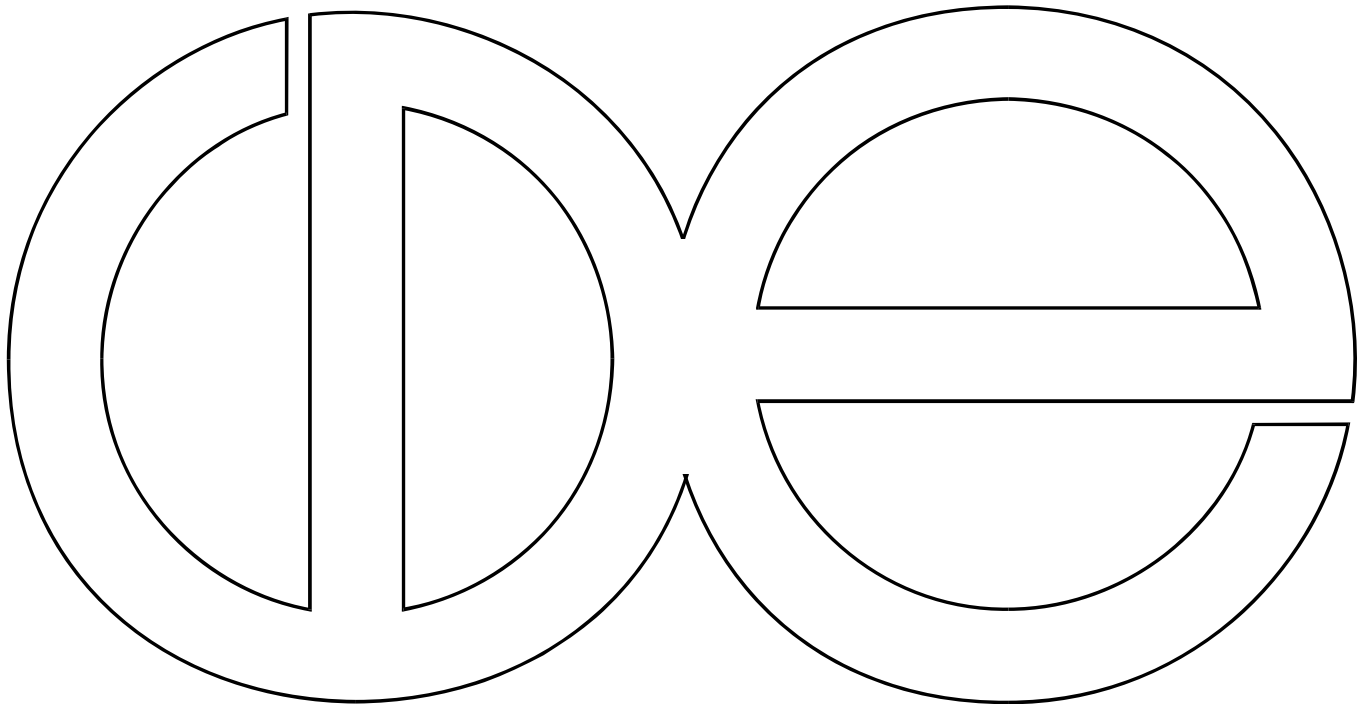


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**Sexual Behavior at Ages 62 to 67:
A Biopsychosocial Approach**

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Running head: SEXUAL BEHAVIOR

Abstract

The purpose of this research is to present and interpret data on the sexual behavior of men and women in their mid-sixties. These results fill an important gap in our understanding of human sexual activity across the life course. The data are from the Wisconsin Longitudinal Study 2003 mail survey; this analysis involves 2,409 men and 2,717 women. The original sample consisted of graduates of Wisconsin high schools in 1957. Regression analyses were used to identify variables independently associated with sexual behavior and satisfaction. Reported frequency of sexual behavior was positively associated with physical health and marital satisfaction, and negatively associated with psychological distress. Satisfaction with one's sexual relationship was negatively associated with distress, and positively associated with frequency of behavior, and two measures of relationship quality. The results are consistent with a biopsychosocial model of the influences on sexual expression.

