An Investigation about Sexual Life and Mental Health of Urban Seniors
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Abstract. In this paper, the current sexual life and the relationship between sexual life and mental health in seniors were analyzed and discussed based on the investigation into the current sexual life and mental health of 2,475 seniors aged 60 and above from twelve central cities in the western China through the investigation method and the mathematical statistics method. Results: The frequency of sexual activities of the seniors in China is low at present; Moderate sexual activities have a positive effect on the mental health of seniors and more sexual activities are associated with better mental health within a certain range; Elderly men are more likely to be affected by sexual activities in their mental health than elderly women.

1. Introduction

With China entering the aging era, more and more attention is paid to the elderly population. The mental health of the elderly has become one of the hot issues that people pay attention to nowadays, and it is also an urgent problem to be solved for the harmonious development of the society. Sex is part of human nature and one of the basic needs in human life, playing an important role in the formation of self-concept and self-esteem and the development of physical and mental health. However, the problems involved in the sexual life of seniors didn’t get much attention because of the influence of the traditional moral concept. So far, there are also few researches on the relationship between sexual life and mental health in seniors. Based on that, the author explores and analyzes the current sexual life and mental health of urban seniors through a questionnaire survey designated for 2,475 seniors aged 60 and above from capital cities in the western China, in hope that people can hold an objective view for sexual life of seniors and that the importance of sexual life for mental health in seniors can be recognized, in order to help improve the life quality of seniors and fill the gap in this area of research.

2. Objects and Methods of Research

2.1 Objects of Research and Background

A total of 2,475 urban seniors from 12 capital cities in western China were included in this research. The research group issued nearly 9,000 questionnaires which involved the current sexual life and mental health of seniors. Since many seniors didn’t give answers to the questions related to sexual life, there were 2,475 valid questionnaires whose answerers were included in this research.

2.2 Methods of Research

2.2.1 Questionnaire Survey

The self-compiled questionnaires on the lifestyle of urban seniors and the symptom checklists 90 (SCL—90) were distributed to 9,000 urban seniors. As a result, there were 2,475 valid questionnaires, 562 from Chengdu, 356 from Chongqing, 185 from Guiyang, 123 from Kunming, 86 from Xi’an, 147 from Nanning, 59 from Lanzhou, 63 from Yinchuan, 39 from Xining, 102 from Urumqi and 19 from Lhasa.

2.2.2 Mathematical Statistics

Excel2003 and SPSS10.0 software were used to conduct statistical analysis of the obtained questionnaire data.
3. Results and Analysis

3.1 Current Sexual Life in Urban Seniors

3.1.1 Overview of Sexual Life in Urban Seniors

For ease of description, 2,475 seniors were divided into three age groups, 60-65 years old, 66-70 years old and 71 years old and above. There were 1,404 seniors aged 60-65 years, 564 aged 66-70 years and 507 aged 71 years and above. According to the findings, more than half of the seniors who were engaged in normal sexual activities were 60 to 65 years old and higher age was associated with less sexual activities. Among seniors aged 66-70 years and 70 years and above, those with sexual activities accounted for only 12.4% and 3.88% of the total surveyed seniors respectively. Besides, more than 30% of seniors reported not having sexual activities and the value was up to 81% for seniors aged over 70 years. According to the results, an interpretation can be provided. That is, the physiological and sexual functions gradually degenerate and the demand and desire for sexual life also gradually reduce as the age increases. However, according to the latest definition from the World Health Organization, those aged 70 are only within a preliminary agedness and they are able to have moderate sexual life. Related studies have shown that 60% of old couples aged 75 in America still have normal sexual activities.\[2\] As we can see, the sexual life of seniors in our country is in a lower level.

