6. Sexual wellbeing and sexual health

Orgasms

An important motive in acquiring sexual experiences and forming couple relationships is the experience of sexual pleasure, and particularly the opportunity to have orgasms. In the analysis of the 1992 data, orgasms were found to be one of the central factors in sexual satisfaction (Haavio-Mannila & Kontula, 1997). This finding calls into question the presumption, occasionally voiced in public discourse, that women's satisfaction with their sex lives is not connected to their experience of orgasms. Sexual satisfaction was also closely connected to the degree in which women consider their couple relationship to be happy (Haavio-Mannila & Kontula, 1997; Darling et al., 2001). An analysis of the factors associated with experiencing orgasm is therefore significant in developing sexual wellbeing.

The opportunity and right to sexual pleasure has been acknowledged internationally in the 1990s as an essential element of sexual health (Kontula & Lottes, 2000). If an individual does not have the opportunity to experience sexual pleasure and satisfaction, his or her sexual health cannot be positively actualized. However, sexual pleasure is only possible when other issues related to sexual health are in order.

The circumstances surrounding sexual intercourse, the mental and physical vigor and motivational state, and the sexual characteristics and skills of the partners vary greatly between each sexual intercourse. For any one of these reasons, not every sexual encounter will lead to orgasm or deep pleasure, not even for those people who generally have little trouble reaching orgasm. In addition, there is a lot of variation in the quality of orgasms of any given person.

Apparently as a result of physiological differences, men generally experience orgasms in sexual intercourse on a more regular basis than women. Even for men, however, reaching climax is not self-evident. Nevertheless, there are many women who reach orgasm easily – even multiple orgasms during the same sexual intercourse. Gender does not determine the ease with which people reach orgasm, nor does it determine sexual health.

In addition to physical characteristics, the ability to reach orgasm is affected by personal history, feelings toward the sexual partner, the degree of desire in oneself and the partner, as well as interaction and communication between the partners.

An important part of interaction is sexual initiative, sexual habits, and the ability to throw oneself into the moment. In addition to these factors, particular factors may be present in the circumstances surrounding the life situation or sexual intercourse situation (for example, psychological stress) that have an impact on the ability to experience sexual pleasure.

In this chapter, we will analyze the frequency of orgasmic experience in the different regions, age groups and relationship constellations included in our survey. In addition, we will take a look at the way in which certain factors included in the respondents' personal histories and sexual interaction are connected to the ability to experience orgasms.

Orgasmic frequency

The orgasm requires no definition, if one has experienced it powerfully at least once. An orgasm is such a wild and compelling experience that there can be no mistake. It 'blows one's mind' and produces an incomparably pleasurable sensation. Many people, however, have never experienced this, and a definition must be provided for an orgasm, so that respondents would not confuse it with other experiences. The Finnish questionnaire formulated the question thus: "Sexual pleasure ending in relaxation and a very good feeling is called an orgasm." This definition was already included in the 1971 questionnaire.

The frequency of orgasms was assessed in the studies conducted in Finland, Estonia and St. Petersburg with the question, "Have you experienced an orgasm in sexual intercourse?" The six possible responses ranged from "I always do" to "I have never experienced one". The Finnish questionnaire also inquired whether the respondent had experienced an orgasm the last time he or she had intercourse. Multiple orgasms were studied for the first time in the 1999 study – their frequency has been the subject mostly of speculation all over the world up to that point. The 1999 study also asked about orgasms experienced through masturbation.

The way that the Swedish questionnaire formulated its question concerning orgasms was slightly different than the formulation used in Finland, Estonia and St. Petersburg. Women were asked if they had experienced problems reaching orgasm in the last year. The formulation of the problem in the Swedish question may have affected the responses in a way that may make them not fully comparable with the findings from the other regions.

Some respondents had not experienced an orgasm (Table 6.1). One percent of Finnish males studied in the 1990s and between the ages of 18 and 74, and 2 % of Estonian men in the same age bracket had never experienced orgasm in sexual intercourse, and 4 % of Finnish men had only reached orgasm in no more than one half of their experiences of sexual intercourse. The same proportion among Estonian men was 11 % and 12 % among men in St. Petersburg. The Swedish study did

Table 6.1 Orgasm during last intercourse, 18–54-year-olds (%)

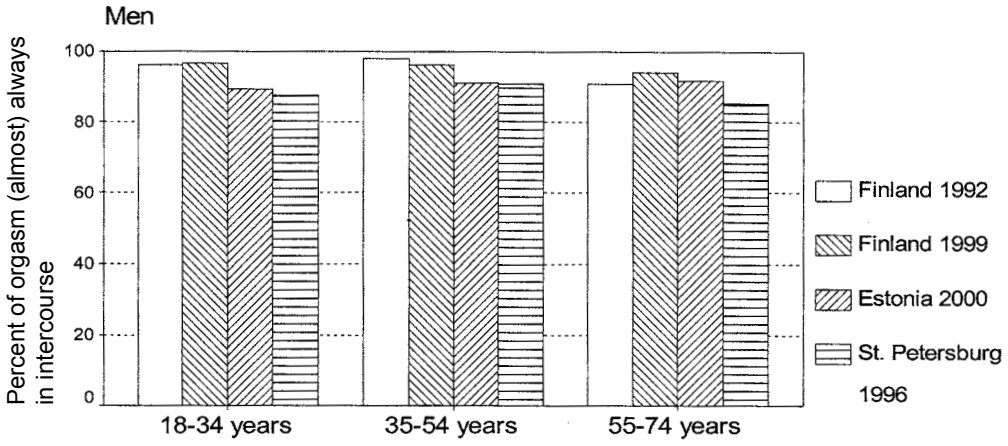
Orgasm			Finland 1992	Finland 1999	Estonia 2000	St. Petersburg 1996
Men						
Always			52	55	58	55
Most of the time			45	42	32	34
Every other time			2	1	3	6
Quite seldom			1	1	4	3
Seldom			0	0	1	1
Never			0	1	2	1
Total			100	100	100	100
(N)			808	488	309	592
	Sweden 1996	Finland 1971	Finland 1992	Finland 1999	Estonia 2000	St. Petersburg 1996
Women						
Always	19	7	6	10	11	13
Mostly	33	46	52	48	41	35
Every other time	23	14	16	14	15	20
Quite seldom	15	21	17	15	19	17
Seldom	4	7	5	8	9	10
Never	6	5	4	5	4	6
Total	100	100	100	100	100	100
(N)	951	925	781	487	368	783

not ask about men's orgasms. More than half of all men in Finland, Estonia and St. Petersburg reported experiencing orgasm every time they had sexual intercourse. In 1999, 6 % of all Finnish men and 10 % of men under 25 had not reached orgasm the last time they had sex.

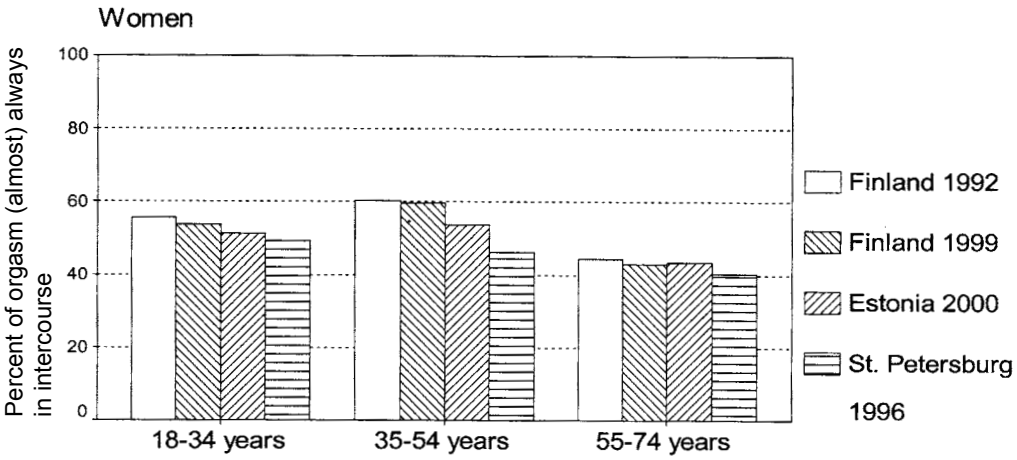
For women, it is much more difficult to reach orgasm in sexual intercourse than it is for men. Although sexual techniques have become more variable and sexual equality has increased, women's orgasms have not become more frequent in Finland – contrary to expectations – during the 1990s (Figure 6.1). Compared with the early 1970s, however, the situation has improved somewhat. In 1971, the proportion of Finnish women between the ages of 18 and 74 who nearly always reached orgasm in sexual intercourse was 53 %, 58 % in 1992, and 57 % in 1999. Experiencing orgasm became more frequent only among middle-aged women, among whom the proportion of those who experienced it grew from 48 % in 1971 to 60 % in the 1990s.

There were 4–7 % of women in our study who had never experienced orgasm. This proportion did not vary much between different regions or age groups. The

Figure 6.1 Reaches orgasm in intercourse*



*Always or almost always



*Always or almost always

proportion is also much lower than in some studies conducted in the United States (Hunt, 1974). Every other woman experienced an orgasm in sexual intercourse at least most of the time. The proportion of women who always experienced an orgasm was only about 10 % in Finland, Estonia and St. Petersburg, but a high of 19 % in Sweden.

Swedish women were, however, as likely as Finnish women to not have experienced an orgasm in sexual intercourse at all. Otherwise, too, findings concerning the regularity of orgasmic experience in Sweden were spread more widely between the various responses than was the case in Finland. Compared with Finnish women, Swedish women differed more amongst themselves in terms of ability to experience orgasm.

Estonian women reported a frequency of regular orgasmic experience that was similar to that among Finnish women, though middle-aged Estonian women were somewhat less likely to experience orgasms than Finnish women, but as likely to do so as middle-aged Swedish women. Compared with women in St. Petersburg, Estonian women of all age groups experienced orgasms somewhat more frequently.

Year 1999 was the first time in Finland that anyone studied multiple orgasms. Ten percent of female respondents reported experiencing two or more orgasms the last time they had intercourse, and so did 7 % of men. Among men, experiencing multiple orgasms was mostly concentrated among the young, whereas among women, the experience was more evenly distributed among all ages. Multiple orgasms in particular signaled a vast sexual inequality among women. Approximately 10 % of women were able to experience multiple orgasms in sexual intercourse, about half usually had one orgasm, and one-third frequently did not experience orgasm at all. This study cannot differentiate whether multiple orgasms more often involved a quick succession of orgasms (characteristic of many women), or new, separate orgasms that were a result of prolonged sexual intercourse.

Very few Finnish women experienced an orgasm the first time they had sexual intercourse or even soon thereafter. Hence, women experience their first intercourse-related orgasm two to three years later than men. According to 1992 findings, the average woman experienced her first orgasm at the age of 20,7, and at age 20,1 in 1999. The respective average ages among men were 17,9 and 18,0. In 1999, the average age for women under 35 years had been 18,6 and for men 17,7.

1999 was also the first time in Finland that respondents were asked whether they had experienced orgasms through masturbation. Among men, 88 % and among women, 66 % reported that they had done so at least occasionally. Among women in particular, the proportion of those who had experienced orgasms through masturbation was significantly higher in the young age cohorts than among women who were born earlier. A kind of turning point occurred in the late 1960s, when

women born in 1947–51 were young. Starting with this age cohort, women were twice as likely to have experienced orgasm through masturbation than women in older cohorts. Among women who were young in the pre-war times, orgasm through masturbation was downright rare. The impact of the sexual revolution was also apparent in the findings for men, but because of greater masturbation activity, differences between different age groups are much less significant among men than among women.

Orgasms experienced by masturbating seem to be increasing, but they do not occur as frequently as orgasms that are experienced in sexual intercourse. More than 90 % of young and middle-aged men who had experienced orgasm through sexual intercourse also reported climaxing by masturbating. Among men over the age of 54, this proportion was approximately three quarters. Also among young and middle-aged women, approximately three-fourths had also experienced an orgasm by masturbating. About one-fourth of women who had experienced an orgasm in sexual intercourse had not experienced one through masturbation.

Only less than half of women over the age of 54 who had experienced orgasm in sexual intercourse also mentioned having an orgasm through masturbation. The differences between age groups are a result of a lesser masturbation frequency among the older generations. Two percent of Finnish women had experienced an orgasm through masturbation but never through sexual intercourse. Half of the women who had never experienced orgasm through sexual intercourse had experienced it through masturbation.

What increases orgasmic frequency?

According to the earlier published results of the Finnish 1992 study, timing of orgasm, body position during orgasm, sexual self-image, love and relationships, and sexual problems are related to men's and women's orgasmic frequency and to changes that occur during different periods of the lifespan (Darling et al., 2001). As mentioned above, orgasms are connected to physical sexual satisfaction particularly among women. Young women who are sexually assertive, use many sexual techniques, engage in sexual intercourse frequently, and often achieve orgasm in intercourse are sexually as satisfied as men with the similar characteristics (Haavio-Mannila & Kontula, 1997).

In the present context we will examine how some demographic and social-sexual factors predict female orgasm in intercourse in Finland in the 1990s. Multiple Classification Analysis revealed that the following ten factors explain 15% of orgasmic frequency of women (measured by a six-point scale; see Question 94 in the questionnaire).

