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Original Research Article

Sexual satisfaction and associated individual factors among midlife and older people in Ile-Ife, Southwest Nigeria: implications for sexual and reproductive health

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ABSTRACT

Background: Studies in Nigeria have rarely documented the prevalence and associated factors of sexual satisfaction among the midlife and older persons as a special group of underserved population in the country. This study investigates the prevalence and individual associated factors of sexual satisfaction among the midlife and older people in Ile-Ife, Southwest Nigeria.

Methods: A sample size of 404 was analysed in the study. The outcome variable was sexual satisfaction. The explanatory variables are sets of individual and relational characteristics. Data were analysed using Stata 14. Bivariable and multivariable binary logistic regression models were estimated.

Results: Findings reveal 42.0% level of sexual satisfaction. Higher educational attainment (AOR=0.864, $p<0.01$; 95% CI: 0.841-0.886), longer length of marriage (AOR=0.931, $p<0.01$; 95% CI: 0.912-0.950), remarriage (AOR=0.536, $p<0.01$; 95% CI: 0.387-0.742), economic inactivity (AOR=0.456, $p<0.01$; 95% CI: 0.322-0.646) reduces the odds of sexual satisfaction while absence of serious health challenges (AOR=2.742, $p<0.01$; 95% CI: 1.594-4.716) and spousal high wealth level (AOR=1.038, $p<0.01$; 95% CI: 1.017-1.059) increase the odds of sexual satisfaction.

Conclusions: Individual characteristics of midlife and older men and women are significantly associated with their sexual satisfaction. These characteristics should be targeted in a special programme focusing on midlife and older persons in Nigeria.

Keywords: Midlife, Nigeria, Older person, Sexual health, Sexual satisfaction

INTRODUCTION

Sexual satisfaction refers to individual subjective assessment of the level of satisfaction or happiness arising from their sexual relationship.¹⁻² Sexual satisfaction is a key measure of sexual health that is intricately linked to marital satisfaction and quality of life.³⁻⁹ Across the world, poor sexual satisfaction has been widely reported to cause depression and other mental challenges among all segments of men and women.¹⁰⁻¹⁴ However, the effects of sexual satisfaction among the midlife and older people deserves more research attention because the sexual health of these groups of men and

women particularly older people are underserved in most sexual and reproductive health services. This may undermine the sexual and reproductive health and rights of older men and women.¹⁵ In Nigeria, the current National Reproductive Health Policy particularly notes that the health issues of older population groups are largely ignored in the reproductive health field. It also stressed that the increasing population of older persons in the country demands more attention to the health issues including sexual health issues of older persons.¹⁶

In Nigeria as well as other countries, numerous studies have specifically examined sexual activities and

satisfaction among midlife men and women.¹⁷⁻²² Some other studies have solely focused older men and women.²³⁻²⁵ Fewer studies in other countries have also compared the prevalence and correlates of sexual satisfaction among the midlife and older persons.²⁶⁻²⁸ However, studies in Nigeria have rarely documented the prevalence and associated individual factors of sexual satisfaction among the midlife and older persons as a special group of underserved population in the country. This study intends to fill the knowledge gap by investigating the prevalence and individual associated factors of sexual satisfaction among the midlife and older people in Ile-Ife, Southwest Nigeria with the view to providing additional information about the sexual and reproductive health concerns of special segments of the Nigerian population. Ile-Ife, Southwest Nigeria was selected for the study because of the widely practiced sexual norm tagged the 'oluku' in the community.²⁹ This practice did not frown at extra marital relationship or intergenerational sexual relationship and may impact the level of sexuality among midlife and older people in the community.

METHODS

Study design and sample size

The study adopted a quantitative cross-sectional design. The two Local Government Areas (LGAs) in Ile-Ife (Ife Central and Ife East LGA) were purposively selected for the study. The sample was selected through a multi-stage sampling process. In the first stage, the Headquarters of the selected LGAs (Ile-Ife and Oke Ogbó) were purposively selected for the survey for the ease of locating localities used as primary sampling units. A list of the localities was compiled and used as the sampling frame. Two localities were then selected randomly from the LGAs. In the selected localities, house listing were carried out and from the list, households were selected for the study using systematic random sampling method. In selected households, eligible men and women were identified. These were women and men aged 40-59 (midlife) and 60 or older (older persons). The sample was then selected among eligible men and women who gave verbal consent to participate in the study. The fieldwork was carried out between September-October, 2018. The sample size of 404 was determined for the study by applying the Cochran (1963) formula: $N = \frac{Z^2pq}{e^2}$, where $Z = 1.96$, $p = 0.37$ and $e = 0.05$.³⁰

Research instrument

A structured questionnaire was designed for the study based on modifications to the sexual satisfaction scale adapted and validated in a recent study.⁸ The questionnaire sought information on the background characteristics, sexual activities, assessment of sexual satisfaction, and associated individual factors of sexual satisfaction. The instrument was pre-tested among

childbearing women who are not part of the target population.