Table 1. Investigation and Statistics of Current Sexual Life in Urban Seniors (n=2475).

| Frequency (Time/\(\text{times}/\text{month}\)) | Aged 60-65 | 60-65 | Aged 66-70 | 66-70 | Aged above 70 | 70 |
|---|---|---|---|---|---|---|
| No less than 3 times | 549 | 80.3 | 110 | 16.2 | 24 | 3.5 | 683 | 27.6 |
| 1 to 2 times | 744 | 73.5 | 196 | 19.4 | 72 | 7.1 | 1012 | 40.9 |
| 0 | 111 | 14.2 | 258 | 33.1 | 411 | 52.7 | 780 | 31.5 |

3.1.2 Investigation into Reasons for Absence of Sexual Activities in Seniors

Among the investigated 780 seniors without sexual activities, 697 provided the reasons. The reasons were tabulated as follows:

Table 2. Statistics of Reasons for Absence of Sexual Activities in Seniors (N=697).

| Reasons | No sex partner | Divorced | Bereft of the spouse | Separation from partner | Physical illness | No sexual desire or having a partner without sexual desire | Difficult to speak out sexual desire because of oldness |
|---|---|---|---|---|---|---|---|
| Number | 74 | 104 | 57 | 189 | 78 | 195 |
| Percentage | 10.62% | 14.92% | 8.18% | 27.12% | 11.19% | 27.98% |

According to the data shown in the above tables, the reasons “physical illness” and “difficult to speak out sexual desire because of oldness” account for the biggest proportion of all reasons and the reason “difficult to speak out sexual desire because of oldness” accounts for a bigger proportion than the reason “physical illness”. The physical state, as the physiological basis of human participation in any activity, certainly has a greater impact on sexual life, especially for seniors with a high incidence of diseases. The reason “difficult to speak out sexual desire because of oldness” accounts for the biggest proportion, which is mainly caused by traditional ideas. Seniors tend to intentionally avoid sexual activities and repress their sexual desire. During investigation, many seniors were too shy to answer such questions and some even blamed the investigators, which demonstrated that seniors tended to
avoid talking about sexual life and couldn’t view the needs for sexual activities scientifically and correctly. Among 195 seniors choosing the reason “difficult to speak out sexual desire because of oldness”, female seniors account for 71.46 % while male seniors only account for 28.54%. These values, on the one hand, demonstrate that female seniors are more influenced by traditional ideas. On the other hand, it is also demonstrated that female are always passive in sexual life and less proactive in expressing their sexual desire. Seniors having no sexual desire only account for 11.19%, which demonstrates that most of seniors still have a need for sex, at least psychologically. However, their needs fail to be satisfied because of various reasons. In addition to the above reasons, the reason “no sex partner” is also a very important factor for seniors’ sexual life, which should attract the attention of geriatric social workers. Related reports show that sexual crimes by seniors have been on the rise in recent years. According to statistics in 2008, the local court of a city in Sichuan Province accepted and concluded 19 cases of fornication with underage girls or indecency with children, including 5 cases involving sexual crimes committed by seniors which accounted for 26%. Therefore, we appeal to the whole society, especially the children of single seniors, to support seniors in finding a partner.

3.2 Study on the Relationship between Sexual Life and Mental Health in Seniors

Scientific analysis is needed for people to figure out whether the normal sexual life of seniors has a positive impact on their mental health and what the relationship is between the frequency of sexual activities and the mental health. Therefore, the author conducted the following factor analyses on the frequency of sexual activities every month and mental health level in seniors.

3.2.1 Factor Analyses on Sexual Life and Mental Health in Seniors of Different Age Groups

Based on different age groups, the frequency of sexual activities was taken as the classified variable to conduct the one-way analysis of variance on various indicators of SCL - 90 for seniors, in order to explore the impact of the frequency on mental health. The analysis results are as follows:

3.2.1.1 Analysis of Variance on SCL - 90 for Seniors Aged 60-65 with Different Frequencies of Sexual Activities

According to Table 3, there are significant differences in items “interpersonal relationship” and “fear” among the seniors aged between 60 and 65 with different frequencies of sexual activities, and
also obviously significant differences in five items including somatization, obsessive-compulsive disorder, depression, anxiety and bigotry. According to the average score of all factors, the mental health of the seniors who have sexual life is generally better than those who have no sexual life. Within a certain range, a higher frequency of sexual activities is associated with a higher mental health level.