We will first examine the effect of demographic factors. There is a clear difference between age groups: middle-aged women are more likely to achieve orgasm

than young women or old women. The effect of age on orgasmic frequency declines when taking into account the effects of other factors included in the analysis. The low orgasmic frequency among older women is largely due to the fact that they are less likely to have a couple or love relationship, or an active sex life. Age-related differences in orgasmic frequency cannot, then, only be explained by biological age, but also by the different life situation of the women.

According to the unadjusted averages, the relationship between years of education and orgasmic frequency was curvilinear, so that on the one hand, women who had only studied a short time, and on the other hand, those who had already studied for an extended period of time were less likely to experience orgasms than women who had spent an average length of time studying (9–13 years). The beta coefficient describing the impact of education is .07. After adjusting the impact of other factors, it was found that women with the least amount of education did not deviate from women with an average length of education in terms of orgasmic frequency. However, women with the highest education clearly achieved orgasms less frequently than other women, even after the adjustment. A similar finding concerning the difficulties of highly educated women to achieve high orgasmic frequency has also emerged in the United States (Laumann et al., 1994).

In Chapter 2 of this volume, it was noted that, on average, women with a higher level of education had begun intercourse later than other women. Instead of investing in relationships, these women seem to have focused on their studies and careers. They were also older when they experienced their first orgasm in intercourse. We make the assumption that many highly educated women do not consider sex very important in their lives, and do not focus on increasing their orgasmic frequency. Another reason for low orgasmic frequency among highly educated women could be that it is perhaps difficult to learn to have orgasms if the women did not 'practice' as teenagers. The present study's data concerning masturbation among the different age groups seems to point to the importance of learning while young.

Being in a couple relationships was associated with women's orgasms (beta coefficient .12). Single respondents found it difficult to achieve orgasm in intercourse. This correlation emerged in each of the studied regions. However, when the effect of other factors included in the model was controlled for in the Finnish data, differences between respondents in different couple relationships disappeared. The explanation for this is that single people's lives do not contain the other factors that promote orgasmic frequency, namely love and regular sex. If singles had as much love and sex as people in couple relationships, they probably would not experience any more problems achieving orgasms than respondents currently in couple relationships. The existence of a steady couple relationship has an impact on both love and frequency of intercourse. Among Finnish women, those who were in a cohabiting relationship were somewhat more likely to achieve

orgasms than women who were married or were in a steady relationship but did not live with their partner.

Following demographic factors, we will examine factors related to love and sex that independently predict women's orgasmic frequency even after controlling for the impact of other factors included in the analysis. Women who felt love and to be loved experienced orgasm in intercourse much more frequently than women who did not have a mutual love relationship (beta coefficient .10).

In addition to feelings, sexual activity was also connected to orgasticity. The frequency of sexual intercourse in the last month predicted orgasms unequivocally: the higher the frequency of sexual intercourse, the higher the orgasmic frequency (.13) . An active sex life may be both a result and a prerequisite for achieving orgasms. If a woman generally achieves orgasm in intercourse, she may be more eager to engage in sexual intercourse than she would be if it is uncertain whether she will achieve orgasm. Women who clearly longed for more sexual intercourse than they currently had (see Question 100 in the questionnaire) experienced higher orgasmic frequency than women who only wanted intercourse somewhat more frequently, or who felt that the frequency of intercourse was sufficient, or, in particular, who wanted to have intercourse less frequently than at present (.20). The ease of achieving an orgasm may make women want more frequent intercourse. Oral sex performed by a partner also predicted achieving an orgasm (.10), as well as co-initiating sexual intercourse (.14).

Women who found it difficult to achieve orgasm were more likely to have used a moderate or large quantity of alcohol prior to their last sexual intercourse (.06). Perhaps they were attempting to improve their chances of having an orgasm with alcohol. Recent masturbation also predicted difficulty in achieving orgasm in intercourse (.12). In such cases, masturbation may have functioned as a substitute for the lack of orgasm in intercourse.

Sexual satisfaction

Satisfaction with sexual experiences and couple relationships

The studies detailed here examine sexual satisfaction and changes therein from three perspectives: satisfaction with one's sex life as a whole; satisfaction with the degree of pleasure derived from sex; and the happiness of the current couple relationships (if applicable).

In Finland, the proportion of those who were very of fairly satisfied remained approximately the same (82–85 %) from 1971 to 1992, but had declined by 1999 to approximately 75 % in the population aged 18–54 years. This seems to indicate that the expectations that are placed on sex have increased as information about

the subject has become more available. A partial explanation may also be in that the respondents of the 1999 study contained a greater proportion of people who were in some degree less satisfied with their sex lives (see Appendix).

In Sweden, the proportion of respondents who felt very or fairly satisfied with their sex life as a whole was the same as in Finland in 1999, three fourths. In Estonia, this proportion was about two thirds, and less than 60 % in St. Petersburg.

In St. Petersburg, only 14 % of men and 9 % of women were very satisfied with their sex life, whereas elsewhere the same proportions were one fourth of respondents. St. Petersburg respondents were more likely than Swedes, Finns or Estonians to select the response that their sex life was neither satisfying nor unsatisfying. The relationship of St. Petersburg respondents to their sex life was more neutral or ambivalent than among other respondents.

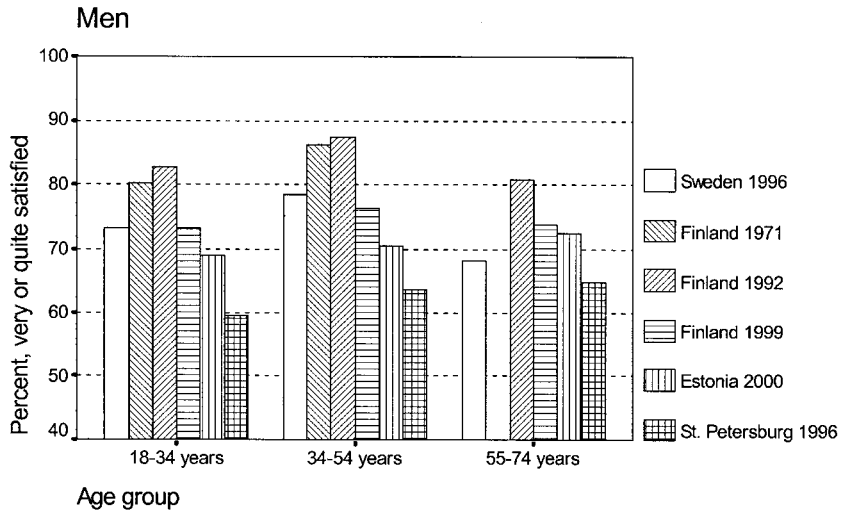
We also examined the variation in sexual satisfaction by age group. Finns were more likely than other respondents to consider their sex life very or fairly satisfying in all three age groups (Figure 6.2). The difference was smaller when comparing Finns to Swedes than it was when comparing Finns to Estonians and in particular to St. Petersburg residents. An analysis by birth cohort to supplement the comparison by age group similarly indicates that Finns and Swedes born in the same years closely resemble each other in the degree of satisfaction, and deviate from the Estonians and the Russians.

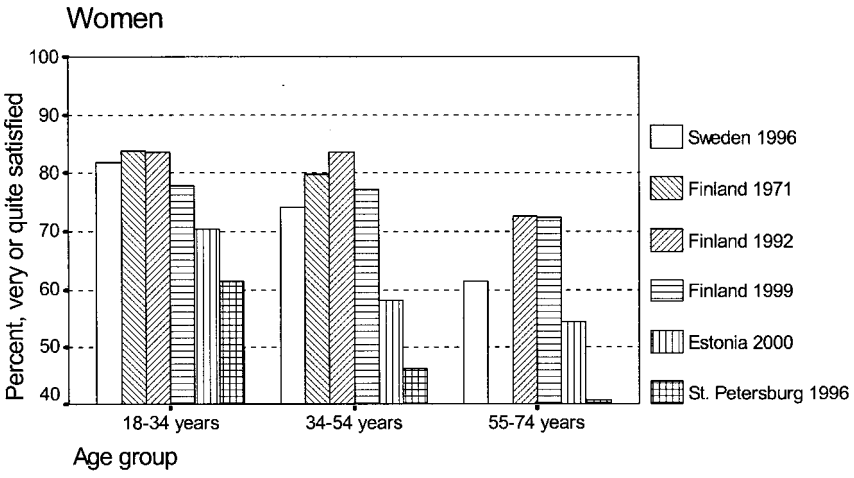
Among men, age did not have a significant effect on how satisfied men felt with their sex life. An exception was Estonia, where young men were less satisfied than middle-aged or older men. The oldest women in each region were somewhat less satisfied with their sex life than average. Also middle-aged women in Estonia and St. Petersburg were seldom satisfied with their sex life as a whole.

Differences in degree of satisfaction by gender varied to some extent by age group. Young women were somewhat more satisfied than young men, whereas among older respondents, men were slightly more satisfied than women.

At most one in ten respondents (however, one-fourth of Estonian women) reported that their sex life was not satisfying. There was little criticism as to one's own sex life, then. The positiveness of the assessments may have to do with many people not daring or knowing to expect or long for something more or better. Other respondents, again, evaluated their sex lives in light of past experiences, even when a relatively long time had already elapsed from those experiences. Approximately half of the men and women who had not had sexual intercourse in the last year viewed their sex life as a whole as fairly satisfying, and more than one in ten viewed it as very satisfying. In other words, many saw their sex life as being satisfying even though they had not had intercourse in a year. We might propose two different reasons for this. For some people's sex lives, intercourse is not that important. Also, some people viewed their sex life wholly on the basis of their entire past life.

Figure 6.2 Satisfaction with sexual life





The findings looked somewhat different when looking at how pleasurable the respondents found sexual intercourse for the most part. Positive assessments of intercourse as pleasurable increased in Finland between 1971 and 1992, and to 1999 (Figure 6.3). Forty-one percent of men considered their sexual relations as very pleasurable in 1971, 42 % did so in 1992, and 51 % did in 1999. Among women, the corresponding figures are 22 %, 34 % and 40 %. Although respondents' satisfaction with their sexual relations had increased, the overall estimation of the satisfyingness of their sexual life became more negative, as mentioned above. In Estonia and St. Petersburg, positive assessments of sex life were not nearly as frequent as in Finland. Thirty-one percent of Estonian men and 38 % of men in St. Petersburg considered their sexual relations very pleasurable, and among women the corresponding numbers were 22 % and 25 %. No comparable data is available for Sweden.

In all regions, men were more satisfied with their sexual relations than women. In Finland, however, the gender difference has narrowed in the 1990s, compared with 1971.

An examination by age group revealed that the difference between Finland and its eastern neighbors was not rock-solid: older men in Estonia and St. Petersburg, and older men in Finland were equally satisfied with their sexual relations. In terms of finding intercourse pleasurable, differences by age group were minor among men. Older women, on the other hand, were less likely than younger women to consider sexual intercourse pleasurable.

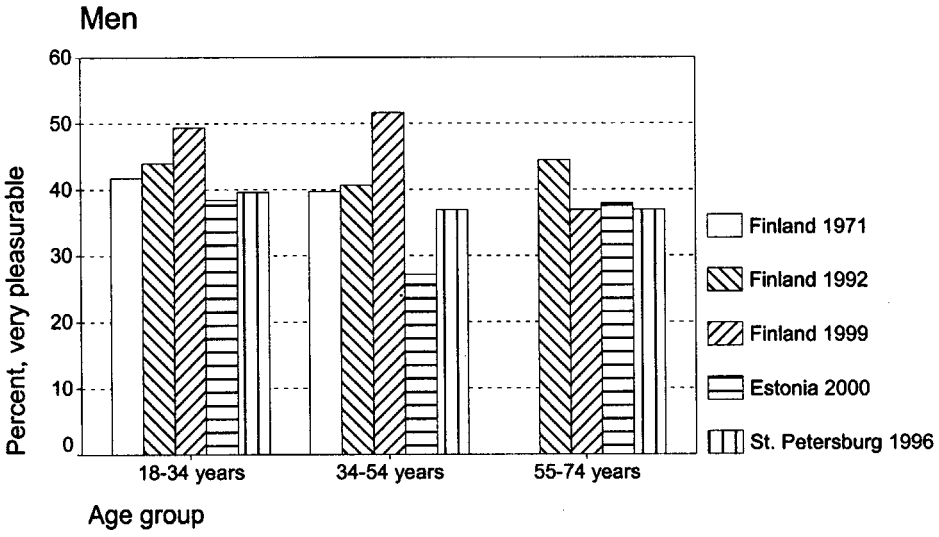
A comparison of birth cohorts in Finland at different times revealed that there was hardly any change in people's view of intercourse as they aged. The only finding that stood out was that finding pleasure from sexual intercourse among the youngish generation of men (born in 1952–66) increased in the 1990s.

