
(Ns)	(796-800)	531	(1,775-1,777)	550	
Problems lasting 6+months					
At least one sexual problem	19%	15%	18%	13%	0.0382
Lack of Interest in Sex	13%	11%	13%	10%	0.1987
Anxiety about sexual performance	2%	1%	1%	1%	0.7560
No Orgasm	6%	4%	3%	0%	0.0000
Premature Orgasm	1%	0%	0%	0%	0.0418
Pain during Intercourse	3%	4%	4%	3%	0.8146
Trouble with Lubrication	3%	2%	4%	2%	0.0945
Two or More Problems	6%	5%	5%	2%	0.0809
(Ns)	(796-799)	(530-535)	(1,775-1,791)	(550-565)	

Table 3. Percent Reporting Sexual Problems by Social Class

SEXUAL PROBLEM	SOCIAL CLASS			P
	Professional/ Managerial/ Technical	Skilled- Manual/Non-	Unskilled	
Problems lasting 1+ months				
At least one sexual problem	57%	56%	53%	0.338
Lack of Interest in Sex	47%	46%	41%	0.1259
Anxiety about sexual performance	6%	4%	2%	0.0054
No Orgasm	15%	10%	9%	0.0001
Premature Orgasm	1%	1%	2%	0.2006
Pain during Intercourse	11%	11%	12%	0.8539
Trouble with Lubrication	11%	9%	7%	0.0054
Two or More Problems	22%	17%	13%	0.000
(Ns)	(1601-1606)	1365	529	
Problems lasting 6+months				
At least one sexual problem	18%	16%	14%	0.1135
Lack of Interest in Sex	13%	12%	11%	0.7147
Anxiety about sexual performance	2%	1%	1%	0.0344
No Orgasm	4%	2%	2%	0.0017
Premature Orgasm	0%	0%	0%	0.6095
Pain during Intercourse	4%	3%	3%	0.2771
Trouble with Lubrication	4%	3%	2%	0.1247
Two or More Problems	6%	3%	4%	0.0043
(Ns)	(1609-1619)	(1384-1392)	(536-542)	

Table 4. Percent Reporting Sexual Problems by Employment Status

SEXUAL PROBLEM	Employment Status		P
	Unemployed	Employed	
Problems lasting 1+ months			
At least one sexual problem	57%	55%	0.4636
Lack of Interest in Sex	46%	45%	0.5027
Anxiety about sexual performance	6%	4%	0.1114
No Orgasm	11%	13%	0.128
Premature Orgasm	2%	1%	0.5966
Pain during Intercourse	12%	10%	0.2254
Trouble with Lubrication	8%	10%	0.0497
Two or More Problems	18%	19%	0.6728
(Ns)	(1,193-1,195)	(2,463-2,467)	
Problems lasting 6+months			
At least one sexual problem	18%	17%	0.4123
Lack of Interest in Sex	14%	11%	0.0695
Anxiety about sexual performance	1%	1%	0.8850
No Orgasm	2%	3%	0.0861
Premature Orgasm	0%	0%	0.4879
Pain during Intercourse	4%	4%	0.5384
Trouble with Lubrication	3%	3%	0.4476
Two or More Problems	5%	5%	0.7967
(Ns)	(1,193-1,212)	(2,462-2,483)	

Table 5. Percent Reporting Sexual Problems by Hours Worked

SEXUAL PROBLEM	HOURS WORKED LAST WEEK			P
	35 Hours or More	10-35 Hours	Not Employed*	
Problems lasting 1+ months				
At least one sexual problem	53%	57%	56%	0.1571
Lack of Interest in Sex	43%	48%	46%	0.0447
Anxiety about sexual performance	4%	4%	5%	0.6303
No Orgasm	14%	12%	10%	0.0651
Premature Orgasm	1%	2%	1%	0.3069
Pain during Intercourse	12%	9%	11%	0.0976
Trouble with Lubrication	11%	9%	8%	0.0134
Two or More Problems	20%	18%	17%	0.2680
(Ns)	(1267-1269)	(1123-1125)	(1256-1258)	
Problems lasting 6+months				
At least one sexual problem	17%	16%	17%	0.7701
Lack of Interest in Sex	11%	12%	14%	0.126
Anxiety about sexual performance	1%	1%	1%	0.8576
No Orgasm	4%	3%	2%	0.0657
Premature Orgasm	0%	0%	0%	0.6958
Pain during Intercourse	4%	3%	4%	0.6592
Trouble with Lubrication	3%	3%	3%	0.5072
Two or More Problems	5%	4%	5%	0.6941
(Ns)	(1274-1279)	(1134-1138)	(1277-1297)	

*Includes 91 cases who worked less than 10 hours last week

The association between the sexual difficulties and socio-economic indicators were further explored in multivariate regression models that also included age, presence of

children and perception of own health. While all four socio-economic variables were used in the initial stages, only education and employment status were retained in the final models.

Table 6.