Keywords: aging and sexuality, biopsychosocial perspective, gender, sexual behavior, sexual satisfaction

Sexual Behavior at Ages 62 to 67:

A Biopsychosocial Approach

Little research has been published on the sexual behavior of older persons. The two principal sources have major limitations. The National Health and Social Life Survey (Laumann, et al., 1994) reported data on a representative sample but did not interview people over age 59, thus providing no data on the rapidly-growing population of persons 60 and older. The Consumer Reports survey (Brecher et al., 1984) reported results from a large but nonrepresentative sample. In this paper we report data from a large, representative sample of persons 62 to 67 years of age. We report frequency of sexual activity and its relationship to major demographic variables, and we report the results of regression analyses that test a biopsychosocial approach to the influences on sexual activity.

Empirical studies of the sexual behavior of representative samples of people in the United States are few in number. The most frequently cited study is the National Health and Social Life Survey (NHSL), based on interviews with a probability sample of 3,432 men and women, conducted in 1992. The volume by Laumann, Gagnon, Michael and Michaels (1994) presents a wealth of descriptive data on that sample. Unfortunately, for budgetary reasons, the researchers limited the sample to persons between the ages of 18 and 59 (Laumann, et al., 1994, p. 52). The most recent study of a probability sample is the 2002 National Survey of Family Growth (NSFG; Mosher, Chandra, & Jones, 2005) based on interviews with 12,571 males and females. Because this survey is focused on reproduction, the sample was limited to men and women ages 15-44.

Empirical studies of the sexual behavior of persons over 60 are even fewer in number. Brecher and the editors of *Consumer Reports Books* (1984) reported the results of the largest cross-sectional survey of older persons to date, based on 4,246 questionnaires from persons over 50 years of age. The data are from a volunteer sample explicitly recruited to participate in a study of sexuality. Recently, two papers (DeLamater & Sill, 2005; DeLamater, Moorman & Sill, 2006) have been published reporting data from the American Association of Retired Persons *Modern Maturity* Sexuality Survey. This survey involved a questionnaire completed by 1,384 persons ages 45 and older containing measures of diagnosed illnesses, medications taken, sexual desire, sexual attitudes, partner circumstances, and sexual behavior. Participants were volunteers and told in advance that the survey included questions about sex.

We report data from the 2003-2004 wave of the Wisconsin Longitudinal Study (cite). The original sample was a one-third representative sample of those graduating from high school in Wisconsin in the year 1957. The WLS included questions about sexuality for the first time in 2003-2004. Thus, the data come from a sample that was not recruited for research on sexuality. In 2003-2004, the graduates were 62 to 67 years of age, older than participants in the NHLS. Data are available for more than 4,000 persons.

The paucity of data on a representative sample of persons over 60 has both applied and substantive consequences. In the applied realm, without such data, mental, physical, and sexual health care professionals do not have a baseline on which to evaluate the sexual health and sexual functioning of older persons. Former Surgeon General David Satcher's *Call to Action to Promote Sexual Health and Responsible Sexual*

Behavior emphasizes “the need to promote sexual health and responsible sexual behavior throughout the lifespan.” (2001, p. 2) The World Association for Sexual Health’s Declaration, “Sexual Health for the Millennium” (WAS, 2005) echoed this call. The development of drugs and devices to “treat” sexual “dysfunctions,” many of which are thought to increase with age, highlights the need for better information about sexual functioning.

The absence of data also hinders efforts to develop our conceptions of and theories about sexuality in later life. Social scientists are increasingly calling for a comprehensive life-course perspective on sexuality, in order to better comprehend the interconnectedness of sexual expression at various ages and life-stages (Lindau, Laumann, Levinson & Waite, 2003) .

Plans to resurvey the participants in the Wisconsin Longitudinal Study provided an opportunity to collect limited data on the sexual activity of this cohort. The study began with a brief survey of more than 10,000 members of the graduating class of 1957 across the state of Wisconsin. Follow-up data of various types have been collected at several points in time, and funding was obtained to do a major follow up, involving both interviews and mailed questionnaires, in 2003. All of the participants are ages 62 to 67, allowing analyses of data from a large sample of this age cohort.