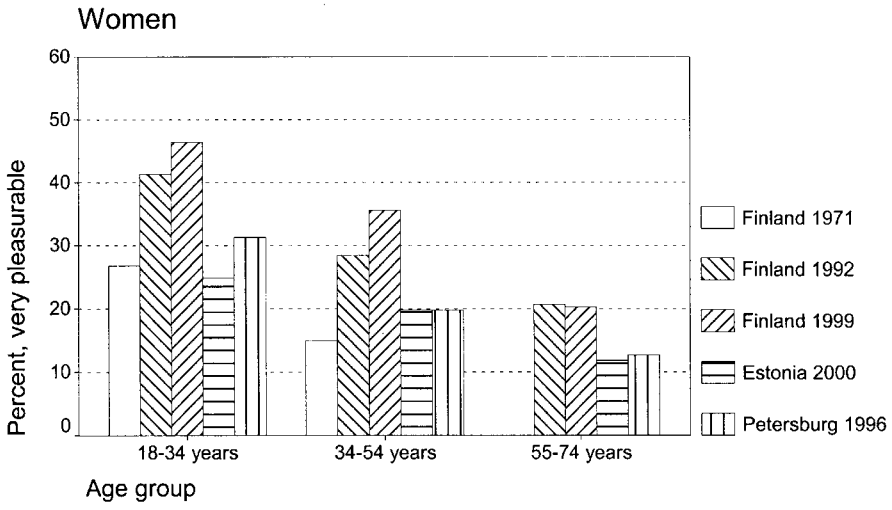
The last issue related to sexual satisfaction to be discussed in this sub-chapter concerns respondents' assessment of the happiness of the present couple relationship. A couple relationship could be a marriage, cohabitation or a steady sexual relationship where the partners do not live together (LAT). Data on the happiness of couple relationships was available for Finland, Estonia and St. Petersburg.

Approximately half of all 18–54-year-old respondents categorized their relationship as fairly happy, and one quarter as very happy. Only a small minority classified their relationship as unhappy. Even when the relationship left many things to be desired, these deficiencies were not seen as enough reason to view the relationship as unhappy. For example, more than half of the Finnish women who felt that there was too little touching and physical closeness in their relationship nonetheless appraised their relationship as at least fairly happy. The same observation applied to women who felt that it was difficult to discuss sexual issues with their partner.

Respondents were more likely to consider their relationships happy in the 1990s than in the 1970s, but this upward trend experienced a downturn in the

Figure 6.3 Pleasure of intercourse





course of the 1990s. In 1971, 82 % of men aged 18-54 felt that their relationship was at least fairly happy, as did 88 % of men in 1992 and 79 % in 1999. Among women, the corresponding figures were 81 %, 90 % and 84 %. In Estonia, 71 % of men evaluated their relationship as fairly or very happy, as did 63 % of women. In St. Petersburg, 65 % of men and 60 % of women were fairly or very happy with their relationship. Respondents in Estonia and St. Petersburg were significantly less happy with their couple relationships than Finns. Unlike when assessing the degree of pleasure in sexual intercourse, differences between men and women in all regions were quite minor when evaluating the happiness of the couple relationship.

Young people were somewhat more satisfied with their relationships than older respondents (Figure 6.4). According to an analysis by birth cohort, happiness with the couple relationship in Finland remained the same from the early 1970s to the early 1990s. However, by the end of the 1990s, in particular the middle generation's perception of the happiness of their couple relationship was no longer as positive as it had been earlier in the decade.

Sexual self-image

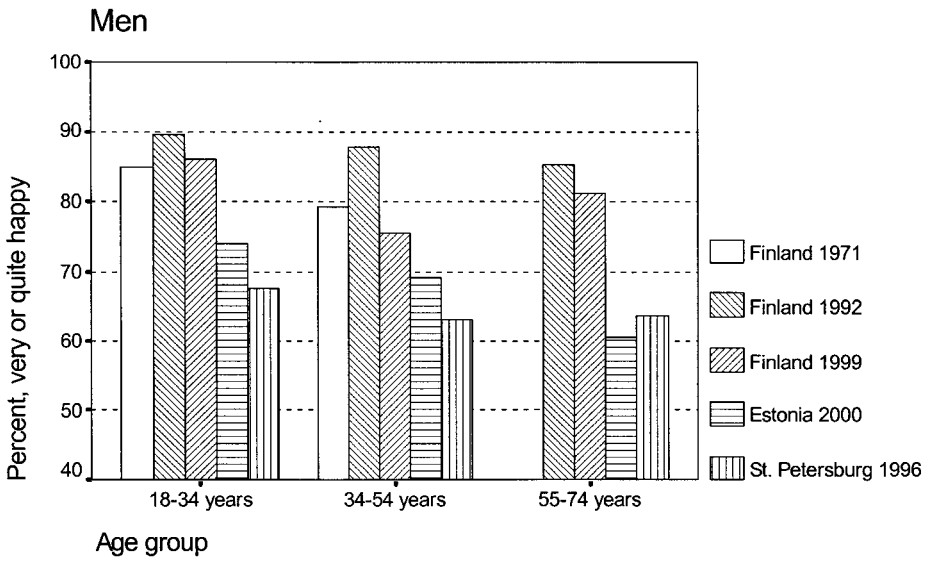
In 1992 in Finland, for the first time, respondents were asked to assess their sexual self-image, and the same questions were also included in 1999. Comparable data also exists for Estonia and St. Petersburg. To assess respondents' sexual self-image, they were asked to rate how sexually skillful, active and attractive they considered themselves.

Men in Estonia, and particularly in St. Petersburg, rated their sexual skills higher than Finnish men (Figure 6.5). Among women, regional differences were minor in terms of rating one's own skill level. Estonians were much more modest when it came to sexual activity than were St. Petersburg residents, whose self-image was approximately on a par with that of Finnish respondents. Nor were Estonians as likely to consider themselves sexually attractive as respondents in Finland and St. Petersburg. St. Petersburg's men, in particular, had a highly positive self-image as regards their sexual attractiveness.

In all regions, men rated the level of their sexual activity and skill more highly than women. Women, on the other hand, were more likely to consider themselves sexually attractive than men.

Young women had a more positive sexual self-image in terms of feeling sexually attractive than older women. Among men, there was negligible difference between different age groups. Overall, youth was correlated with the view of oneself as sexually attractive. Older women had a less positive sexual self-image in the case of all three questions. Older men were also less likely to rate their sexual activity as highly as young or middle-aged men.

Figure 6.4 Happiness of couple relationship



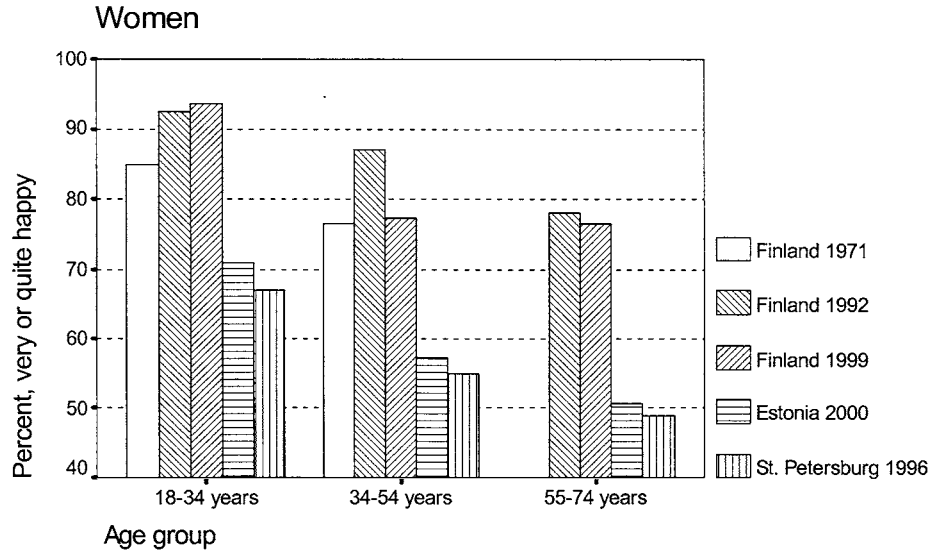


Figure 6.5 Self-rated sexual skillfulness

Sexual self-image among men and women in terms of sexual skill and attractiveness increased noticeably in Finland between 1992 and 1999. Among men, there were 10 percentage points more of those who considered themselves sexually attractive and 18 percentage points among women who felt similarly. Overall, both men and women rated themselves as sexually skillful at a rate that was 14 percentage points higher than previously. The only exception to this improving self-image occurred in the assessment of sexual activity, which did not grow significantly, particularly among young men and women.

There was an increase in Finland in all birth year cohorts in the course of the 1990s in terms of respondents' assessment of their sexual skill and attractiveness. In other words, respondents' sexual self-image improved with age, when comparing people born in certain years at different times.

Factors that affect sexual satisfaction

The changes in sexual well-being that have taken place in Finland during the 1990s were compared above in light of the following three issues: how satisfying respondents considered their sex life, how satisfying/pleasurable they considered their sexual relations, and the happiness of the couple relationship. We found that people evaluated the level pleasure derived from their sexual intercourse somewhat more positively in 1999 than in 1992. Conversely, fewer respondents in 1999 than in 1992 rated their couple relationship as happy or their sex life as a whole as satisfying.

Other changes occurred between 1992 and 1999 in respondents' sexual life and in life in general, including couple formation, sexual relationships, and duration of couple relationship, autoeroticism, alcohol consumption and psychological symptoms. As a result of the overall increase in longevity, the duration of the ongoing couple relationships became longer, and masturbation, drinking alcohol to intoxication and psychological symptoms all increased. It is possible to speculate that the life changes that occurred for the above reasons might also have an impact on the increasing unhappiness in couple relationships and declining satisfaction with sex life as a whole among respondents in 1999, compared with the early part of the decade, in spite of an increased rate of people who considered their sexual intercourse pleasurable. In the following, we will statistically evaluate the accuracy of this assumption.

We included three factors in the MCA on respondents' overall satisfaction with their sex life and the happiness of the couple relationship: first, factors that would probably decrease respondents' satisfaction with their sex life and that became increasingly common in the 1990s; second, issues potentially connected to sexual satisfaction or dissatisfaction in which no change had occurred; and third, factors that apparently enhance sexual well-being and that became more common in the

1990s. By controlling the effect of these factors our intention was to determine whether respondents' growing sexual dissatisfaction could be explained by an increase in those factors that contribute to dissatisfaction with one's sex life. We analyzed whether such factors as the duration of the couple relationship, masturbation, alcohol consumption and psychological problems (all of which became more widespread during the 1990s), infidelity and sexual intercourse frequency (which remained constant during the 1990s), and growing satisfaction with sexual intercourse and improved sexual self-image (both increased during the decade in question) – all of which have an impact on a person's satisfaction with his or her sex life – predicted overall satisfaction with one's sex life.

Factors that had an impact on overall satisfaction with sex life and accounted for all of 40 % in the variation (age was used as covariate, and younger age significantly predicted satisfaction) are listed in the following. Sexual satisfaction was enhanced by high intercourse frequency (.26), considering sexual intercourse very pleasurable (.25), reciprocal love feeling (.18), no desire to increase intercourse frequency in the couple relationship (.18), assessment of self as sexually skillful (.16), new relationship (less than five years) or no relationship (.09), no masturbation in the last month (.10), no alcohol before last intercourse (.10), low rate of psychological problems (.06), and lifetime faithfulness in couple relationships (.05).

The rate of overall sex-life satisfaction decreased in Finland between 1992 and 1999, even when including the impact of the simultaneous changes in sexual and other social life. People's expectations with regard to their sex life had perhaps become heightened as a result of the love and sex life models propagated by mass media, while at the same time, the basic characteristics of their own sex lives had remained unchanged, for example in terms of intercourse frequency. An indication of this is that a growing number of people reported that they wanted to have intercourse more frequently in their relationship. According to our findings, the desire for more frequent intercourse was very strongly connected to a feeling of dissatisfaction with one's sex life.

Twenty-eight percent of the variation in considering one's couple relationship happy among married, cohabiting or living-apart-together relationships was accounted for by the following factors (age was used as covariate; younger age significantly predicted satisfaction): considering one's sexual relations pleasurable (beta coefficient .24), reciprocal love feeling (.25), new relationship (.21), being married or cohabiting (.17), faithfulness (.14), sexual intercourse frequency (.10), low rate of psychological problems (.09), no desire to increase the frequency of intercourse (.07), no alcohol before last intercourse (.06), and no masturbation in the last month (.04). The predictors were almost identical with those discussed in connection with the variation in overall satisfaction with sex life. Of all the factors, sexual self-image was the only one that was not correlated with happiness with the

couple relationship, even though it did predict overall satisfaction with one's sex life. Another factor – type of relationship – had no impact on satisfaction.

The variation in relationship happiness between the two 1992 and 1999 studies remained in spite of statistical adjustments. To sum up, the decrease in respondents' relationship happiness was not, then, exclusively a result of an increase in factors that decrease happiness, but also of certain other factors that we were not able to uncover in the present study.

Problems with sexual arousal and duration of sexual intercourse

Many people want and crave sexual experiences and sexual intercourse, but are unable to become sufficiently aroused at the critical moment to have intercourse. For men, this difficulty manifests itself as erection dysfunction (partial erection or no erection), and for women, as a total or partial lack of vaginal lubrication. An erection – the stiffening of the penis – occurs when blood fills the cavernous muscles in genitals. In women, too, arousal increases blood flow to the tissue of the clitoris. The vagina becomes lubricated through glandular secretions in the genital area. Vaginal lubrication facilitates successful sexual intercourse.