**3.2.1.2 Analysis of Variance on SCL - 90 for Seniors Aged 66-70 with Different Frequencies of Sexual Activities**

Table 4: Analysis of Variance on SCL - 90 for Seniors Aged 66-70 with Different Frequencies of Sexual Activities (N=564)

| Items                      | Frequency of sexual activities (times/month) | F   | sig  |
|----------------------------|---------------------------------------------|-----|------|
|                            | 0 (N=258)                                  |     |      |
|                            | 1-2 (N=196)                                |     |      |
|                            | ≥3 (N=110)                                 |     |      |
| Somatization               | 2.12 ± 0.68                                | 8.893 | 0.004|
| Obsessive-compulsive disorder | 2.00 ± 0.66                              | 7.086 | 0.007|
| Interpersonal relationship  | 1.82 ± 0.66                                | 7.514 | 0.061|
| Depression                 | 1.80 ± 0.59                                | 5.371 | 0.033|
| Anxiety                    | 1.79 ± 0.75                                | 7.983 | 0.042|
| Hostility                  | 1.76 ± 0.55                                | 3.469 | 0.097|
| Fear                       | 1.74 ± 0.69                                | 7.951 | 0.039|
| Bigotry                    | 1.69 ± 0.57                                | 4.572 | 0.065|
| Mental disease             | 1.71 ± 0.60                                | 4.098 | 0.073|
| Others                     | 1.97 ± 0.66                                | 3.739 | 0.057|

According to Table 4, there are significant differences in items “depression”, “anxiety” and “fear” among the seniors aged between 66 and 70 with different frequencies of sexual activities, and also obviously significant differences in two items including somatization and obsessive-compulsive disorder. According to the average score of all factors, the mental health of the seniors who have sexual life is better than those who have no sexual life while there is little difference in mental health level among the seniors with different frequencies of sexual activities (1-2 times per month/≥3 times per month).

**3.2.1.3 Analysis of Variance on SCL - 90 for Seniors Aged Above 70 with Different Frequencies of Sexual Activities**

According to Table 5, there are significant differences in items “somatization”, “obsessive-compulsive disorder” and “fear” among the seniors aged above 70 with different frequencies of sexual activities, and also obviously significant differences in two items including depression and anxiety. According to the average score of all factors, the mental health of the seniors who have sexual life is obviously better than those who have no sexual life and a higher frequency of sexual activities is associated with a higher mental health level.
Table 5. Analysis of Variance on SCL - 90 for Seniors Aged Above 70 with Different Frequencies of Sexual Activities (N=507).

| Items                  | Frequency of sexual activities (times/month) |  |  |  |  |  |
|------------------------|--------------------------------------------|---|---|---|---|---|
|                        | 0 (N=411) | 1-2 (N=72) | ≥3 (N=24) | F   | sig|
| Somatization           | 2.20 ± 0.36 | 1.74 ± 0.63 | 1.71 ± 0.61 | 8.021 | 0.032|
| Obsessive-compulsive disorder | 2.13 ± 0.46 | 1.75 ± 0.47 | 1.69 ± 0.53 | 6.813 | 0.019|
| Interpersonal relationship | 1.78 ± 0.41 | 1.65 ± 0.63 | 1.59 ± 0.44 | 7.390 | 0.064|
| Depression             | 1.77 ± 0.67 | 1.74 ± 0.45 | 1.70 ± 0.73 | 4.895 | 0.009|
| Anxiety                | 1.81 ± 0.60 | 1.63 ± 0.47 | 1.60 ± 0.56 | 7.983 | 0.007|
| Hostility              | 1.75 ± 0.62 | 1.68 ± 0.55 | 1.55 ± 0.37 | 3.961 | 0.083|
| Fear                   | 1.80 ± 0.62 | 1.50 ± 0.44 | 1.48 ± 0.40 | 8.145 | 0.016|
| Bigotry                | 1.69 ± 0.72 | 1.57 ± 0.56 | 1.53 ± 0.58 | 4.783 | 0.063|
| Mental disease         | 1.76 ± 0.66 | 1.55 ± 0.48 | 1.52 ± 0.40 | 4.498 | 0.079|
| Others                 | 1.90 ± 0.56 | 1.77 ± 0.64 | 1.67 ± 0.43 | 4.337 | 0.057|