Research variables

The outcome variable was sexual satisfaction originally measured using the Likert scale. However, responses were later grouped into 'satisfied' coded '1' and 'not satisfied' coded '0'. The explanatory variables are sets of background characteristics and relational factors such as gender (male or female), age group (midlife or older), education (none, primary, secondary or higher), religion (Christianity or Islam), marital status (currently married, separated or widowed), length of marriage (1-9 years, 10-19 years or 20 years or more), remarriage (yes or no), have serious health challenges such as any non-communicable disease (yes or no), recent sexual activity (active or inactive), spouse education (none, primary, secondary or higher), spouse wealth level (low, medium or high). These variables are selected based on significance in existing studies.³¹⁻³³

Data processing and analysis

Data entry was processed using EPI data. The data were exported to Stata 14 for analysis. Respondents' characteristics were described using descriptive statistical methods. An unadjusted binary logistic regression model using Unadjusted Odds Ratio (UOR) with 95% confidence interval was fitted to select variables into an adjusted model. The cutoff point was set at $p < 0.25$. An adjusted binary logistic regression model using Adjusted Odds Ratio (AOR) with 95% confidence interval was estimated to assess the effects of the covariates on sexual satisfaction. Statistical significance was set at $p < 0.05$.

RESULTS

The distribution of participants by sex was nearly equal (50.5% versus 49.5%). Similarly, the proportions of midlife and older people was similar (49.5% versus 50.5%). Most of the respondents are educated but higher proportion of the respondents had tertiary education (40.6%). The majority of the respondents (72.8%) are Christians compared to the 26.2% who were Muslims. Currently married participants dominated the sample (91.6%). More than half (59.2%) of the respondents had been in a marital union between ten and nineteen years while slightly more than one third (34.2%) of the respondents had been married for nine years or less. The majority (86.1%) of the respondents have been in only one marital union. The majority (96.5%) were economically active. Slightly more than half (51.0%) did not have any serious health challenge but almost equal proportion (49.0%) had at least one serious health challenge such as diabetes or high blood pressure.

The majority (78.2%) of the respondents were sexually active. Spousal educational attainment had similar distribution with individual educational attainment. Most

(49.0% of the respondents' spouses were in the low wealth group compared to the proportion in high wealth group (34.7%).

Table 1: Percentage distribution of respondents' socio-demographic characteristics.

Characteristic	Frequency (n=404)	Percentage
Gender		
Male	204	50.5
Female	200	49.5
Age group		
Midlife	200	49.5
Older	204	50.5
Education		
None	22	5.4
Primary	58	14.4
Secondary	160	39.6
Higher	164	40.6
Religion		
Christianity	294	72.8
Islam	110	26.2
Marital status		
Currently married	370	91.6
Separated	8	2.0
Widowed	26	6.4
Length of marriage		
1-9 years	138	34.2
10-19 years	239	59.2
20 years or more	27	6.6
Remarriage		
No	348	86.1
Yes	56	13.9
Economically active		
Yes	392	96.5
No	12	3.5
Have serious health challenges		
Yes	198	49.0
No	206	51.0
Recent sexual activity		
Yes	316	78.2
No	88	21.8
Spouse education		
None	44	10.9
Primary	64	15.8
Secondary	138	34.2
Higher	158	39.1
Spouse wealth level		
Low	198	49.0
Middle	66	16.3
High	140	34.7
Sexual satisfaction		
No	234	58.0
Yes	170	42.0

Source: Fieldwork.

Result further show that 42.0% of the respondents were satisfied with their sexual relationship compared to the 58.0% who were not satisfied (Table 1).

Sexual satisfaction was higher among males compared to females (52.9% versus 31.0). Likewise, the midlife men and women had higher level of sexual satisfaction compared to older people (50.0% versus 34.3%).

Respondents with primary education were more sexually satisfied than other respondents. Muslim respondents reported higher level of sexual satisfaction than Christians (44.5% versus 41.2%). Separated respondents had higher level of sexual satisfaction compared to the currently married and widowed respondents.