Usually, difficulty becoming aroused is temporary and occurs only occasionally. Causes may include simple lack of the right psychological mode that is connected to something exceptional in the circumstances or a feeling of fatigue. If difficulty becoming aroused occurs frequently, psychological or physiological conditions may be at the root of the problem. Psychological causes can include distrust or resentment of the partner. In men, chronic erection dysfunction may be caused by weakened blood flow to the genital area caused by ageing.

Difficulty becoming aroused naturally does not rule out sexual intimacy or experiencing sexual pleasure. However, many men identify lovemaking with vaginal intercourse. If difficulty becoming aroused has prevented vaginal intercourse for a prolonged period, people often give up other forms of lovemaking. The significance of sexual arousal problems varies according to each individual, depending on his or her sexual model or script and the image that 'real' lovemaking evokes in the individual's mind.

Many people are dissatisfied with sexual intercourse, even when they do not have difficulty becoming sexually aroused. One partner's premature sexual release or ejaculation may terminate intercourse all too quickly to be fully satisfying to the other person. On the other hand, one partner may not climax even when lovemaking is prolonged. In such cases, a man or woman may feel like he or she is a bad lover.

Problems with erection or vaginal lubrication are often connected to symptoms of medical conditions that occur as a result of ageing. Illness alone can be the cause of sexual dysfunction.

Erection dysfunction

Male sexual potency is one of the most important areas in discussions about sexuality, and researchers have been collecting data on the topic since 1971. The question was designed to be more easily answered by providing a preface: "It is not uncommon for a man to be unable to have sexual intercourse because his penis won't become erect, or the erection becomes soft as soon as intercourse begins." The question was: "Have you or has your partner experienced anything like this within the past year?" The question about erection dysfunction was addressed to both sexes. Respondents were asked to choose among six possible answers to rate the frequency of such difficulties, ranging from 'continually' and 'never'. For those without a sexual partner in the last one-year period, a special response was provided.

The wording that was used in the question – 'for a man to be unable to have sexual intercourse' – is rather narrow. After all, the lack of a sufficient erection is usually temporary and does not necessarily prevent sexual intercourse, not to mention other forms of lovemaking. If the partners reserve enough time for sexual intercourse, the woman is frequently able to stroke the partner who has difficulty becoming sufficiently aroused to the point that he has an erection. It is possible that the difficulties experienced by the men who responded that they had experienced such difficulties were more severe than average. Relationship problems are often the cause; for example, when a relationship gets into a rut, it becomes increasingly difficult to become aroused.

Erection dysfunction declined in Finland between the seventies and the early nineties, but has remained stable since then. In 1971, 55 % of 18–54-year-old men and 45 % of women who had had sexual intercourse within the last year reported of at least occasional male erection problems. In 1992, 43 % of men and 41 % of women reported them, and in 1999, the figures were 47 % and 42 %, respectively.

In the Swedish study, respondents were asked if, within the last 12 months, it had occurred that the man's penis had not become erect or ceased to be erect as soon as intercourse began. Further, they were asked if this had been a problem in the respondent's sex life. Including the preface, the Swedish question was: "It happens that the penis of the man does not get stiff or that the penis becomes flaccid before intercourse is entered upon. Has this occurred in your sexual life during the last 12 months? Has this been a problem in your sexual life during the last 12 months?"

One in three 18–74-year-old Swedish men had experienced at least occasional difficulty achieving an erection in the last 12 months (Table 6.2). It was defined as a problem by 26 % of men and 20 % of women. Swedes were significantly less likely to report erection dysfunction than Finns, of whom 54 % of men in the same age group and 51 % of women had experienced them. In Estonia, men experienced erection problems much more frequently than in Finland or Sweden. Among men, 71 %, and among women, 62 %, mentioned experiencing it. The gender difference was greater in Estonia than in Sweden or Finland. Constantly or quite often appearing erection problems were reported by 5–13 % of the respondents.

When we only look at erection difficulties that occur fairly infrequently, regional differences shrink. About 5 % of Swedes reported erection difficulties that had occurred 'constantly', 'nearly constantly' or 'fairly frequently' among those who had had sexual intercourse within the last year, and so did about 10 % of Finns and Estonians.

A significant proportion of erection dysfunction can be explained by decreased blood flow into the penis, as a result of ageing, and the effects of various illnesses and injuries on sexual performance. Indeed, erection dysfunction increases among men as they age. One-third of Finns under the age of 35 had experienced at least occasional erection intricacy, while one-half of all middle-aged respondents had experienced them, and among people aged 55 and over, four-fifths had

Table 6.2 Erection problems[1] during past year (people who have had intercourse in that time %)

	Men				Women			
	Sweden[2]	Finland	Finland	Estonia	Sweden	Finland	Finland	Estonia
Erection problems	1996	1992	1999	2000	1996	1992	1999	2000
Constantly	0/1	1	2	2	0/1	2	3	1
Almost constantly	1/1	1	1	0	1/1	1	3	1
Quite often	4/3	4	5	7	3/2	6	7	9
Quite rarely	9/7	16	19	34	9/5	16	15	25
Hardly ever	20/14	27	27	28	20/11	22	23	26
Never	66/74	51	46	29	67/80	53	49	38
Total	100	100	100	100	100	100	100	100
(N)	1 288	996	536	382	1 097	928	554	395

[1] Erection problem: A man cannot enter into sexual intercourse because he cannot get erection or his penis becomes flaccid right when sexual intercourse is started.

[2] In Sweden, the first figure refers to having experienced the phenomen, the second one that it has been a problem.

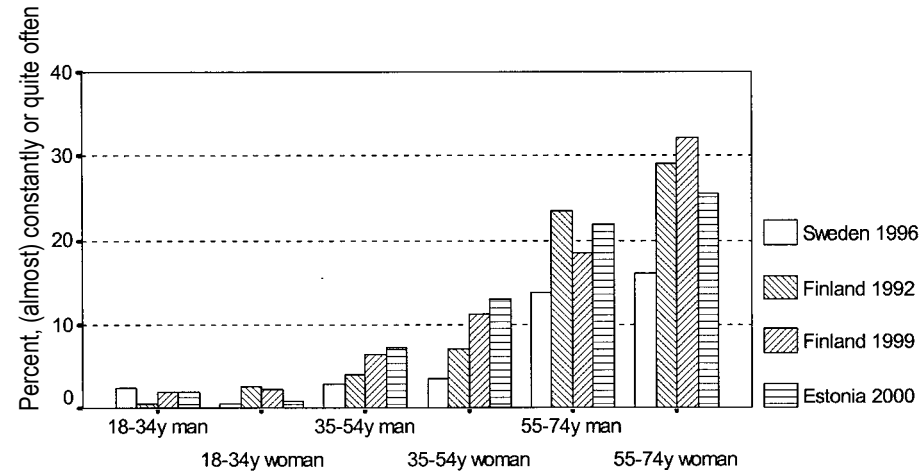
experienced difficulties with erection. Although age and erection dysfunction are strongly correlated, even younger men experience occasional difficulty achieving an erection, while, on the other hand, a significant proportion of older men continue to get aroused without difficulty. Age does not automatically bring erection problems.

Repeated difficulty achieving an erection was much more uncommon (Figures 6.6 and 6.7). About 2 % of young men, 5–10 % of middle-aged men and 20–30 % of older men had trouble getting an erection constantly or fairly often. The numbers fluctuate somewhat depending on whether the men themselves reported it, or whether it was their female partners. Contrary to when analyzing the data as a whole, an age-group examination shows that women were more likely than men to report repeated erection difficulties in their partners. This may be connected to the fact that many women are in a relationship with somewhat older men. All in all, however, male and female responses supported each other well – the lack of an erection being just as easily observed by both sexes.

There was no difference between Finland and Estonia in the incidence of constantly or fairly often experienced erection difficulties among men, but repeated erection intricacy was less common in Sweden than in Finland. One-fourth of sexually active men over age 54 experienced difficulty achieving an erection frequently. The majority of men under age 70 were able to continue having a sex life without serious erection dysfunction. After age 70, 40–50 % of Finnish and Estonian men and 20 % of Swedish men had frequent trouble achieving an erection, while a majority reported no such difficulty.

Male erection dysfunction was connected to their intercourse frequency (Figure 6.8). Only about 5 % of men who had had sexual intercourse within the last week had trouble getting an erection frequently. About 10 % of men who had had intercourse more than a week but less than a month ago had experienced such difficulty. When more than a month, but less than one year, had elapsed from the last intercourse, the proportion of men who had experienced repeated difficulty in achieving an erection increased, and even regional differences appeared. When their last sexual intercourse had occurred more than one month ago, 7 % of Swedish men, 14–17 % of Finnish men and 20 % of Estonian men reported at least fairly frequent difficulty achieving an erection in the last year. Men who had sexual intercourse less frequently, then, had a higher incidence of erection dysfunction. For some of the men, difficulty achieving an erection was probably part of the reason for the low intercourse frequency. There were men who had given up on sex altogether, because they could not become erect. However, a large proportion of men with a low intercourse frequency had not experienced difficulty getting an erection. The proportions of men who had last had sexual intercourse over a month but less than a year ago and who had not experienced any difficulty achieving an erection in the last 12-month period were 60 % among Swedes, 42

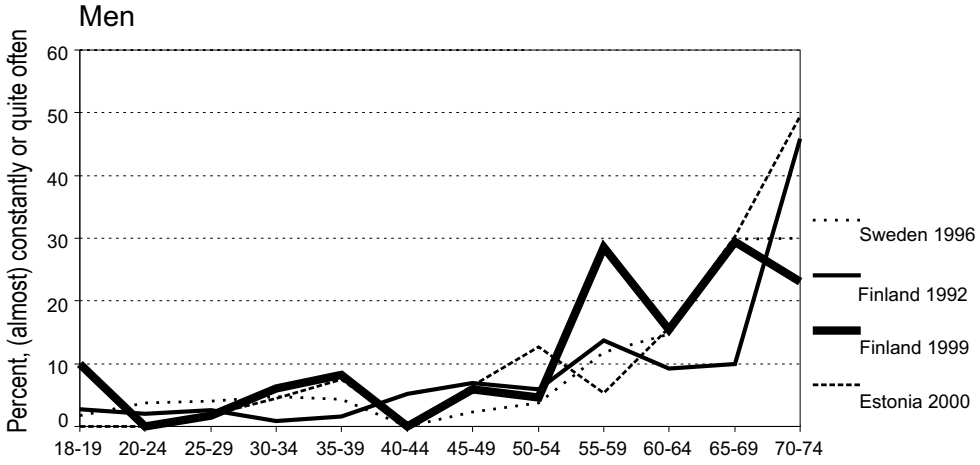
Figure 6.6 Erection problems during past year by age and gender*



Age and gender
Percent of people who have had an intercourse in past year

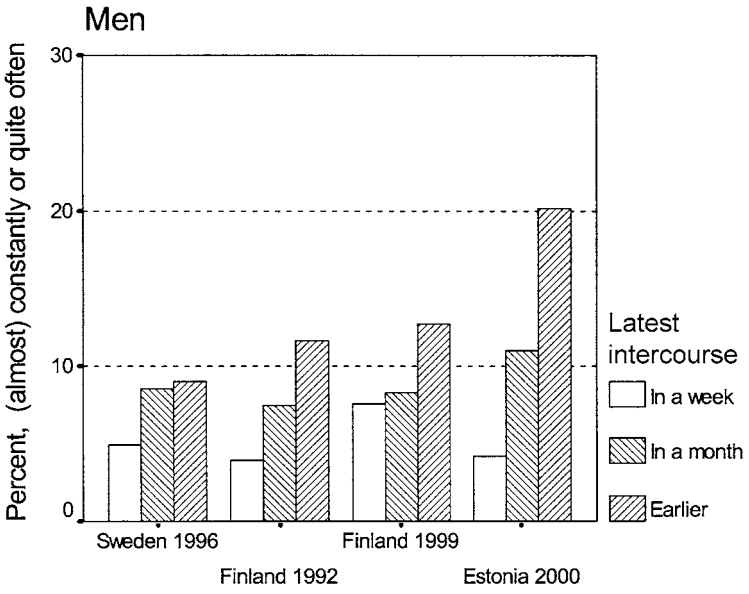
* Men and women's partners

Figure 6.7 Erection problems during past year by age



Age group
Percent of men who have had an intercourse in past year

Figure 6.8 Erection problems during past year by time of latest intercourse



% among Finns in 1992, 30 % among Finns in 1999, and 26 % among Estonians. For them, the reason for infrequent intercourse was not connected to difficulty achieving an erection, but instead to a lack of desire on the part of the man or his partner.