The above results show that there is a significant relationship between the frequency of sexual activities and the mental health in seniors of all ages. It can be concluded that a higher frequency of sexual activities is associated with a higher mental health level. Although there are differences in mental health of seniors of different age groups, sexual life has a positive effect on mental health. Among seniors aged 60 to 65, those with a higher frequency of sexual activities enjoy a relatively higher mental health level. One of the reasons is that the seniors aged 60 to 65 have better somatic function and sexual organ function with a higher sex hormone level. Their sexual physiological ability and sexual desire are relatively strong and their demand for sexual life is still relatively high. Besides, the urban seniors of this age group have just retired from work and are in the leisure period for old-age care. They are energetic and have a relatively strong demand for emotional life. Therefore, sexual activities also have a greater impact on mental health. In terms of seniors aged 66 to 70, the mental health of the seniors who have sexual life is better than those who have no sexual life while the different frequencies of sexual activities (1-2 times per month and ≥3 times per month) exert little influence on the average score of all factors and the mental health. That may be resulted from the gradually deteriorated somatic function and sexual physiological ability and the increment of physical ailments, so sexual life has gradually declined influence on mental health. Among the seniors aged above 70, those having sexual life only account for a small proportion, while a higher frequency of sexual activities is associated with a higher mental health level. A potential reason for that may be the health status. If the seniors of this age group are still able to have sexual activities, they must be healthy and have good somatic function and organ function. The frequency of sexual activities is just one reflection of their health. Although sexual life plays a role in maintaining mental health, physical health is the real reason for better mental health.

3.2.2 Analysis on the Relationship between Sexual Life and Mental Health in Seniors of Different Genders

Gender is also an important factor for the mental health of seniors. According to the current academic research, men’s mental health is better than women’s on the whole. However, there only are some theories showing that gender plays a role in the influence of sexual life on mental health, and no research result is in place to testify those theories. The investigated seniors were divided into two groups based on the presence of sexual activities (group without sexual activities: 0 time per month;
group with sexual activities: 1-2 times per month and ≥3 times per month). With the gender as the variable, a t-test analysis was conducted on various indicators of SCL—90 for seniors of these two groups. The analysis results are as follows:

1. Comparative analysis on mental health of male and female seniors with sexual life

Table 6. Comparison of Various Indicators of SCL—90 for Male and Female Seniors with Sexual Life.

| Items                        | Male (n=997) | Female (n=698) | T      | P      |
|------------------------------|--------------|----------------|--------|--------|
| Somatization                 | 1.67 ± 0.43  | 1.72 ± 0.57    | -1.521 | 0.067  |
| Obsessive-compulsive disorder| 1.76 ± 0.51  | 1.79 ± 0.55    | -0.169 | 0.071  |
| Interpersonal relationship   | 1.58 ± 0.51  | 1.62 ± 0.53    | -1.332 | 0.182  |
| Depression                   | 1.63 ± 0.57  | 1.69 ± 0.52    | -0.543 | 0.073  |
| Anxiety                      | 1.57 ± 0.52  | 1.62 ± 0.49    | -0.895 | 0.296  |
| Hostility                    | 1.61 ± 0.61  | 1.53 ± 0.40    | 0.521  | 0.674  |
| Fear                         | 1.52 ± 0.66  | 1.56 ± 0.72    | -0.771 | 0.592  |
| Bigotry                      | 1.46 ± 0.59  | 1.55 ± 0.56    | -0.164 | 0.117  |
| Mental disease               | 1.49 ± 0.54  | 1.52 ± 0.58    | -0.519 | 0.563  |
| Others                       | 1.77 ± 0.55  | 1.71 ± 0.61    | 0.084  | 0.313  |