Conceptual Frameworks

Master Statuses and Sexual Identity

Most empirical research on sexual behavior in the United States reports significant variation in behavior by age, gender, marital status, education, and religion, among other variables. Laumann, et al. (1994), referred to these as *master statuses*, characteristics of

the person that are universally recognized and, in many social situations, the most salient ones. As such, these are often incorporated into the person's identity, and hence influence his or her behavior. These are also often observable by or known to others, and therefore influence others' responses to the person. Thus, master statuses organize social and sexual relationships. Like Laumann, et al., we recognize that there may be a complex relationship between these statuses and sexual expression. These five characteristics may also be associated with variation in the motivations that encourage or discourage sexual activity. Also, these measures of social characteristics, or social capital, are related to social norms about the appropriateness of sexual activity, and therefore to sexual scripts that specify acceptable activities.

We present data on participants' sexual behavior, within the framework of analyses used by Laumann, et al. (1994). They report analyses by four master status variables: gender, marital status, education, and religion. Our respondents are in the age group, 62 to 67, immediately beyond the oldest group in the NHSLs, persons 55 to 59. Using the same framework allows us to compare these groups and connect our results to those reported by the NHSLs.

Biopsychosocial Models

Our approach to sexuality is based on a biopsychosocial perspective, as presented by Lindau and colleagues (Lindau, Laumann, Levinson & Waite, 2003). This perspective is characterized by seven core principles. 1) Researchers should attend to health rather than illness, and 2) analyze outcomes of both health and illness. 3) Biological, psychological and social domains contribute equally to health outcomes. 4) Causality is bi-directional; i.e., biopsychosocial factors influence health outcomes and vice-versa. 5)

Health depends not only on the individual, but also on interactions with the partner and family, and ties to other social networks. 6) Life course trajectories influence health. 7) Biopsychosocial influences can be helpful or harmful to health (pp. S78-S79).

We believe this model is especially relevant to analyses of sexual behavior in later life. Such a model is implicit in Masters and Johnson's (1966) emphasis on good physical health, good mental health and regular sexual expression as critical to maintaining sexual capacity into old age.

Biological Influences. In the biological realm, the important variables are age and physical health. With respect to age, sexual behavior in men and women declines steadily into older age, and to a lesser extent there is diminution in sexual desire (Maurice, 1999). Some researchers have attributed these declines to increasing incidence of illness and or medication use. However, in their study of sexual desire in a sample of persons age 45 and older, DeLamater and Sill (2005) found that, controlling for illness and medication use, there was still a significant negative effect of age on sexual desire in both men and women.

Physical health includes overall ratings or assessments of physical health, and as appropriate, measures of illness, medications, and limitations related to physical condition. Numerous studies of small samples link various chronic conditions with declines in sexual desire or frequency of sexual behavior, including cardiovascular disease, hypertension, diabetes mellitus and arthritis (Schiavi, 1999). However, most of these studies are of samples of men and women who have been diagnosed with the condition, often with no comparison group. Also, persons with chronic conditions often

are taking prescription drugs that have adverse effects on sexual functioning, such as anti-hypertension medications.

Psychological Influences. The psychological realm includes mental health, relevant attitudes, especially attitudes about sexual expression and sexual relationships, and other personal traits. Attitudes toward, knowledge about, and expectations with regard to sexual expression of one's self impact behavior (Yura & Walsh, 1983). Sexual attitudes, knowledge and sexual experiences in earlier years are closely interwoven with sexual desire (Butler, Lewis, Hoffman, & Whitehead, 1994). Negative attitudes toward sex among older men and women are common (Story, 1989). In part, these attitudes reflect the youth-oriented culture in the United States.

Mental health is an important influence on sexual functioning. Depression is associated with loss of interest in sex. Other psychological disorders may be related to sexual functioning. Drugs used to treat these disorders can cause sexual side effects. Antipsychotic medications, SSRI antidepressants, monoamino-oxidase (MAO) inhibitors, and sedative drugs may contribute to decreasing levels of sexual desire (Schiavi, 1999; Segraves, 1989).

Social Influences. The presence or absence of a sexual partner is extremely important in understanding differing levels of sexual activity among aging women and men. Many people consider sexual intimacy to be only or most appropriate in marriage, and death and divorce leave many older Americans unmarried. Older women are particularly disadvantaged since the sex ratio becomes increasingly imbalanced with age. Among persons 55 to 64, the sex ratio is 92 (men for every 100 women), among those 65 to 74 it is 83, and among those 75 to 84 it is 67 (Smith, 2003).