Some of the inability to achieve or maintain an erection was a result of psychological pressures experienced by men, for example, worries about work or finances. If a man is unable to focus his thoughts on lovemaking, he may not get aroused. Indeed, based on the combined data from 1992 and 1999, two-thirds of Finnish men who experienced psychological symptoms[3] more frequently than other people had experienced at least temporary difficulty achieving an erection. These difficulties occurred frequently among approximately one-tenth of men who were experienced stress symptoms. Fifty-two percent of men with an aver-

[3] The stress symptoms studied were insomnia, headaches, tension and anxiety, overstrain, general feeling of fatigue or weakness, dizziness, nightmares, trembling of hands, and burning cheeks or sweating without physical exertion. Scores given for each symptom were 'often' = 1, 'sometimes' = 2, and 'almost never' = 3. The range of the sum-scale measuring psychological problems was 9–28. The lowest value indicates that the person had often experienced all nine stress symptoms, and the highest that he/she had almost never experienced any of them. People with scores between 9 and 21 were classified as having many stress symptoms.

age amount of stress symptoms reported difficulty with erections; while for men with fewer stress symptoms the proportion was only 41 %.

Vaginal lubrication difficulties

Significantly less public attention has been paid to difficulties women experience in achieving sufficient vaginal lubrication, compared to male erection dysfunction. This has been the case in spite of the fact that the lubrication of a woman's vagina is just as much a measure of her sexual potency as an erection is of a man's. A partial explanation for the difference in attitude is that the lack of vaginal lubrication is much less readily observed than lack of an erection. Neither is lack of lubrication an impediment to sexual intercourse in the same degree. Men do not always even notice insufficient lubrication, or may find an unlubricated vagina a source of arousal. Besides, lubrication can be added with the help of various lubricants.

The 1971 Finnish study did not address vaginal lubrication problems, but data is available for 1992 and 1999, and for Sweden. The question was prefaced in the same way as when asking men about erection difficulties: "It is not uncommon that sexual intercourse fails because the woman's vagina doesn't get lubricated enough". The actual question was worded like this: "In the last year, has this been a problem in sexual intercourse?" Possible responses included the same six options as the question concerning erections, as well as a seventh, aimed at those who had not had sexual intercourse in the last 12 months.

The question's preface may have affected responses in that only lubrication problems that directly prevented sexual intercourse may have been reported. The findings presented in the following concerning the frequency of lubrication problems among Finnish women are therefore probably an underrepresentation of the incidence of real vaginal lubrication difficulties.

In Sweden, the question was otherwise worded very similarly as in Finland, except that it did not mention anything about sexual intercourse not being 'successful'. The wording of the question was: "It happens that the vagina of the woman does not moisten enough. Has this occurred in your sexual life during the last 12 months? Has this been a problem in your sexual life during the last 12 months?" As when dealing with male erection difficulties, in the following analysis, we will utilize Swedish data both on the incidence of lubrication difficulties and on experiencing them as a problem.

Lubrication difficulties were equally common in Finland and Sweden, when making a comparison with their frequency in Sweden as a whole (Table 6.3). According to Swedish men, 53 % of their women partners had experienced lack of vaginal lubrication, but 62 % of Swedish women reported experiencing it. If only the Swedish respondents who considered lack of lubrication a problem are includ-

Table 6.3 Lubrication problems[4] during past year (people having had intercourse during that time %)

	Men			*Women*		
Lubrication problems	Sweden[5] 1996	Finland 1992	Finland 1999	Sweden 1996	Finland 1992	Finland 1999
Constantly	1/1	1	2	1/1	3	3
Almost constantly	1/1	1	1	2/2	2	2
Quite often	4/2	3	6	9/5	10	10
Quite rarely	18/10	17	19	18/10	19	18
Hardly ever	29/22	31	25	32/22	24	22
Never	47/64	47	47	38/60	42	45
Total	100	100	100	100	100	100
(N)	1 294	971	524	1 108	917	549

[4] Lubrication problem: Sexual intercourse fails because a woman's vagina does not get moist enough.
[5] In Sweden, the first figure refers to having experienced the phenomen, the second one that it has been a problem.

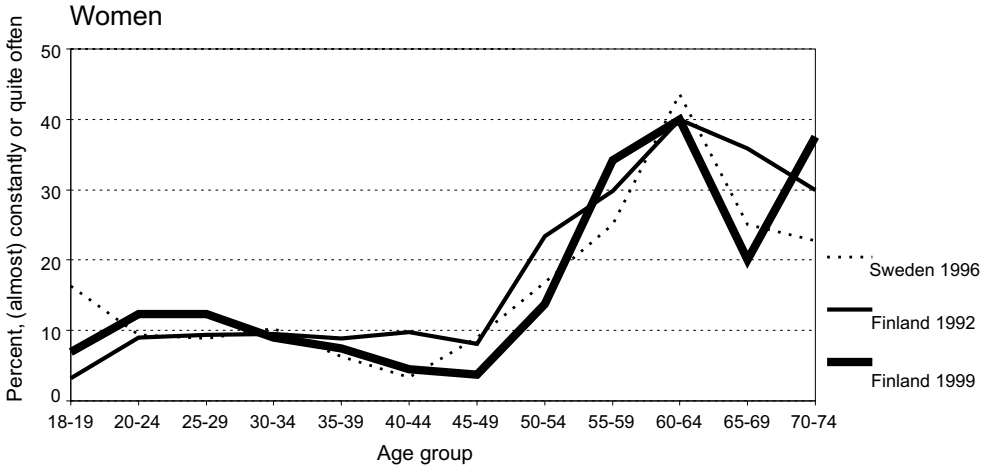
ed, lubrication difficulties were less frequent in Sweden than in Finland: only 36 % of men and 40 % of women mentioned them. According to men in Finland, 53 % of women had had lubrication difficulties, and according to the women, 55–58 % had experienced them. Only 5–15 % of the respondents reported frequently (constantly or quite often) occurring lubrication problems.

According to an analysis by age group, approximately one in two young and middle-aged women had experienced some difficulty in vaginal lubrication in the last year. About one-third of Swedish women in these age groups saw it as a problem. Women aged 55 and over in both countries had experienced lubrication difficulties at the rate of 70–80 %. In Sweden, respondents who considered lack of lubrication a problem included about 55 % of women in this age group. Approximately one-tenth of young and middle-aged women in both countries had experienced lubrication difficulties fairly often, and according to women's responses; about one-third of women aged 55 and over had had problems.

Women reported lubrication difficulties more frequently than men. Based on their responses, it was difficult at times for young men, in particular, to notice that their partner's vagina was not properly lubricated. Men were especially unaware of repeated lubrication difficulties. Women apparently concealed such problems from time to time from their partners. The explanation for the discrepancy between the findings is surely not that women exaggerated the difficulties they experienced.

When lubrication difficulties were analyzed in smaller age groups, it became apparent that it is a problem that occurs frequently among women of all ages (Figure 6.9). Even among young women, one-tenth reported frequent difficulty

Figure 6.9 Lubrication problems during past years by age



Percent of women who have had intercourse during past year

becoming sufficiently lubricated. In this respect, women's lubrication difficulties clearly differed from men's erection difficulties, which became more common only later in life.

The highest proportion of lubrication difficulties occurred among women aged 50 and over. In this respect, age was associated with a change similar to the erection difficulties experienced by older men. Nonetheless, a majority of women aged 55 and over did not experience frequent difficulty with sexual intercourse because of lack of vaginal lubrication.

Women who were sexually active were clearly less likely to experience difficulty with vaginal lubrication than women who had not had sexual intercourse in more than a week but less than a year. Difficulty becoming sufficiently lubricated may in part lessen the desire for sexual intercourse.

Psychological symptoms and difficulty becoming lubricated tended to pile up. Finnish women who had many stress symptoms experienced more frequent difficulty in becoming aroused and lubricated than other women. Of them, 63 % had experienced these difficulties at least temporarily. The proportion of women with average stress symptoms who had experienced vaginal lubrication problems in the last year was 56 %, and among women with few symptoms the proportion was 49 %. The respective figures for frequently occurring lubrication problems were 20 %, 13 % and 9 %.

Timing: when the partner is too quick or too slow

Sexual intercourse or lovemaking may not be successful or satisfying, even when both partners become aroused, and there are no problems with erection or lubrication. This is true particularly when intercourse is over so quickly that one or neither partner has time to receive satisfaction from it. A frequent reason is that the man ejaculates very quickly after sexual intercourse begins.

Comparable data on the timing of the partner's climax is available for Finland and Sweden. For Sweden, however, there is no data on too-rapid climax in women.

In Finland, the proportion of women who held the opinion that the man had least sometimes ejaculated too soon (premature ejaculation) in the last year was much higher than the proportion of men who thought so. In 1992, 68 %, and in 1999, 73 % of women reported that their partner's premature ejaculation was at least an occasional problem (Table 6.4). Approximately one-fourth of Finnish women experienced the partner's premature ejaculation as a problem either frequently or fairly frequently. Both young and middle-aged women reported a higher incidence of frequent premature ejaculation in their men in 1999, compared to 1992. Among older women the proportion remained nearly the same.

It seems unlikely that, with increasing sexual awareness, the proportion of Finnish couple relationships where the man's premature ejaculation is a problem would be growing, and it seems probable that the change is more a reflection of women's better awareness of what good love-making can entail, as well as the increased expectations of men's sexual performance and duration of intercourse that have resulted from this awareness. Women are increasingly less likely to be satisfied with quick intercourse that leaves them unsatisfied.

The findings call into question the commonly accepted idea that as men age, they gradually get better and better at controlling premature ejaculation. Based on women's responses, there was no discernible difference between the young and the middle-aged, and among older people, the incidence of premature ejaculation was higher than among younger people. The problem of premature ejaculation did not seem to resolve itself on its own very often – although, a cross-sectional data analysis does not make it possible to say for certain what will happen with the current generation of men in this respect as they age.

The Swedish study formulated the question like this: "It happens that the man ejaculates immediately. Has this occurred in your sexual life during the last 12 months? Has this been a problem in your sexual life during the last 12 months?" Among women, 49 % reported a male partner's premature ejaculation in the last year, and 23 % considered it a problem in their sex life in the last 12 months. Seven percent of Swedish women reported at least fairly frequent premature ejaculation in their male sex partners.

Men were relatively unlikely to consider a woman's premature sexual release a repeated problem, although over one-third had experienced it as a problem from

Table 6.4 Partner's premature ejaculation (Sweden)/coming too fast (Finland) during past year (people having had intercourse during that time %)

	Men		*Women*		
	Finland	Finland	Sweden	Finland	Finland
Frequency	1992	1999	1996	1992	1999
Very often	1	1	1/1	5	7
Somewhat often	3	2	6/2	18	22
Somewhat seldom	34	37	42/20	45	45
Not at all	62	60	51/77	32	6
Total	100	100	100	100	100
(N)	790	569	1 111	797	579

time to time. A woman's quick release was not seen as a problem as long as she was willing to continue sexual intercourse thereafter.

When the researchers studied the experiences of Swedes and Finns with a too slow or altogether absent orgasm, the gender difference that emerged became a mirror image of the one that arose when asking about premature ejaculation. Men were much more likely than women to view it as a problem when a woman took long to climax or did not achieve an orgasm at all. Of the men who had had sexual intercourse in the last year, 66 % in 1992 and 74 % in 1999 had complaints about a female partner's slowness in reaching climax at least sometimes, whereas 40 and 46 % of women, respectively, reported that their male partner at least sometimes took too long to reach orgasm.

The picture looked similar in Sweden – 78 % of men thought that their female sex partners had had difficulty climaxing, although only 48 % viewed this as a problem. Among women, 81 % reported having difficulty reaching climax and 48 % felt that this constituted a problem. Among Swedish men, 42 % reported difficulty having an orgasm and 24 % thought that it was a problem. Somewhat fewer Swedish women than men – 36 % – said their male partners had experienced difficulty finding sexual release, and 18 % viewed it as a problem.

The proportion of men in Finland who thought it took too long for their female partner to reach climax grew seven percentage points between 1992 and 1999, from 19 % to 26 % (Table 6.5). In 1999, Finnish men in the age group of 45–54 years in particular (34 %) said that women reached climax too slowly.

The increase in the proportion of men with complaints about women taking too long or not climaxing at all may be connected to the increased expectations among men regarding women's sexual performance. When studying orgasms, as indicated earlier in this book, the researchers found no support for the assertion that women were slower to climax in 1999 than before, or less likely to orgasm. It is merely the case that men paid more serious attention to the issue than previously.

Table 6.5 Partner's difficulties in coming/getting orgasm (Sweden) or coming too slowly or not at all (Finland) during past year (people having had intercourse during that time %)

	Men			*Women*		
Frequency	Sweden[6] 1996	Finland 1992	Finland 1999	Sweden 1996	Finland 1992	Finland 1999
Very often	5/2	4	7	1/1	2	3
Somewhat often	10/5	15	19	2/1	4	5
Somewhat seldom	63/41	46	48	33/16	34	38
Not at all	22/52	34	26	64/82	60	54
Total	100	100	100	100	100	100
(N)	1 278	782	578	1 107	754	564

[6] In Sweden, the first figure refers to having experienced the phenomen (being slow), the second one that it has been a problem.

Finnish and Swedish women were not very likely to experience the slow or absent climax of their partners as a repeated problem (3–8 %), though one-fifth of older Finnish women did have this opinion. Some older women expressed the wish that intercourse would be over relatively quickly, particularly when they experienced it as painful or unsatisfying.