According to Table 6, the averages of the item “hostility” and other two factors in female seniors with sexual life are lower than those in male seniors with sexual life while the averages of the other eight factors in female seniors with sexual life are higher than those in male seniors with sexual life. However, there is no significant difference in mental health between female and male seniors, which is in line with the general results obtained in psychological academic researches. The differences in the averages are basically caused by the gender factor.

2. Comparative analysis on mental health of male and female seniors without sexual life

Table 7. Comparison of Various Indicators of SCL—90 for Male and Female Seniors without Sexual Life.

| Items                        | Male (n=458) | Female (n=322) | T      | P      |
|------------------------------|--------------|----------------|--------|--------|
| Somatization                 | 1.79 ± 0.69  | 1.74 ± 0.56    | 2.324  | 0.016  |
| Obsessive-compulsive disorder| 1.83 ± 0.53  | 1.77 ± 0.50    | 0.126  | 0.033  |
| Interpersonal relationship   | 1.79 ± 0.45  | 1.68 ± 0.42    | -1.421 | 0.169  |
| Depression                   | 1.77 ± 0.53  | 1.63 ± 0.46    | -0.517 | 0.067  |
| Anxiety                      | 1.76 ± 0.51  | 1.86 ± 0.43    | -1.274 | 0.511  |
| Hostility                    | 1.87 ± 0.54  | 1.56 ± 0.59    | 0.381  | 0.042  |
| Fear                         | 1.70 ± 0.47  | 1.82 ± 0.62    | -1.037 | 0.590  |
| Bigotry                      | 1.84 ± 0.47  | 1.64 ± 0.44    | -0.129 | 0.131  |
| Mental disease               | 1.82 ± 0.62  | 1.69 ± 0.57    | -0.466 | 0.604  |
| Others                       | 1.81 ± 0.57  | 1.74 ± 0.59    | 0.075  | 0.171  |
According to Table 7, there are significant differences between female and male seniors without sexual life in three items including hostility, somatization and obsessive-compulsive disorder. Except the items “anxiety” and “fear”, the averages of other factors for male seniors are higher than those for female seniors. In general, the mental health level of female seniors is higher than that of male seniors. It can be demonstrated that male seniors are more likely to be affected by sexual life than female seniors. The reason may be that the male have stronger desire and demand for sexual activities than the female who tend to have more needs for love. Besides, female seniors, compared with male seniors, shift their energy to family life and to take care of children and grandchildren. Therefore, they have diminished needs and desire for sexual activities.

4. Conclusion

The above analysis demonstrates that sexual life has a positive effect on seniors to maintain mental health. Modern medical researches show that moderate sexual activities can coordinate physiological functions of human body, promote the normal secretion of sex hormones, release bad mood, help sleeping and improve the cardio-pulmonary function. The researches in health psychology also prove that sexual activities help eliminate the negative emotions of seniors such as loneliness, anxiety and irritability, enhance seniors’ experience in healthy life, and improve seniors’ passion and confidence for life. Furthermore, sexual life not only involves sexual behavior but also reflects emotional communication and needs, satisfying seniors emotionally to a certain extent. In addition, satisfying sexual needs plays a fundamental role in reducing sexual crimes committed by seniors. Therefore, proper sexual activities have a positive impact on the physical and mental health of seniors.

The current sexual life of seniors in China shows that the sexual needs of seniors cannot be met because of multiple reasons. One of main reasons is the influence of traditional ideas. Seniors should understand sexual life correctly. The children of seniors and all people are supposed to view the sexual needs of seniors properly and help seniors find partners so that seniors can live a healthy and meaningful life in their later years.

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