For those who do have a sexual partner, satisfaction with the relationship is an important influence on sexuality. Laumann, Gagnon, Michael, & Michaels (1994) measured how physically pleasurable and emotionally satisfying the relationship with one's partner was. These factors may affect the frequency and quality of sexual activity. In long-term relationships, monotony or habituation to sex with one's partner may lead to a decline in frequency of sexual behavior (Call, Sprecher, & Schwartz, 1995).

Hypotheses

What is needed is research based on a comprehensive perspective. The biopsychosocial provides one such conceptual model. Based on prior research and the biopsychosocial model, we expect the following:

1. In the biological domain, good physical health will be positively associated with frequency of sexual activity.
2. In the psychological domain, good mental health will be positively associated with frequency of sexual activity.
3. In the social domain, having a sexual partner and being satisfied with that relationship will be positively associated with frequency of sexual activity.
4. We expect the sexual satisfaction experienced by the person to reflect biopsychosocial influences and frequency of partnered sexual activity.

In this paper, we describe the methodology of the 2003 wave of the WLS. Then we present the analyses of data on sexual activity by marital statuses. Third, we report the results of regression analyses designed to test the basic biopsychosocial model.

Methods

Participants

The Wisconsin Longitudinal Study began with a 1/3 random sample (N = 10,317) of women and men who graduated from Wisconsin high schools in 1957. The original purpose of the study was to assess the demand for higher education in Wisconsin. Additional waves of data were collected in 1964, 1975, and 1992. In 2002-2003, one-hour telephone interviews and 48-page mail surveys were completed with 6,279 surviving American men and women. The survey instrument contained selected items from key inventories of personality, health (depression and alcohol use), and well-being. It also contained measures of the marital relationship, and of well-being, social contact, and social exchanges. The data collection was managed for WLS by the University of Wisconsin Survey Center.

The WLS sample is broadly representative of white, non-Hispanic American men and women who have completed at least a high school education. The WLS sample is mainly of German, English, Irish, Scandinavian, Polish, or Czech ancestry. Minorities are not well-represented: there is only a handful of African American, Hispanic, or Asian persons in the sample, reflecting the population of Wisconsin in 1957. About 19 percent of the WLS sample is of farm origin, and that is consistent with national estimates of persons of farm origin in cohorts born in the late 1930s. In 1964, 1975, and again in 1992, about two-thirds of the sample lived in Wisconsin, and about one-third lived elsewhere in the U.S. or abroad.

Measures

Age. At the time of the 2003 data collection, the age range for men was 62 to 67, with 54% age 64. The range for women was 63 to 67, with 62% age 64.

Current Marital Status. Marital status was determined by responses to a sequence of questions about past and present marital circumstances. In this analysis, a four category indicator is used: never married, married, divorced/separated, and widowed. Questions concerning respondent's sexual behavior were included in the mailed questionnaire; these items were prefaced by the question, "Are you currently married?" Respondents who replied "No" were asked, "Do you have a sexual partner?" (yes, no). Questions about sexual behavior were completed only by respondents who were married or had a partner.

Education. In this analysis, we use a constructed variable, years of education based on highest degree obtained; the four categories are high school graduate, some college, bachelor's degree, and masters degree and above.

Religion. One of our purposes is to compare our results with those reported by Laumann, et al. Accordingly, we recoded religion using their method; the categories are no religion, Roman Catholic, Type I Protestants, Type II Protestants, and other (omitted). Type I "comprises liberal and moderate denominations, including, e.g., Methodists, Lutherans, Presbyterians, Episcopalians, and United Church of Christ." (1994, 146). Type II are politically conservative and often evangelical, such as Baptists, Pentecostals, Churches of Christ, and Assemblies of God.

Health. A basic index of biological functioning is self-reported overall physical health. The question asked "How would you rate your health at the present time?" The response categories were 1 (*very poor*), 2 (*poor*), 3 (*fair*), 4 (*good*), and 5 (*excellent*).