When responses by Finnish men and women regarding the timing of their partner's orgasm were compared, the findings were identical but reversed. In 1992, two-thirds of men thought that it took too long for their partner to reach climax, while the same proportion of women found their male partner to climax too quickly. In 1999, the corresponding proportion for each gender was three-quarters. The proportion of men who felt that their partner took too long to climax fairly often had increased from 20 % to 24 %, and that of women who thought their partner climaxed too quickly had grown from 23 % to 27 %.

Among young people on either side of twenty, just starting out their sex lives, expectations regarding the right timing of a partner's release were the most likely to have remained unmet – this was also true of couples already in retirement age. The young suffered timing problems because of lack of experience, while the old experienced the same problems as a result of boredom with a relationship that had lasted for a long time. As the relationship had aged, the couple had perhaps not invested in lovemaking to the same extent as when the partners were young. Men's and women's expectations seemed to meet most fortuitously when people were around the age of 30.

Are the differences between men and women regarding the timing of climax, as described above, an indication of basically differing expectations of lovemaking? Do women in general want lovemaking to last longer than men? Based on

the findings, it would be possible to make such claims. On the one hand, a reason for the difference between genders could be that, in the 1990s, there were extensive discussions in women's and health magazines about the characteristics that signify quality lovemaking. As a result, women have increasingly been unsatisfied with the partners who have not provided them with sexual satisfaction, and who have been unwilling to invest enough time in lovemaking.

On the other hand, men in the 1990s began to experience more pressure about satisfying their partners, as well as being increasingly dissatisfied with them when this has not occurred. The difficulties among women to achieve orgasm did not improve much, and this may have been a source of frustration to some men. To repeatedly fail at satisfying their female partners may erode men's sexual self-image.

Effect of illness on sexual relations

Not nearly all of the problems that can plague sexual relations have to do with lack of communication or sexual skills or desire, arousal or performance. An integral piece of the puzzle is a person's physiological condition and the various illnesses that can affect it. Certain illnesses can even rob people of any sexual interest, and less severe illness can complicate the realization of sexual desire in a way to which a person has grown accustomed. One cause for illness-related sexual difficulties is caused by the side effects of medications used to cure or alleviate illness.

Illness has a particularly pronounced impact on the sex lives of older people, though it can become a problem for younger people as well. In Finland (where this issue was studied), one's own illness had been an occasional impediment to sexual relations during the last year for about 10 % of young and middle-aged respondents. Two to three percent of them had experienced such problems fairly frequently.

Among the older age group, one-third of men and one-fourth of women had suffered at least occasionally from sexual problems caused by illness. One-fifth of men and 15 % of women had experienced these problems fairly frequently. Illness had been an impediment to sex more frequently for men than for women, though the role of illness as a cause of sexual problems grew between both genders during the 1990s. Adverse effects increased by about five percentage points between 1992 and 1999, and this growth could be observed in all couple relationship types as well as among those who had been without a partner.

Reports of a spouse's or partner's illness that had had an adverse effect on sex were about as frequent as reports of similar illness in oneself. The responses of men and women supported each other quite well. In the oldest age group it seemed that people tended to conceal the adverse effects of their own illness somewhat, because when evaluating partners' illnesses, their effects were estimated as great-

er. In this context, too, the adverse effects caused by men's illness were seen as greater than those suffered by women.

When we combine men's and women's responses concerning their own and their partners' illness, we get the proportion of couple relationships (marriage and cohabitation) that endured adverse effects on sex that were caused by illness. Among people under age 50, over 10 % among each gender had noted occasional illness-related adverse effects. A few percent of respondents in this age group had suffered from repeated problems caused by illness.

Sexual problems caused by illness became common after age 50. Approximately half of those aged 60–69 reported that illness had at least temporarily caused sexual problems, and one-fifth reported frequently occurring problems. In the age group of 70–74-year-olds, three-quarters had experienced temporary disruptions of their sex life due to illness, and for one-third the adverse effects had occurred fairly frequently. At this age, illness had a wide-ranging effect on the quality of couples' sex lives.

Illness was cited as a frequent cause of men's inability to achieve an erection in sexual intercourse. Nearly half of the men and women who reported that illness had been a fairly frequent cause of sexual problems in their relationship also mentioned fairly frequently occurring erection difficulties.

The effect of illness was often embodied in the man's inability to achieve an erection, although nearly half of the women who reported illness-related sexual difficulties in their relationship said they experienced fairly frequently occurring difficulty with vaginal lubrication. For both genders, illness caused the same proportion of gender-specific sexual problems – for men, with erection, for women, with vaginal lubrication.

Contraception

Most women are able to become pregnant from the very first sexual encounters in their teenage years, and remain fertile until menopause, near age 50. Theoretically, men remain fertile until death. Because the objective in sexual relations is usually something else besides reproduction, sexually active people need methods to prevent unwanted pregnancy during a span of decades. Conversely, 13 % of Finns were unable to conceive at all or without fertility treatments, and therefore do not need contraception. People who are currently pregnant or want to become pregnant also do not need contraception.

Contraceptive methods vary depending on how they are used or the life phase of the user. Some methods are physical, such as the condom or the intrauterine device (hormone- or nonhormone intrauterine device, IUD), while others are chemical, including the pill, subcutaneous capsules, foam, suppositories and

patches. Sterilization that permanently prevents conception can also be termed a contraceptive method. Sometimes people try to prevent pregnancy by using 'natural' methods, such as coitus interruptus, the rhythm method, or 'safe days.' These do not constitute actual contraceptive methods and are problematic because of their great unreliability.

In addition to preventing pregnancy, condoms are often necessary to prevent veneral and infectious diseases. Condoms are particularly necessary in new or temporary relationships, where partners do not have enough information about each other. Sexual infections are often symptom free, and the disease carrier him- or herself is often unaware of being potentially infectious.

This book already discussed contraception in the first experience of sexual intercourse. In addition, we have studied contraceptive use with this question: "Which methods of birth control were used in your latest vaginal sexual intercourse?" Options included various contraceptive methods (Question 92 in the questionnaire). Similar data is also available for Estonia and St. Petersburg. Swedish data is available, but the formulation of the question was slightly different: "Did you use in your latest intercourse some means to avoid pregnancy?" Responses were 'no', 'condom', 'contraceptive pill', 'preventive stick or stray', 'spiral, diaphragm, foam, cream, intrauterine devices', 'preventive pillow', 'does not know'. If no: Did you use some other technique to diminish the risk of pregnancy: no, coitus interruptus, safe periods, rinsing, other?"

The need for contraception decreases for biological reasons after age 45. About 20 % of women aged 25–44 said that they did not need contraception. Differences between 1992 and 1999 in terms of contraceptive need were minor. Among young men and women between the ages 18–34, 16 % reported that they needed no contraception. Among middle-aged respondents, the proportions were 20 % among men and 29 % among women.

Women today say that they need contraception increasingly late in life. Less than one-third of Finnish women aged 50–54 thought that they needed contraception in 1992, but by 1999, more than 40 % thought they did. The need for contraception decreases as women's fertility declines, usually ceasing no later than by 55–60. This can be seen in the differences between birth-year cohorts in terms of considering contraception necessary. For example, in 1992, of women over age forty, born in 1947–51, 83 % reported still needing contraception. Seven years later, only 41 % of women in the same birth cohort felt that they had needed contraception the last time they had had sexual intercourse. The corresponding proportions among women born in 1942–46 were 61 % in 1992 and 30 % in 1999. Some of these women apparently used contraception 'just in case.'

Sterilization (one's own or a partner's) made other contraceptive methods redundant for 8 % of all 18–54-year-old Finnish men and 12 % of Finnish women, who were studied in 1992. In 1999, the same proportions were 13 % and 15 %,

respectively. Sterilization becomes topical when people have achieved the desired number of offspring. Eighteen percent of middle-aged men and 17 % of middle-aged women reported being sterilized. In couple relationships lasting 20–29 years, 20 % of women and more than 30 % of men had been sterilized. The popularity of sterilization has grown radically among men. The studies conducted in Sweden, Estonia and St. Petersburg included no question about sterilization. For that reason, in the following, sterilized Finns are included in the group of respondents not in need of contraception.

The condom is the most popular contraceptive method in Finland (Table 6.6), though its use declined during the 1990s, particularly judging from responses given by men. Forty percent of 18–54-year-old men who had had sexual intercourse and needed contraception said in 1992 that they used a condom the last time they had sex, but by 1999, only 27 % said so. Among women, the proportion remained the same, at about 28 %. The decline in condom use could be seen in all age groups among men. The proportion of women who used several contraceptive methods at the same time (many mentioned the condom and the pill) declined from 9 % to 4 %, indicating a drop in condom use also in sexual intercourse reported by women.

According to respondents, the decline in condom use in the nineties occurred particularly among young men, regardless of whether they had offspring or not. Condom use declined in couple relationships as reported by men and was mostly unrelated to duration of relationship. According to women's responses, the drop in condom use was much less noticeable and just as negligible in relationships of all durations.

The proportion of respondents who used some version of the pill, or hypodermic contraceptive capsules (the St. Petersburg study also addressed the issue of post-coital contraception, which occurred very rarely) grew between 1992 and 1999. Among women under 35 who needed contraception this proportion was 47 %, and 50 % among men. The pill was the contraceptive method of choice among young people.

Approximately one-fifth of contraception-using respondents had used the IUD the last time they had had sexual intercourse. IUD use becomes more common following first childbirth – according to both men and women; more than one-third of middle-aged respondents were using an IUD. Depending on duration of the relationship, IUD use was most prevalent in relationships that had lasted 10–19 years. IUD use was extremely high among middle-aged women who had already given birth.

Contraceptive foam, suppositories or patches were the contraceptive choice of only a few percent of respondents. In 1992, 2 % of 18–54-year-olds contraceptive-using Finnish respondents reported using coitus interruptus in the most recent intercourse. By 1999, this proportion had increased to about six percent. Only one or two percent had used the rhythm method, or 'safe days'. Among both

Table 6.6 Contraception in last intercourse, 18–54-year-olds (%)

Contraception method	Sweden 1996	Finland 1992	Finland 1999	Estonia 1996	St. Peters-burg 1996
Men					
Condom	22	40	27	26	32
Contraceptive pill	31	25	33	13	8
JUD, foam, etc.	21	22	22	21	7
Coitus interruptus	10	2	7	19	12
Rhytm method	2	1	1	18	14
Nothing even I would need some	..	4	7	10	21
Cannot remember	7	0	1	3	6
Several methods[7]	7	6	2	..	-
Total	100	100	100	100	100
(N)	610	660	339	156	386
Women					
Condom	29	28	22	12	23
Contraceptive pill	30	31	29	11	13
JUD, foam, etc.	22	24	19	35	18
Coitus interruptus	3	6	11	19	12
Rhytm method	1	2	2	14	17
Nothing even I would need some	5	5	5	8	11
Cannot remember	1	0	11	0	3
Several methods	9	4	6	..	3
Total	100	100	100	100	100
(N)	584	303	621	295	497

[7] St. Petersburg: abortion

men and women, 4–7 % had not used contraception even though they would have needed it.

About one-third of married, contraceptive-using respondents used a condom the last time they had sex. In cohabiting relationships, this proportion was one-fifth, and about one-fourth in living-apart-together relationships. More than 40 % of the respondents who were not in a steady relationship used a condom in their most recent sexual encounter. Based on men's responses, condom use fell by about ten percentage points in all relationship types (with the exception of single people) during the nineties, but based on women's responses, it declined by only some percentage points.

The use of condoms, the pill, IUDs, coitus interruptus and the rhythm method was approximately the same in Sweden as in Finland in 1999. The only exception was the slightly more prevalent use of coitus interruptus among men in Sweden, compared to Finland.

In St. Petersburg, condom use followed Nordic trends, but was less common in Estonia, according to Estonian women. According to men's responses (7 %), there were very few IUD users in St. Petersburg, but not so according to women (18 %). IUDs were used by 35 % of Estonian women – a very high rate compared to other women in the region (only 18–24 %).

Coitus interruptus and the rhythm method were significantly more popular in Estonia and St. Petersburg, compared with Sweden and Finland: 26 % of men and about 30 % of women aged 18–54 reported using them in their most recent sexual intercourse. In Sweden and Finland, these figures varied between 3 % and 13 %. Contraception was therefore less reliable in Estonia and St. Petersburg than in Finland and Sweden. The differences in the contraceptive habits of inhabitants of Nordic countries and formerly socialist countries were explained by the fact that it used to be difficult to obtain reliable contraceptive aids in the latter areas, and even after they became more readily available, they have remained expensive compared to Nordic pricing. In addition, many people continued to have unprotected intercourse out of force of habit, even though contraception was now available.

The contraceptive habits of respondents aged 18–74, in different relationship types, and in need of contraception differed basically in the same way in all four areas in the study. With the exception of Sweden, single people were much more likely to use a condom than those in steady relationships. Among single respondents, 42 % in Finland in 1992 and 41 % in 1999, 33 % in St. Petersburg, 26 % in Estonia and 22 % in Sweden used a condom the last time they had sexual intercourse. Based on this data, the risk of obtaining a sexually transmitted disease was greater in Estonia and Sweden than in Finland or St. Petersburg, although other factors like the incidence of disease among the population also affect the risk.