Higher level of sexual satisfaction was reported by respondents who had been in a marital union between 10 to nineteen years. Respondents who remarried had higher level of sexual satisfaction compared to those not remarried (46.4% versus 41.4%).

Respondents who were economically active had higher level of sexual satisfaction while respondents who had no serious health challenges were also more sexually satisfied. Respondents whose partners were in the high wealth group reported higher level of sexual satisfaction (Table 2).

In the unadjusted binary logistic regression model fitted. Only marital status did not reveal a significant association with sexual satisfaction.

This variable was thus omitted in the adjusted model. In the adjusted model, females were 3.6% less likely to be sexually satisfied compared to males (AOR=0.964, $p < 0.01$; 95% CI: 0.949-0.970). Older people were 8.2% less likely to be sexually satisfied compared to midlife men and women (AOR=0.918, $p < 0.01$; 95% CI: 0.907-0.928).

Respondents who attained higher education were 13.6% less likely to be sexually satisfied compared to the uneducated (AOR=0.864, $p < 0.01$; 95% CI: 0.841-0.886). Muslims had higher odds of sexual satisfaction compared to Christians (AOR=1.121, $p < 0.01$; 95% CI: 1.105-1.136).

Long length of marriage (AOR=0.931, $p < 0.01$; 95% CI: 0.912-0.950), remarriage (AOR=0.536, $p < 0.01$; 95% CI: 0.387-0.742), being not economically active (AOR=0.456, $p < 0.01$; 95% CI: 0.322-0.646), and lack of recent sexual activity (AOR=0.471, $p < 0.01$; 95% CI: 0.333-0.667) are all associated with lower odds of sexual satisfaction, while having serious health challenges (AOR=2.742, $p < 0.01$; 95% CI: 1.594-4.716), higher spousal education (AOR=1.078, $p < 0.01$; 95% CI: 1.066-1.091) and high spousal wealth level (AOR=1.038, $p < 0.01$; 95% CI: 1.017-1.059) (Table 2).

Table 2: Bivariable and multivariable results showing effects on sexual satisfaction.

Characteristic predicting sexual satisfaction	Sexual satisfaction		Unadjusted model			Adjusted model		
	Yes (170)	No (234)	UOR	P value	95% CI	AOR	P value	95% CI
Gender								
Male ^{ref}	108 (52.9)	96 (47.1)	1.000	-	-	1.000	-	-
Female	62 (31.0)	138 (69.0)	0.932	p<0.01	0.915-0.949	0.964	p<0.01	0.949-0.979
Age group								
Midlife ^{ref}	100 (50.0)	100 (50.0)	1.000	-	-	1.000	-	-
Older	70 (34.3)	134 (65.7)	0.977	p<0.05	0.960-0.993	0.918	p<0.01	0.907-0.928
Education								
None ^{ref}	4 (18.2)	18 (81.8)	1.000	-	-	1.000	-	-
Primary	30 (51.7)	28 (48.3)	0.994	0.430	0.979-1.009	1.008	0.222	0.995-1.022
Secondary	62 (38.8)	98 (61.2)	0.979	0.016	0.962-0.996	0.984	0.070	0.968-1.001
Higher	74 (45.1)	90 (54.9)	0.959	p<0.01	0.940-0.978	0.864	p<0.01	0.841-0.886
Religion								
Christianity ^{ref}	121 (41.2)	173 (58.8)	1.000	-	-	1.000	-	-
Islam	49 (44.5)	61 (55.5)	0.921	p<0.01	0.899-0.943	1.121	p<0.01	1.105-1.136
Marital status								
Currently married ^{ref}	152 (41.1)	218 (58.9)	1.000	-	-	Omitted		
Separated	6 (75.0)	2 (25.0)	0.992	0.792	0.935-1.052			
Widowed	12 (46.2)	14 (53.8)	1.004	0.575	0.989-1.018			
Length of marriage								
1-9 years ^{ref}	56 (40.6)	82 (59.4)	1.000	-	-	1.000	-	-
10-19 years	104 (43.5)	135 (56.5)	1.030	p<0.01	1.018-1.042	1.058	0.761	0.737-1.519
20 years or more	10 (37.0)	17 (63.0)	0.997	0.697	0.983-1.011	0.931	p<0.01	0.912-0.950
Remarriage								
No ^{ref}	144 (41.4)	204 (58.6)	1.000	-	-	1.000	-	-
Yes	26 (46.4)	30 (53.6)	0.955	p<0.01	0.943-0.968	0.536	p<0.01	0.387-0.742
Economically active								
Yes	168 (42.9)	224 (57.1)	1.000	-	-	1.000	-	-
No	2 (16.7)	10 (83.3)	0.964	p<0.01	0.948-0.981	0.456	p<0.01	0.322-0.646
Have serious health challenges								
Yes	12 (6.1)	186 (93.9)	1.000	-	-	1.000	-	-
No	158 (76.7)	48 (23.3)	1.104	p<0.01	1.092-1.117	2.742	p<0.01	1.594-4.716

Continued.