Any sexual problem lasting 1+ months			Number of problems lasting 1+ months		
Predictor Variables	Odds Ratio	P	Predictor Variables	Coefficient	P
N=3648			N=3642		
Age	0.9861	0.0270	Age	-0.0087267	0.006
Children			Children		
Without Children	Referent		Without Children	Referent	
With Children	1.1935	0.0740	With Children	-0.027	0.600
Opinion of own health			Opinion of own health		
Very Good	Referent		Very Good	Referent	
Good	1.1416	0.0970	Good	0.068	0.083
Fair	1.8441	0.0000	Fair	0.244	0.000
Bad/Very bad	1.6752	0.0660	Bad/Very bad	0.131	0.202
Education			Education		
Degree Level	Referent		Degree Level	Referent	
A Level	1.0049	0.9700	A Level	-0.069	0.281
O Level	0.8331	0.0630	O Level	-0.184	0.000
No Exams	0.6368	0.0000	No Exams	-0.316	0.000
Employment Status			Employment Status		
Works Full Time	Referent		Works Full Time	Referent	
Works Part Time (10-35 hours)	1.1895	0.0690	Works Part Time (10-35 hours)	0.062	0.165
Unemployed	1.0590	0.5540	Unemployed	0.001	0.979
			Constant	1.224	0.000

Of the demographic factors, age is found to be a strong predictor of any sexual problems lasting over six months and persistent lack of interest in sex in women who are either married or living with a partner (Table 10). One year of increase in age raises the odds of reporting persistent problems of any type or low desire (OR 1.029, $p=0.002$ and OR 1.036, $p=0.001$ respectively). Women who have children at home have higher odds of reporting any problem (OR 1.194) and low desire for sex (OR 1.312) for at least a month or more (Tables 6 & 7). Interestingly, presence of children significantly reduces the odds of reporting difficulties with orgasm (OR .616) or lubrication (OR .581) in married or cohabiting women (Tables 8 & 9). However, such associations with having children are not noticed when persistent problems are considered. Consistent with previous findings⁸, respondents' perception of their own health is significantly associated with several types of sexual difficulties including persistent low interest in sex. Compared to women in 'very good' health, those who are in 'fair' health are significantly more likely to report persistent problems of any type (OR 2.607, $p=0.000$), persistent low interest in sex (OR 2.442, $p=0.000$) and pain during sex lasting one month or more (OR 1.823, $p=0.002$).

⁸ Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Function Problems? Empirical Evidence from Britain's 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections*. 2005 ; 81 :394-399

Table 7.

Lack of interest lasting 1+ months			Anxiety about sexual performance lasting 1+ months		
Predictor Variables	Odds Ratio	P	Predictor Variables	Odds Ratio	P
N=3642			N=3568		
Age	0.990	0.093	Age	0.987	0.439
Children			Children		
Without Children	Referent		Without Children	Referent	
With Children	1.312	0.007	With Children	1.104	0.696
Opinion of own health			Opinion of own health		
Very Good	Referent		Very Good	Referent	
Good	1.163	0.055	Good	1.201	0.329
Fair	1.658	0.000	Fair	1.840	0.025
Bad/Very bad	1.472	0.158			
Education			Education		
Degree Level	Referent		Degree Level	Referent	
A Level	0.996	0.975	A Level	0.680	0.156
O Level	0.789	0.015	O Level	0.495	0.000
No Exams	0.625	0.000	No Exams	0.438	0.006
Employment Status			Employment Status		
Works Full Time	Referent		Works Full Time	Referent	
Works Part Time (10-35 hours)	1.204	0.054	Works Part Time (10-35 hours)	1.080	0.736
Unemployed	1.073	0.456	Unemployed	1.253	0.316

Table 8.

No orgasm lasting 1+ months			Pain during intercourse lasting 1+ months		
Predictor Variables	Odds Ratio	P	Predictor Variables	Odds Ratio	P
N=3642			N=3642		
Age	0.993	0.480	Age	0.945	0.000
Children			Children		
Without Children	Referent		Without Children	Referent	
With Children	0.616	0.000	With Children	1.095	0.615
Opinion of own health			Opinion of own health		
Very Good	Referent		Very Good	Referent	
Good	0.895	0.359	Good	1.277	0.077
Fair	1.083	0.677	Fair	1.823	0.002
Bad/Very bad	1.388	0.440	Bad/Very bad	1.334	0.449
Education			Education		
Degree Level	Referent		Degree Level	Referent	
A Level	0.785	0.151	A Level	1.228	0.289
O Level	0.557	0.000	O Level	0.920	0.622
No Exams	0.460	0.000	No Exams	0.705	0.130
Employment Status			Employment Status		
Works Full Time	Referent		Works Full Time	Referent	
Works Part Time (10-35 hours)	1.249	0.117	Works Part Time (10-35 hours)	0.815	0.224
Unemployed	0.984	0.909	Unemployed	0.871	0.393

Table 9.