In the different regions, 12–29 % of contraception-using respondents in steady couple relationships in the late 1990s used a condom the last time they had sexual intercourse. The condom is clearly not a very popular choice in committed relationships.

In all four regions in the study, the contraceptive pill was the method of choice, particularly among people in cohabiting or living-apart-together relationships. Half of all Finnish women in cohabiting or LAT relationships, and one-fifth of all such respondents in St. Petersburg and Estonia were on the pill during their last sexual encounter. Use of the pill, in other words, has not spread significantly in new relationships in Estonia or St. Petersburg. While 16–29 % of married or single Nordic respondents used the pill as contraception in their last sexual intercourse, only 5–7 % of respondents in St. Petersburg and Estonia did so.

Many began using an IUD following marriage or childbirth. The IUD was the contraceptive method used by 37 % of married Finns, 21 % of Swedes, 16 % of respondents in St. Petersburg, and 36 % of Estonians in their most recent sexual

intercourse. Among respondents in other relationship types, IUD use remained around 15 % in Finland and St. Petersburg and around 20 % in Estonia and Sweden (36 % among cohabiting Estonians). Regardless of the relationship type or its duration, respondents in Estonia and St. Petersburg were more likely (approximately 30 %) to use the rhythm method or coitus interruptus than Finns or Swedes, of whom only about 10 % reported using it the last time they had sex.

Abortion

Contraception is not always available when it is needed, or it can fail despite good intentions. This may result in an unwanted pregnancy. The situation requires a decision as to whether to give birth to the child or terminate the pregnancy. Terminating a pregnancy is called abortion. There are times when the birth of a child would bring about so many problems that its parents deem it best to opt for abortion.

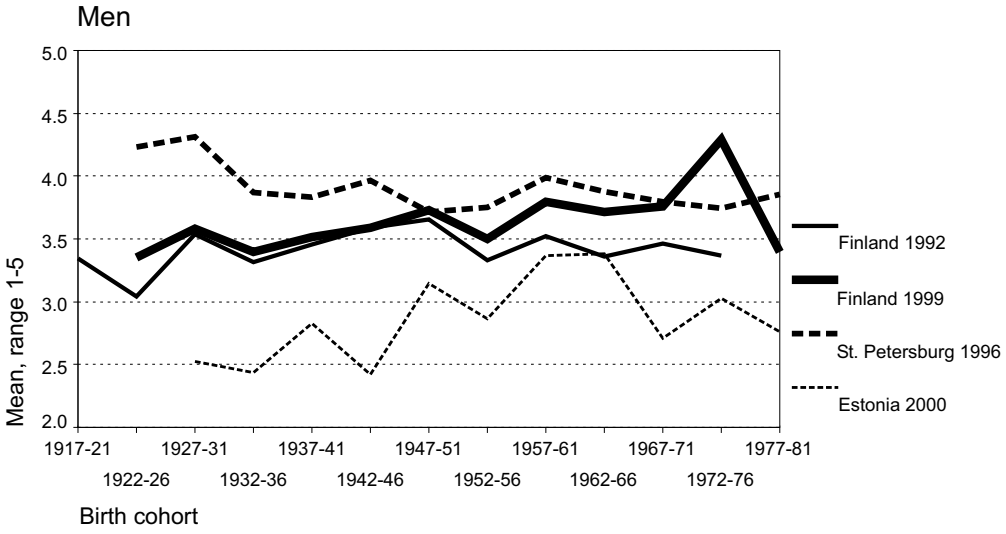
In the countries included in the present study, abortion is nowadays both legal and easily available. In Finland, abortion was legalized in 1970. Official statistics and earlier research findings give reason to expect that abortions are much fewer in Finland and Sweden than in Estonia or St. Petersburg. Reliable birth control methods have been much more easily available in Nordic countries than in the former socialist countries, where people have been forced to use unreliable methods. Therefore unwanted pregnancies have been more common in Russia and Estonia.

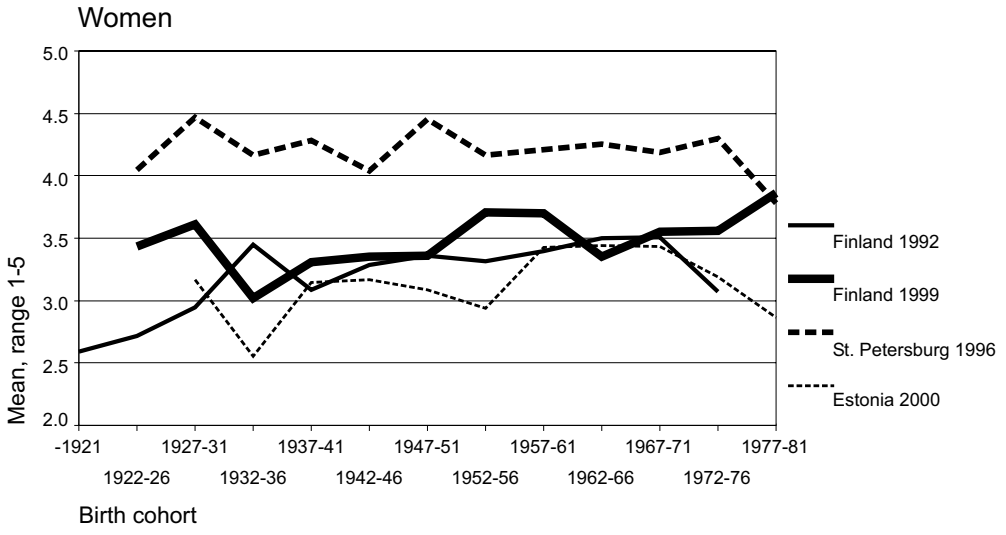
This chapter will first focus on attitudes toward abortion, and then analyze their frequency. Attitudes toward abortion were studied by asking people to respond to the statement “Abortion (interruption of pregnancy) should be freely available”.

In Finland, attitudes toward abortion evolved toward sexual autonomy during the 1990s in different age groups – with the exception of older men – by six percent. A growing number of respondents accepted unrestricted abortion: of all men, 62 %, and 60 % of all women approved of it. Young people were more likely than others to support unrestricted abortion. Only 22 % of men and 29 % of women opposed unrestricted abortion. The rest had difficulty taking a stand one way or the other. Finnish attitudes were more liberal than the abortion law that currently stands; so far, abortion is not completely unrestricted in Finland. Two doctors must approve the procedure to make it permissible.

The above statement regarding abortion was also included in the studies conducted in St. Petersburg and Estonia. Attitudes among women in St. Petersburg were much more accepting of abortion than those of Finnish women, whereas Estonian women were somewhat more critical toward abortion than Finnish women (Figure 6.10).

Figure 6.10 Accepts free availability of abortion





Men in St. Petersburg, in particular older men, were more likely to approve of abortion than Finns. In Estonia, primarily older and middle-aged men, had more reservations regarding unrestricted abortion than Finns. Finnish men and women had nearly identical attitudes toward abortion, but men were more likely than women to approve of unrestricted abortion. In St. Petersburg and Estonia, however, women's attitudes toward abortion were significantly more positive than men's.

The proportion of Finnish women who had had an abortion increased from the 1970s to 1992, to decline slightly thereafter. Only 7 % of women aged 18–54 reported having had an abortion; the figures were 23 % in 1992 and 16 % in 1999. Men were not asked this question in 1971 or 1999; in 1992, 11 % of men reported that an abortion had followed after they impregnated a woman. The discrepancy indicates that men had remained ignorant of some of the abortions that their female partners had had.

Four out of five Finns who had used abortions had only done so once during their lifetime when asked in 1992 and 1999. Only 2–3 % of all Finnish women aged 18–54 had experienced more than one abortion.

Among Finnish women, the figures for abortion increased in all birth cohorts between the 1970s and 1992, but thereafter the proportions of abortion-users remained steady (Figures 6.11 and 6.12).

According to the 1992 study, the incidence of abortions was the same in Sweden as in Finland (23 % of women reported having had one), but was greater than the 1999 figure for Finland (17 %). As we already know from the statistics, abortion was much more common in St. Petersburg and Estonia than in Finland and Sweden. In St. Petersburg, 45 % of men aged 18–74 reported that a female partner had had an abortion, and 54 % of women said they had had an abortion. In Estonia, only 37 % of men reported that their female partner had had an abortion, but 62 % of women told of having had one. It seems that Estonian women frequently concealed their abortions from male partners. This was true in particular for men of the middle and older generations.

In the former socialist countries, abortion represented the most common form of contraception. In Finland, abortions were correlated with being sexually active, when measured by engaging in sexual intercourse at an early age and changing of spouses or cohabitation partners. Abortions were also connected to an alcohol-oriented lifestyle and to women's permissive attitudes regarding abortion. According to the MCA, however, these factors only explain 6 % of the variation in abortions among Finnish women. In order to analyze people's choice to have an abortion would therefore require the collection of other types of data besides that used in this study.

Figure 6.11 Partner has had an abortion

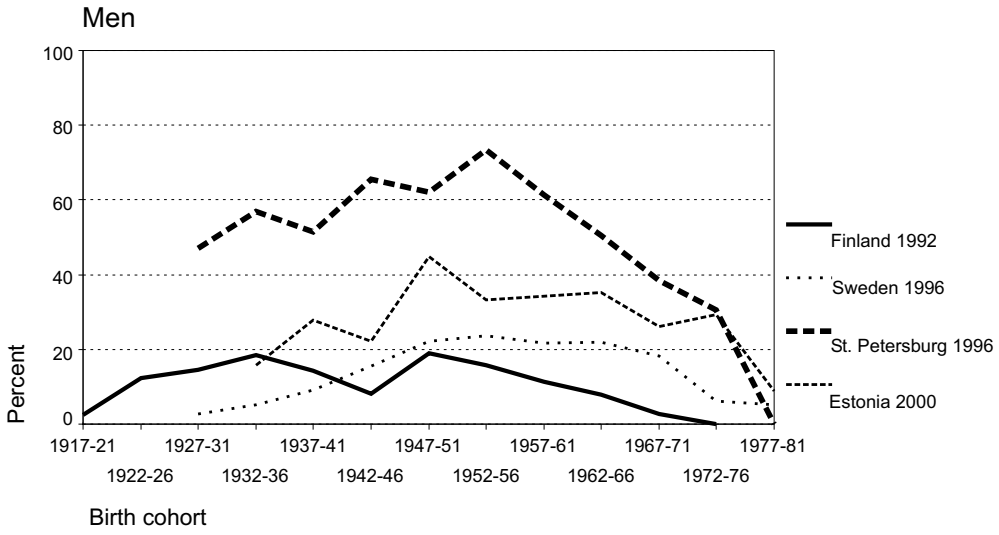
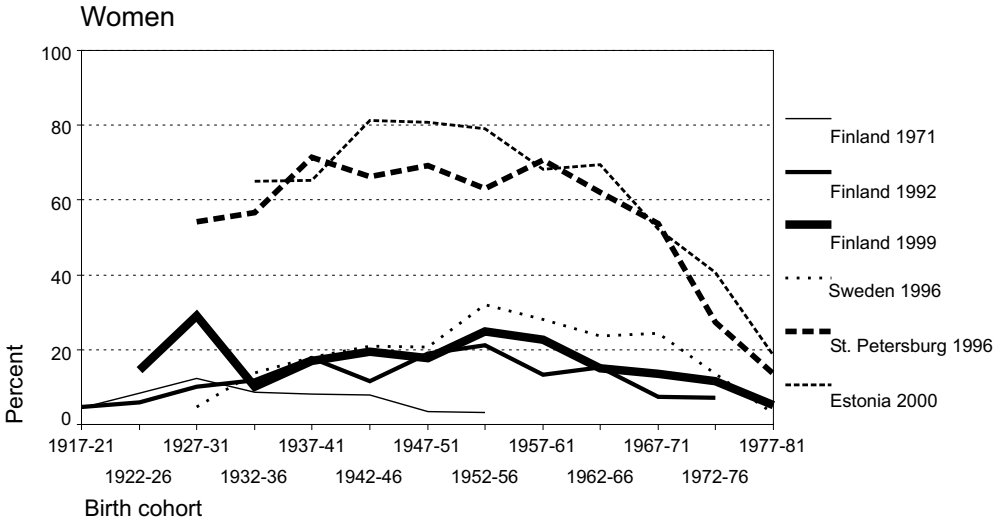


Figure 6.12 Has had an abortion



Sexually transmitted diseases (STDs)

Sexual intercourse involves contact between mucous membranes, which enables sexually transmitted diseases to transfer from one partner to another if a condom is not used or if it fails during intercourse. Frequently, people decide to not use a condom when they know that the partner does not carry a risk of contagion. This is usually the case with long-term, steady partners. In new relationships, the situation can be less clear, partly because many diseases are symptom-free and unknown even to their carriers. Also, people do not always care about risk of disease when a situation or partner is particularly exciting or because they are drunk (Papp et al., 2000; Papp & Kontula, 2000).