Psychological Functioning. The measure of psychological functioning was a summary score constructed from responses to 20 items from the CESD (Center for

Epidemiological Studies-Depression) (Radloff, 1977). Each of the items asked “How many days during the past week did you . . .” The respondent was asked to circle the number of days she or he experienced each; an overall score was created by summing responses across the items. Scores ranged from 0 to 112.

Emotional Intimacy of Relationship. The survey included a number of measures of the intimacy or closeness of the marital relationship. The first is a measure of time spent alone with spouse in the past month. Response categories were: never (1), about once a month, 2 or 3 times per month, about once a week, 2 or 3 times per week, and almost everyday (6). The second is the question “How much did you experience each of the following feelings during this typical week? Loved.” Response categories were: not at all (1), a little, quite a lot, and a great deal (4).

Marital Satisfaction. The mailed survey contained six items measuring satisfaction with the relationship with spouse. The specific items asked “How satisfied are you with. . .:” day-to-day support and encouragement, spouse’s personality, amount of consideration shown respondent, the way disagreements are settled, how decisions are made, and how well the spouse listens to respondent. The response categories are 1 (*very dissatisfied*), 2 (*dissatisfied*), 3 (*somewhat dissatisfied*), 4 (*somewhat satisfied*), 5 (*satisfied*), and 6 (*very satisfied*). The scores on the items were averaged to create a summary measure. The *alpha* for the scale was .94.

Frequency of Sex. This variable was measured by the question, “During the past 12 months, about how often did you have sex with your husband/wife or partner?” Response categories were: once a day or more, 3 to 6 times per week, once or twice a week, 2 to 3 times a month, once a month or less, and not at all. For regression analyses,

in order to create a measure with a common metric, we recoded responses into times per month: 30, 18, 6, 2.5, 1 and 0. The refusal rate on this item was 16 percent among men and 19 percent among women.

Satisfaction with Sexual Relationship. Two items assessed facets of satisfaction with the sexual relationship. The questions were, “In the past 12 months, how physically pleasurable did you find your sexual relationship with your husband/wife or partner to be?” and “In the past 12 months, how emotionally satisfying did you find your sexual relationship with your husband/wife or partner to be?” The response categories were 1 (*not at all*), 2 (*slightly*), 3 (*moderately*), 4 (*very*), and 5 (*extremely*). The two items were averaged. The *alpha* for the scale was .95.

Results

Sexual Activity and Master Statuses

Laumann, et al. (1994) considered in detail the relationship between sexual activity and master statuses: age, marital status, education, and religion. Here we present analyses using the same master status variables and compare our results for persons 62 to 67 years of age with those reported by Laumann, et al., for persons 55 to 59 years of age.

Age. Table 1 presents the frequency of sexual intercourse in the past year reported by the WLS respondents, ages 62 to 67, and reports of frequency by the oldest age group in the NHSLS, ages 55-59. Looking first at the reports by men, we see that WLS respondents were more likely to report frequencies of 2-3 times per week or more (28.1 percent) than men in the NHSLS (18 percent). Similar results are observed in the reports of women, with more of those in the WLS reporting two times per week or more (19.3 percent) than those in the NHSLS (7.2 percent). That is, the 62 to 67 year-old

respondents in WLS reported a higher frequency of sex. These differences are interesting because the WLS participants are seven to eight years older on the average.

Marital Status. The NHSLs reports data for several marital statuses, including never married, cohabiting, married, divorced, separated, and widowed. The WLS gathered the same information, with the exception of cohabitation. Table 2 presents reported frequency of intercourse for the 55-59 year old group (NHSLs) and the WLS graduates (62-67 years of age). Comparing married men, we see men responding to the WLS survey were more likely to report frequencies of 2-3 times per week or more (30.7 percent) than married men in the NHSLs (21 percent). They were also more likely to report not having had sex in the past year (16 percent v. 5 percent). There are too few men in the other marital status categories to allow comparisons. Among married women, we observe the same pattern. Looking at the results for the divorced/separated and widowed categories, we see that women in the WLS are much more likely to report frequent sexual intercourse (51.7 percent, 41.7 percent) than their younger status-mates in the NHSLs (4 percent, 5 percent).