Difficulty lubricating lasting 1+ months		
Predictor Variables	Odds Ratio	P
N=3642		
Age	1.019	0.114
Children		
Without Children	Referent	
With Children	0.581	0.002
Opinion of own health		
Very Good	Referent	
Good	1.072	0.611
Fair	1.127	0.575
Bad/Very bad	0.794	0.674
Education		
Degree Level	Referent	
A Level	0.751	0.169
O Level	0.937	0.687
No Exams	0.546	0.019
Employment Status		
Works Full Time	Referent	
Works Part Time (10-35 hours)	1.002	0.992
Unemployed	0.8445188	0.342

Higher educational attainment consistently and significantly decreases the odds of sexual difficulties of most types in this group of women even after the effects of age, presence of children and health status are accounted for. Having an 'O level' education⁹ as opposed to a college degree reduces the odds of reporting anxiety (any duration) and lack of orgasm (persistent) by almost half (OR .495 and .461 respectively). Women in this category are also less likely to report low interest in sex and difficulty experiencing orgasm of any duration (OR .789 and .557 respectively).

Women who have not passed any exams ('no exams') have significantly lower odds of reporting all types of sexual difficulties of any duration other than pain during intercourse and difficulty with lubrication as well as some of the persistent problems. Compared to a college degree, lack of any exams reduces the odds of persistent low desire and difficulty with orgasm by about half (OR .554 and .552 respectively). Women without any exams are also significantly less likely to report anxiety about sexual performance of any duration compared to those with a college degree (OR .438). Sexual problems which do not show any significant association with educational attainment are pain during sex and difficulty with lubrication.

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Table 10.

Any sexual problem lasting 6+ months			Lack of interest in sex lasting 6+ months		
Predictor Variables	Odds Ratio	P	Predictor Variables	Odds Ratio	P
N=3641			N=3680		
Age	1.029	0.002	Age	1.036	0.001
Children			Children		
Without Children	Referent		Without Children	Referent	
With Children	0.871	0.297	With Children	1.037	0.811
Opinion of own health			Opinion of own health		
Very Good	Referent		Very Good	Referent	
Good	1.343	0.007	Good	1.279	0.051
Fair	2.607	0.000	Fair	2.442	0.000
Bad/Very bad	1.172	0.671	Bad/Very bad	1.161	0.733
Education			Education		
Degree Level	Referent		Degree Level	Referent	
A Level	0.758	0.100	A Level	0.807	0.267
O Level	0.879	0.284	O Level	0.950	0.715
No Exams	0.511	0.000	No Exams	0.545	0.004
Employment Status			Employment Status		
Works Full Time	Referent		Works Full Time	Referent	
Works Part Time (10-35 hours)	1.012	0.926	Works Part Time (10-35 hours)	0.983	0.903
Unemployed	1.133	0.338	Unemployed	1.270	0.093

Table 11.

No Orgasm lasting 6+ months		
Predictor Variables	Odds Ratio	P
N=3679		
Age	1.0219	0.2610
Children		
Without Children	Referent	
With Children	0.6749	0.1240
Opinion of own health		
Very Good	Referent	
Good	1.3488	0.1760
Fair	1.2465	0.5300
Bad/Very bad	2.7877	0.1500
Education		
Degree Level	Referent	
A Level	0.7281	0.2850
O Level	0.4619	0.0010
No Exams	0.0552	0.0000
Employment Status		
Works Full Time	Referent	
Works Part Time (10-35 hours)	0.9901	0.9710
Unemployed	0.8160	0.4610

Discussion:

The findings discussed in this paper add to the existing evidence on socio-demographic factors associated with various forms of sexual difficulties. In their analyses of demographic, health and behavioral correlates, Mercer et al¹⁰ uses 'any problem' rather than individual difficulties as outcome measures. The analyses presented in the current paper adds to our understanding of how key socio-demographic indicators are associated with various components of sexual function in the Natsal data. Additionally, the large sample size of Natsal 2000 allowed controlling for partnership status and sexual orientation- factors which are likely to have an impact on sexual function.

The finding that educational attainment reduces the odds of reporting sexual function problems of various types is noteworthy for a few reasons. As discussed in this paper, the National Health and Social Life Survey (NHSLs) conducted in 1992 in the U.S. found that reported prevalence of sexual problems decreased with higher educational attainment. According to the findings of NHSLs, women with a college degree were half as likely to report low desire, difficulty with orgasm, and pain during intercourse and anxiety as women without a high school diploma. While there are some differences in the study population and analytical approach between the two projects, the difference in the findings of the NHSLs and the current study are noteworthy and needs to be investigated. Further analysis is needed to explore whether the higher prevalence of sexual difficulties noted among women with higher educational attainment represents a real difference in the quality of sexual life or is indicative of systematic reporting bias among women of different educational attainments

¹⁰ Mercer CH, Fenton KA, Johnson AM, et al. Who Reports Sexual Function Problems ? Empirical Evidence from Britain's 2000 National Survey of Sexual Attitudes and Lifestyles. *Sexually Transmitted Infections*. 2005 ; 81 :394-399