The incidence of sexually transmitted diseases and infections was studied in Finland in 1992 and 1999 and in Sweden in 1996 (Table 6.7). The diseases included in the study were gonorrhea, syphilis, chlamydia, genital herpes and HPV infection (human papilloma virus). The responses naturally only applied to infections of which respondents were aware. Many symptom-free infections are therefore excluded from the following figures for the incidence of sexually transmitted disease.

In 1999 in Finland, 6 % of men in all age groups and 3 % of women reported having had gonorrhea. The incidence of gonorrhea had declined among men of all ages and among young women. Only one man had had gonorrhea during the last year. In Sweden, 7% of men and 5 % of women had had gonorrhea.

Syphilis was so uncommon that it is impossible to distinguish a trend. The incidence of those who had contracted syphilis ranged from zero to a half percent of respondents.

Seven percent of Finnish men and women had at some time contracted chlamydia. The incidence of chlamydia also increased by two percentage points during the 1990s among both sexes, and 12 % of young men and women had had chlamydia. In the course of the last year, 2 % of men and 1 % of women had contracted chlamydia. In Sweden, 6 % of men and 8 % of women reported having had chlamydia.

Three percent of Finnish men and women reported knowledge of a genital herpes infection. This proportion had nearly doubled in the 1990s. The incidence of herpes was fairly evenly distributed among different age groups. People who contract genital herpes carry the disease for the rest of their lives. In Sweden, 3 % among each sex reported having genital herpes.

Seven percent of Finnish men and 8 % of women reported contracting the human papilloma virus at some point. The corresponding figures in Sweden were five and seven percent. These figures increased by several percentage points in Finland during the 1990s. Ten percent of young men and 13 % of young women

Table 6.7 Sexually transmitted diseases or infections during lifetime (%)

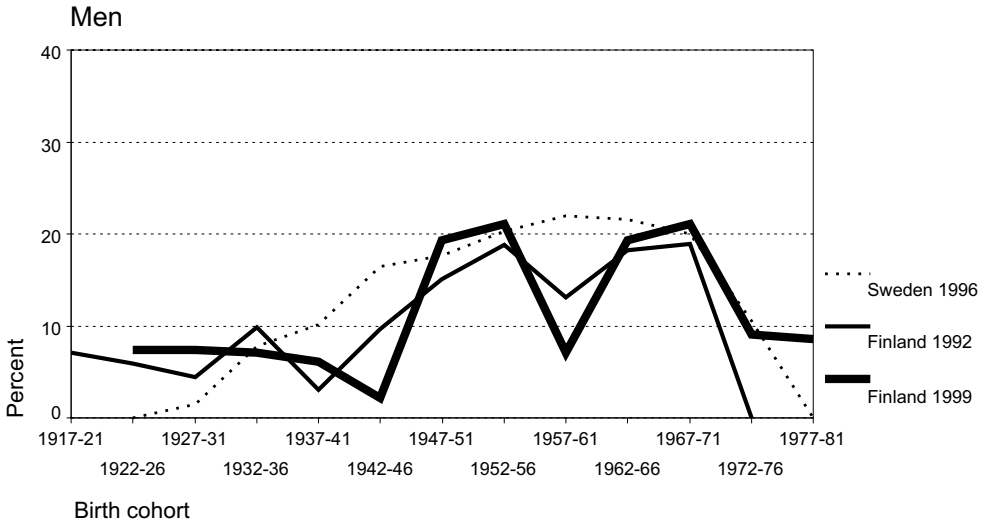
Sexually transmitted disease	*Men*			*Women*		
	Finland	Finland	Sweden	Finland	Finland	Sweden
Type of disease	1992	1999	1996	1992	1999	1996
Gonorrhea	8.3	6.5	6.5	2.8	2.7	4.7
Syphilis	0.2	0.5	0.1	0.2	0.2	-
Clamydia	5.1	7.3	5.5	4.9	6.7	8.0
Genital herpes	1.5	3.3	3.2	1.7	3.1	2.7
Papilloma infection	3.9	6.9	4.6	6.0	8.2	6.9
Number of times of having had STD						
Never	87.7	87.6	85.1	89.9	88.2	82.2
Once	9.7	8.5	11.4	7.7	9.7	14.4
Twice or more	2.6	3.8	3.5	2.4	2.1	3.4
Total	100	100	100	100	100	100
(N)	999	655	1 440	1 056	659	1 320

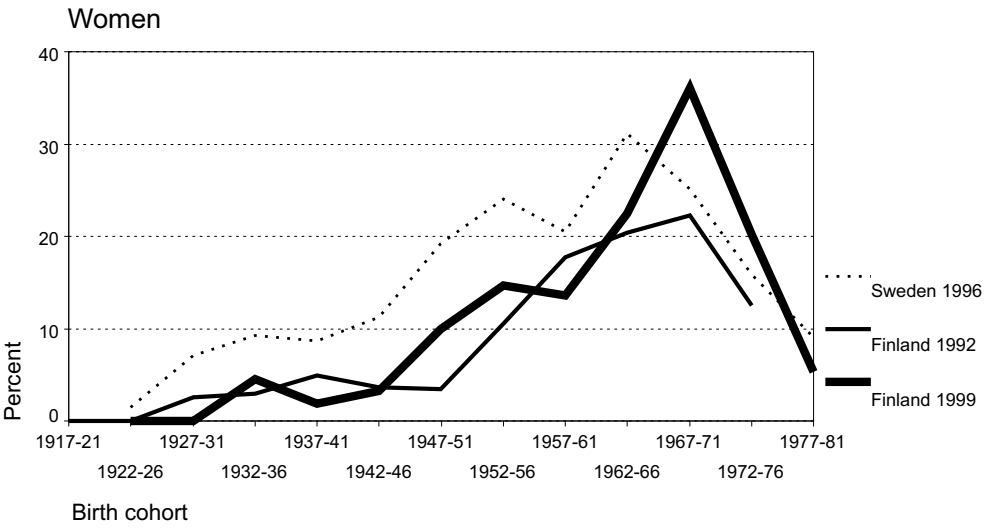
had contracted the papilloma virus. One percent among each sex reported experiencing papilloma-related symptoms during the past year.

Twelve percent of Finns and 17 % of the Swedes studied in the 1990s had contracted one of the above-mentioned diseases. An analysis by birth cohort revealed that the proportion of men who had contracted at least one sexually transmitted disease remained basically steady in the 1990s (Figure 6.13). The distribution of people who had contracted a disease was fairly even among the different birth cohorts. Among women the proportion of those who had contracted a sexually transmitted disease was significantly higher among young women than among older women. According to the 1999 study, one in three women born in 1967–71 had contracted a sexually transmitted disease. As stated above, the incidence of sexually transmitted diseases was higher in Sweden than in Finland. This was particularly true for Swedish women in the generations of sexual revolution and restraint, among whom the incidence of sexually transmitted diseases was much higher than among their Finnish counterparts.

Among Finnish male respondents between the ages 18–74, 0,8 % reported in 1992 having contracted an STD in their lifetime, whereas by 1999, the figure had already increased to 2,4 %. The proportion of women remained the same in both study years, at 1,6 %. Less than one in ten Finns had contracted one STD in their lifetime, and 2–3 % had contracted two or more diseases. Among Swedes the corresponding figures were 12 % and 3 %.

Figure 6.13 Has had a sexually transmitted disease





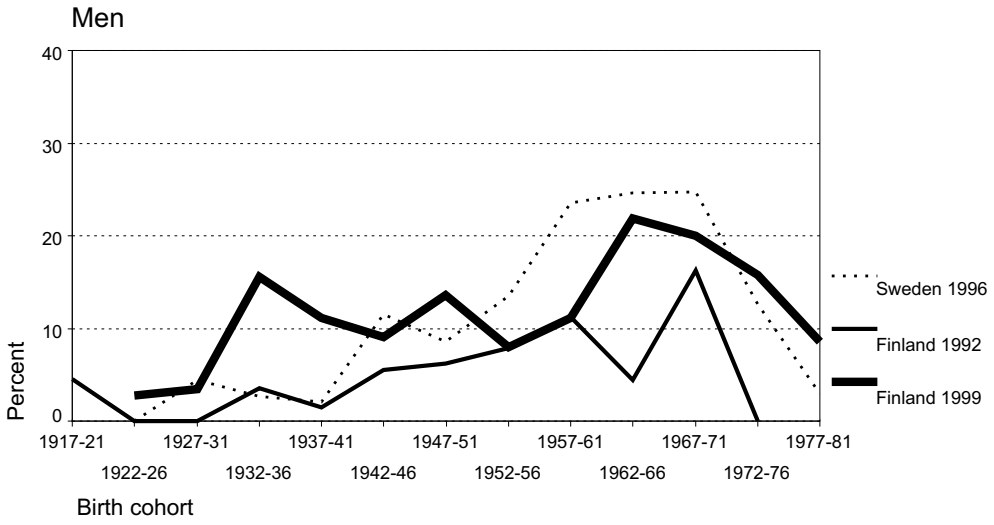
The increase during the 1990s in the proportion of Finns who contracted an STD was partially explained by a simultaneously occurring decrease in the popularity of condom use in temporary relationships. Only 50 % of single men and 47 % of single women who should have used contraception had used a condom the last time they engaged in sexual intercourse. In 1992, these figures were still at 77 % and 56 %. If the most recent sexual partner was unattached, 44 % of both the male and female respondents in 1999 had used a condom in their last sexual encounter. In 1992, 69 % of men and 43 % of women had used a condom. When the most recent sexual partner was someone else's spouse, only 20 % of men and 35 % of women responded in 1999 that they had used a condom. In 1992, these proportions were still at 50 % and 48 %. Among men in particular, condom use seemed to decrease quite radically in casual sexual relationships – less than half had used a condom. This decrease in condom use could be seen in the increased rate of sexually transmitted diseases.

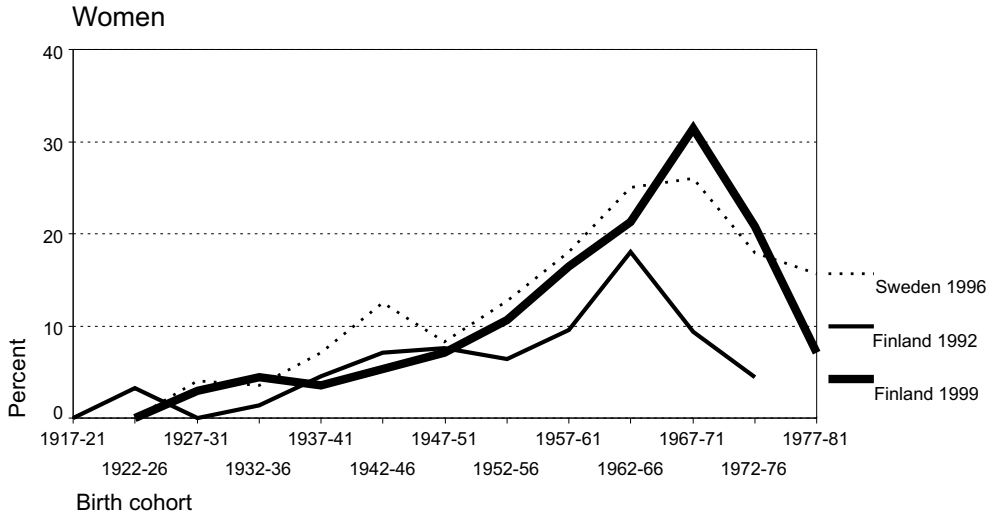
Finally, we will use the MCA analysis to take a look at the proportions of those who had contracted STDs in Finland. The likelihood of contracting an STD was correlated with age, education and age when experiencing first intercourse – the younger and better educated the respondent, and the younger their age at first intercourse, the greater the likelihood that they had contracted an STD. When the study was conducted, those who were engaged in cohabitation or a LAT relationship were more likely to have contracted an STD than married or single respondents. Controlling for other factors, however, increased the incidence of disease among women in the latter-mentioned relationship types (married and single women). People whose lifetime sexual relationship types included consecutive or parallel relationships experienced a significantly higher incidence of STD than other people. One-quarter of polygamous respondents (who had had both consecutive and parallel relationships) had contracted an STD.

A more detailed analysis of the 1992 data has previously shown (Kontula, 1994) that respondents whose sexual desire and self-esteem were high, who had actively engaged in masturbation, were not religious, had frequently used alcohol prior to intercourse, and who had had relatively many sexual partners in their lifetime were more likely to have contracted sexually transmitted diseases. Half of all infections occurred among men who had had at least 20 sexual partners in their lifetime and among women who had had at least ten sexual partners. There were also people who had had only one sexual partner in their lifetime and who nonetheless had contracted an STD.

HIV infections were so rare among the Finnish population that we did not include questions about them in the questionnaire. Both the 1992 and 1999 Finnish studies did, however, include this question: "Have you ever voluntarily taken an HIV test?" The Swedish study contained the same question. In Finland in 1992, 6 % of men and 7 % of women had been tested for HIV, and in 1999, 13 % of men

Figure 6.14 Has been tested for HIV





and 12 % of women had been tested. In Sweden, 14 % of men and 15 % of women had been tested for HIV. A majority of those who had been tested for HIV had only been tested once. Being tested for HIV was more common among younger people (Figure 6.14). The proportion of people who had been tested for HIV rose between 1992 and 1999, particularly among the younger generation.