Education. Considering the results by education, note that all of the WLS participants graduated from high school, whereas the NHSLs has participants who did not. This is reflected in Table 3, where the category “less than high school” is listed as N/A in the WLS panels. Among men, there are enough cases to compare those who were “high school grad or equivalent”; those in the WLS are more likely to report not having intercourse. Among women, those in the WLS who completed some college or vocational school reported more frequent sexual intercourse (27.2 percent v. 4.8 percent).

Religion. Religious identification was measured in both studies. The NHSLS recoded religious identity into four categories, as described under Methods. We recoded religious affiliations reported by the WLS respondents into the same categories, following the NHSLS coding scheme (Appendix 3.1A, pp. 146-147). The results are displayed in Table 4. Among both men and women, there do not appear to be variations by denomination in reported frequency of intercourse within the WLS.

Assessing a Biopsychosocial Model

Frequency of Sexual Activity. To assess the biopsychosocial model, we carried out a series of regression analyses. The first analysis is with frequency of sexual activity as the outcome variable. In step 1 of the analysis, we included four demographic variables: gender, age, current marital status, and education. In step 2, we added physical health (a biological factor), mental distress (a psychological factor), and marital satisfaction (a social factor). In step 3, we tested the interactions of gender and the three biopsychosocial indicators. All variables were centered. The results, using listwise deletion for missing data, are shown in Table 5.

In model 1, the beta coefficients for gender and education are significant. The coefficient for gender (0=male, 1=female) is negative ($p<.01$), indicating that male respondents reported more frequent activity. The coefficient for education is also negative ($p<.05$), indicating that those with more advanced degrees reported less frequent activity. In model 2, the biopsychosocial indicators were entered; the coefficients for all three were significant. As expected, physical health is positively associated ($p<.01$) with frequency; mental distress is negatively associated ($p<.05$), indicating that those with higher scores on the CESD measure reported less frequent sexual activity. Marital

satisfaction has a substantial, positive association with frequency of sex ($p < .01$). In step 3, there is a significant interaction ($p < .05$) of gender \times physical health; the graph of the interaction is displayed in Figure 1. For men, the relationship between good physical health and higher sexual frequency is stronger than the relationship is for women.

Thus the results support the hypotheses based on the biopsychosocial model. Increase in physical health, decrease in mental distress, and increasing satisfaction with the relationship/marriage are each significantly associated with frequency of sex. The adjusted R Square of Model 3 is modest, .08 ($df = 3, 3731$).

Satisfaction with Sexual Relationship We also conducted regression analyses using the two-item index of satisfaction with the sexual relationship as the outcome. We added two additional variables to these analyses, the measures of time spent together, and of the extent to which the respondent felt loved in the past/typical week. Preliminary analyses indicated that the self-rating of physical health was not related to satisfaction with the relationship. In step 1, we entered the other biopsychosocial measures, including the quality of relationship items described above, and frequency of sexual activity. In step 2, we entered the interactions with gender. The results, again using listwise deletion, are shown in Table 6. All variables are centered.

The beta coefficients for all of the variables entered in step 1 are significant ($p < .01$). Again, the coefficient for gender is negative, indicating that men are more satisfied with the sexual relationship. As psychological distress decreased, satisfaction with the relationship increased. As the extent to which the respondent felt loved, time spent with spouse in the past month, and marital satisfaction increased, so did satisfaction with the sexual relationship. Finally, the coefficient for frequency of sex is substantial

and positive. The variables in the analysis explain a substantial amount of the variance in satisfaction; the adjusted R square is .45 (df = 6, 3388).

In step 2, there are significant interactions between gender by frequency of sex ($p < .05$) and gender by marital satisfaction ($p < .01$) in explaining sexual relationship satisfaction. In each case, graphs of the predicted means show essentially two parallel lines, indicating that the interaction is weak at best. Inclusion of these does not change the relationships observed between the psychosocial variables entered in step 1. The adjusted R square increases significantly ($p < .05$), to .46 (df = 5, 3383).