Characteristic predicting sexual satisfaction	Sexual satisfaction		Unadjusted model			Adjusted model		
	Yes (170)	No (234)	UOR	P value	95% CI	AOR	P value	95% CI
Recent sexual activity								
Yes	140 (44.3)	176 (55.7)	1.000	-	-	1.000	-	-
No	30 (34.1)	58 (65.9)	1.115	p<0.01	1.100-1.131	0.471	p<0.01	0.333-0.667
Spouse education								
None ^{ref}	8 (18.2)	36 (81.8)	1.000	-	-	1.000	-	-
Primary	28 (43.8)	36 (56.2)	0.992	0.354	0.976-1.009	0.998	0.775	0.987-1.009
Secondary	66 (47.8)	72 (52.2)	0.994	0.569	0.973-1.015	1.008	0.208	0.995-1.021
Higher	68 (43.0)	90 (57.0)	0.944	p<0.01	0.928-0.961	1.078	p<0.01	1.066-1.091
Spouse wealth level								
Low	72 (36.4)	126 (63.6)	1.000	-	-	1.000	-	-
Middle	28 (42.4)	38 (57.6)	0.993	0.342	0.979-1.007	1.040	0.136	0.988-1.095
High	70 (50.0)	70 (50.0)	1.056	p<0.01	1.044-1.067	1.038	p<0.01	1.017-1.059

Note: ref (reference category)

DISCUSSION

This study builds on existing studies that specifically examined sexual activities and satisfaction among midlife men and women and the studies that paid sole attention to older men and women.^{3,18-25} However, unlike few existing studies that compared the prevalence and correlates of sexual satisfaction among the midlife and older persons.²⁶⁻²⁸ This study investigated the prevalence and individual associated factors of sexual satisfaction among the midlife and older people as a distinct underserved segment of the Nigerian population.

The study found a 42.0% prevalence of sexual satisfaction in the study area. This prevalence was slightly lower than the 50.4% observed in a recent Ethiopian study.³³ It is also lower than the 58.2% reported in an earlier study conducted in Iran.³² The differences in the findings may however be due to the differences in the age range of people covered in the various samples. Regardless of the lower level of sexual satisfaction observed in the study, one important issue arising from the study is that midlife and older people in Ile-Ife, Nigeria and elsewhere are sexually active which provides support for earlier findings.^{18,20,22,33} Giving that midlife and older people are also sexually active, more attention should be giving to their sexual health in the country. Every person regardless of age or physical condition has equal right to sexual and reproductive health which must be preserved and protected by effective reproductive health services. Besides, research evidence abounds that poor sexual satisfaction among all categories of people may lead to serious mental health challenges which may

further complicate the health conditions of older people.¹⁰⁻¹⁴

As already observed in a study and the 2017 National Reproductive Health Policy in Nigeria, the sexual health and rights of older people currently suffer from policy neglect across the world.¹⁵⁻¹⁶ This situation should be well-addressed by developing more initiatives to promote sexual health among midlife and older people. Such initiative should recognise that midlife and older adults are groups disproportionately affected by growing numbers of non-communicable diseases and reproductive system cancers such as breast, cervical and prostate cancers. These health conditions should not be compounded by sexual problems that create depression and other psychological problems. One way of promoting the sexual health of midlife and older people is to develop a programme that specifically targets men and women experiencing andropause and menopause. This programme should create more awareness of likely physical and hormonal change as age increase and provide more information on how the change interacts with individual characteristics to affect sexual satisfaction.

CONCLUSION

This study investigated the prevalence and individual associated factors of sexual satisfaction among the midlife and older people in Ile-Ife, Southwest Nigeria. Findings in the study revealed substantial level of sexual satisfaction in the population. The factors that reduce the likelihood of sexual satisfaction are higher educational

attainment, longer length of marriage, remarriage, and economic inactivity. On the other hand, absence of serious health challenges and spousal high wealth level enhance the odds of sexual satisfaction. These findings indicated need for a special sexual health promotional strategy that should target midlife and older persons in Nigeria.

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