Discussion

Sexual intimacy is common among the 62 to 67 year-old adult participants in the 2003 WLS. The data on frequency of sexual activity, displayed in Table 1, indicate that more than one-half of the men and women engage in sexual activity several times a month or more frequently. Comparison with the data from the NHSLS suggest there is more activity among these WLS participants than among the 55 to 59 year-old participants in the former. Turning to the relationship between marital status and frequency of activity (Table 2), married women and men in the WLS are more likely to report not having sex at all and having sex 2-3 times per week or more. The greater frequency of reports of not having sex may reflect the fact that the WLS sample was not recruited for research on sexuality, and is thus not biased toward sexually active persons. The greater frequency among married persons may reflect the availability of Viagra in 2003.

Measures of selected biological, psychological, and social influences are associated with sexuality among the women and men who comprised the WLS 2003

sample. There are significant coefficients associated with physical health, mental health and marital satisfaction in relation to frequency of sexual behavior. The R square for this analysis is a modest .08.

Turning to the respondent's satisfaction with his or her sexual relationship, measures of physical health are not related to the two-item index. However, psychological distress is negatively associated with satisfaction, and three measures of the relationship, including frequency of sexual activity, are positively associated with it. The R square for this analysis is a substantial .46.

We found that gender is a significant factor. In the analysis of frequency of sex, men reported more frequent sexual activity. Further, there is a significant interaction of gender and physical health in the analysis of frequency of sexual activity; at high levels of health, the gap between the frequency reported by men and women is larger than it is at lower levels of physical health.

These results suggest that analyses that focus narrowly on physical health as determinants of sexual expression among the aging are incomplete. While specific chronic conditions may be associated with declines in sexual functioning, these conditions are not widespread among older adults (DeLamater & Sill, 2005). The results suggest the value of a broader perspective, one that takes into account not only biological but also psychological and social/relationship factors as well. Also, we should focus on sexual health, not illness.

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Table 1: Age and Frequency of Sex in the Past Year

2/08/06

	Laumann		WLS	
	55-59 Years old		63-66 Years old	
	Men	Women	Men	Women
	(n=89)	(n=125)	(n=2409)	(n=2717)
Frequency of Sex in the Past Year (%)				
No Partner	n/a	n/a	10.8	28.1
Not at all	15.7	40.8	13.7	16.5
A few times/yr	24.7	22.4	22.7	16.4
A few times/mth	41.6	29.6	24.5	19.7
2-3 times/week	16.9	4.8	23.5	16.1
4 or more times a week	1.1	2.4	4.6	3.2

Table 2: Marital Status and Frequency of Sex in the Past Year

2/08/06

Laumann (55-59 years old)														
	Men						Women							
Marital Status	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N.
	Nev. marr., not coh.	80.0	0	0	0	20.0	5	66.7	11.1	0	0	22.2	9	
Never. Marr., coh	0	0	0	0	0	0	0	0	0	0	0	0		
Married	5.3	27.6	46.1	19.7	1.3	76	11.4	27.8	46.8	8.9	5.1	79		
Div./sep./wid., not coh.	45.5	9.1	27.3	9.1	9.1	11	75.0	6.8	13.6	2.3	2.3	44		
Div./sep./wid., coh.	0	0	75.0	0	25.0	4	0	0	0	0	0	0		

WLS														
	Men						Women							
Marital Status	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N.
	Nev. married	22.2	33.3	27.8	16.7	0	18	20.0	20.0	20.0	20.0	20.0	20.0	5
Married	16.0	26.0	27.4	25.7	5.0	2025	23.6	23.1	27.6	22.0	3.7	1854		
Div./sep.	7.3	15.9	28.0	41.5	7.3	82	11.7	15.0	21.7	30.0	21.7	60		
Widowed	3.7	7.4	33.3	44.4	11.1	27	11.1	19.4	27.8	30.6	11.1	36		

Table 3: Education Attainment and Frequency of Sex in the Past Year

2/08/06

Laumann (55-59 yrs old; excluding 0 partners)							WLS						
<u>Men</u>							<u>Men</u>						
Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per week	Total N.
Education													
Less than HS	4.8	38.1	38.1	19.0	0	21	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HS grad. Or eq.	3.4	20.7	48.3	20.7	6.9	29	17.4	25.4	27.4	24.2	5.6	1030	
Some coll./voc.	0	50.0	41.7	8.3	0	12	14.8	28.4	26.5	25.6	4.6	324	
Finished coll.	0	9.1	72.7	9.1	9.1	11	15.2	25.7	29.8	26.7	2.5	315	
Master's/adv. Deg.	0	11.1	33.3	44.4	11.1	9	12.1	23.1	27.3	31.9	5.6	429	
<hr/>													
<u>Women</u>							<u>Women</u>						
Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per week	Total N.
Education													
Less than HS	0	21.1	73.7	5.3	0	19	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HS grad. Or eq.	0	32.3	41.9	16.1	9.7	31	23.6	22.2	28.4	21.8	4.0	1157	
Some coll./voc.	4.8	42.9	47.6	0	4.8	21	21.5	23.5	27.8	22.2	5.0	302	
Finished coll.	0	18.2	36.4	18.2	27.3	11	20.4	26.7	27.8	20.0	5.1	255	
Master's/adv. Deg.	0	0	100.0	0	0	2	23.5	20.1	25	26.0	5.4	204	

Table 4: Religious Identity and Frequency of Sex in the Past Year

2/08/06

Laumann (55-59 yrs old)							WLS							
<u>Men</u>							<u>Men</u>							
Religion	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N.
None		25.0	12.5	12.5	50.0	0	8		11.0	23.3	30.8	26.7	8.2	146
Type I Prot. ¹		4.2	29.2	45.8	16.7	4.2	24		15.6	25.8	29.4	24.8	4.4	710
Type II Prot. ²		11.8	20.6	52.9	11.8	2.9	34		18.8	28.7	30.7	18.8	3.0	101
Catholic		21.4	17.9	39.3	14.3	7.1	28		15.4	25.5	26.2	27.8	5.1	611

<u>Women</u>							<u>Women</u>							
Religion	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N	Frequency of sex in the past year (%)	Not at all	A few times per yr	A few times per mth	2-3 times per wk	4 or more times per wk	Total N.
None		60.0	20.0	20.0	0	0	5		24.7	25.8	30.9	14.4	4.1	97
Type I Prot.		27.8	25.0	30.6	8.3	8.3	36		23.6	22.4	27.6	22.4	3.9	664
Type II Prot.		37.7	17.0	37.7	1.9	5.7	53		22.5	21.3	23.8	25.0	7.5	80
Catholic		43.8	15.6	31.3	6.3	3.1	32		21.8	23.7	25.6	25.0	3.9	587

¹ Type I Prot. = Liberal Protestants

² Type II Prot. = Conservative Protestants

Table 5: Regression Analysis on Predictors of Frequency of Sex

2/08/06

Predictors:	Model 1 β_1	Model 2 β_2	Model 3 β_3
Step 1			
Gender	-.069**	-.042**	.109
Age	-.007	-.004	-.003
Current Marital Status	-.011	-.011	-.012
Most Recent Degree	-.042*	-.007	.006
Step 2			
Physical Health		.103**	.136**
Mental Distress		-.039*	-.047 ¹
Marital Satisfaction		.218**	.221**
Step 3			
Gender *			
Physical Health			-.164*
Gender * Mental Distress			.029
Gender * Marital Satisfaction			-.048
Adjusted R²	.007	.078	.078
R² Change	.008**	.072**	.001

* p < .05

** p < .01

¹ Marginally significant (p=.055)

Table 6: Regression Analysis on Predictors of Sexual Relationship Satisfaction

Predictors:	Model 1 β_1	Model 2 β_2
Step 1		
Gender	-.070 **	-.067 **
Frequency of Sex	.471 **	.507 **
Summary score for psychological distress/depression	-.065 **	-.046 *
Time spent with spouse in past month	.051 **	-.061 **
Feeling of loved in typical week	.102 **	.117 **
Marital satisfaction	.245 **	.192 **
<hr style="border-top: 1px dashed black;"/>		
Step 2		
Gender*frequency of sex		-.040 *
Gender*psychological distress/depression		-.025
Gender*time spent with spouse in past month		-.004
Gender*feeling of loved		.000
Gender*marital satisfaction		.053 **
<hr style="border-top: 1px dashed black;"/>		
Adjusted R²	.455	.458
R² Change	.456 **	.004 **

* p < .05

** p < .01

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