

# Sexual dysfunction in the Australian population

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**AIM** To describe the prevalence and forms of sexual dysfunction experienced by Australians, and compare these with people in the United States.

**METHODS** A cross sectional, telephone interview survey of a randomly selected sample of men (n=876) and women (n=908) aged between 18 and 59 years on the electoral roll in all states and territories of Australia (response rate = 61%) was conducted between November 1999 and April 2000.

**RESULTS** Large proportions of Australian men (55.0%) and women (60.5%) reported at least one sexual problem within the preceding year. More serious sexual dysfunction (>3 symptoms) was observed in 13.2% of men and 19.7% of women.

**DISCUSSION** Australia and the USA are similar with regard to the high rate of symptoms of sexual dysfunction observed in the population. The low rate of treatment points to both patient and doctor reluctance to discuss sexual performance and practices.

There is good reason to expect that sexual dysfunction is common. A South Australian community sample survey of men aged over 40 years found high rates of erectile dysfunction.<sup>1</sup> A survey of general practice patients found that 34% of men and 41% of women reported sexual dysfunction.<sup>2</sup> Overseas community based surveys point to high rates of sexual dysfunction. In a Swiss study of young adults, one in two women and one in three men reported a sexual disturbance in the previous 10 years.<sup>3</sup> A large Danish study found that a substantial minority of respondents aged 18–88 years of age reported they had sexual problems: most commonly women reported reduced sexual desire (11.2%)

and an absence of an appropriate partner (4.9%); and men reported the unavailability of a sexual partner (7.3%) and erectile dysfunction (5.4%).<sup>4</sup> There are only two previous major national population based studies looking at sexual dysfunction in both men and women. One was conducted in the USA in 1992,<sup>5</sup> the other is the recently published Australian Study of Health and Relationships.<sup>6</sup> In the USA study, the most prevalent sexual functioning problem for men was premature ejaculation (30%); and for women, a lack of interest in sex (31%) and the inability to achieve orgasm (25%). In the Australian study, the most common sexual difficulties experienced by men were a lack of interest in sex, orgasming

too quickly and feeling anxious about performance. For women, the most common problems were a lack of interest in having sex and the inability to orgasm.

We report the results of an Australian population survey of sexual dysfunction experienced by men and women over a 12 month period, providing data on rates of sexual dysfunction including a comparison with the USA data. We also report data on treatment for sexual dysfunction.

## Methods

The sample was selected from the commonwealth electoral roll, available in October 1999. The electoral roll included details of the respondents' age groups, full name, sex and residential address.

**Table 1. Rates of sexual dysfunction in Australia by age and gender of respondent**

	Age	n (%)				p value (age)
		18–29	30–39	40–49	50–59	
During the past 12 months, has there been a period of several months or more when you have lacked interest in having sex?	Men	193 (19)	209 (17)	218 (14)	138 (16)	<b>0.583</b>
	Women	227 (27)	228 (40)	194 (35)	118 (34)	<b>0.025</b>
In the past 12 months, has there been a period of several months or more when you were unable to reach orgasm?	Men	200 (7)	213 (6)	225 (5)	140 (9)	<b>0.656</b>
	Women	228 (23)	229 (18)	192 (17)	118 (26)	<b>0.102</b>
During the past 12 months, has there been a period of several months or more when you orgasmed too quickly?	Men	200 (30)	213 (44)	224 (39)	138 (43)	<b>0.016</b>
	Women	227 (7)	229 (9)	190 (13)	117 (9)	<b>0.193</b>
During the past 12 months, has there been a period of several months or more when you experienced physical pain during sexual intercourse?	Men	200 (5)	213 (2)	225 (6)	140 (6)	<b>0.305</b>
	Women	229 (23)	230 (17)	195 (10)	118 (14)	<b>0.004</b>
During the past 12 months, has there been a period of several months or more when you did not find sex pleasurable?	Men	200 (7)	213 (6)	228 (4)	140 (7)	<b>0.505</b>
	Women	229 (14)	230 (22)	195 (16)	118 (28)	<b>0.009</b>
In the past 12 months, has there been a period of several months or more when you felt anxious about your ability to perform sexually?	Men	200(14)	213 (13)	225 (12)	140 (19)	<b>0.265</b>
	Women	228 (14)	230 (15)	195 (7)	118 (18)	<b>0.015</b>
<b>Men only</b>						
During the past 12 months, has there been a period of several months or more when you had trouble achieving an erection?		200 (3)	213 (6)	225 (8)	140 (11)	<b>0.014</b>
Again, in the past 12 months, has there been a period of several months or more when you had trouble keeping an erection when you wanted to?		200 (9)	213 (10)	224 (11)	40 (20)	<b>0.007</b>
<b>Women only</b>						
During the past 12 months, has there been a period of several months or more when you had trouble becoming lubricated?		227 (18)	230 (17)	195 (23)	114 (33)	<b>0.002</b>
Again, in the past 12 months, has there been a period of several months or more where you had trouble reaching an orgasm?		228 (21)	228 (23)	194 (18)	117 (30)	<b>0.072</b>

Sample numbers were based upon the age distribution of the Australian population (1996 census). Early piloting indicated that people 60 years of age and over were less willing to participate in the study, so the sample was limited to persons aged 18–59 years. A computer program was used to randomly select respondents who met the above criteria. Full details of the sampling and methods are available.<sup>7</sup>

The phone numbers were selected from electronic telephone directories (Australian White Pages and Desktop

Marketing Systems databases). Of the 4449 persons selected, 3075 could be contacted by phone, of whom 1793 agreed to participate in the study.

Computer aided telephone interviews were conducted between November 1999 and April 2000. For those whose address details had been confirmed, a Queensland University headed letter was sent, providing details of the study and inviting the person contacted to participate. A response booklet was sent to each potential respondent. This booklet pro-

vided numerical alternatives to questions, but the questions were not included. Most relevant questions were derived from the USA survey<sup>5</sup> to enable comparison. The questions related to experience of sexual dysfunction for a period of several months or more in the previous year (Table 1).

## Results

The prevalence rates for the measures of sexual dysfunction are presented in Table 1. Some forms of sexual dysfunction were

**Table 2. Percentage of Australian and USA samples with multiple symptoms of sexual dysfunction**

	Men		Women	
	Australia (n=778)*	USA (n=1472)*	Australia (n=772)	USA (n=1618)
	%	%	%	%
No symptoms	45.0	55.1	39.5	44.9
1–2 symptoms	41.8	32.7	40.8	32.9
>3 symptoms	13.2	12.2	19.7	22.2

\*For men only the Australian figures are based on eight questions. The USA study asked about achieving and maintaining an erection within the same question. This was based on the view that achieving an erection was a different problem from maintaining one. In Australia, these were separated into two questions.

**Table 3. Percentage of respondents who have sought treatment by age, gender and number of symptoms**

Variables	n (%)	
	Men	Women
<b>Age</b>		
18–29	245 (2.4)	265 (4.5)
30–39	231 (3.9)	253 (7.1)
40–49	236 (7.6)	219 (7.8)
50–59	160 (8.1)	164 (10.4)
$\chi^2$ , p value (age)	<b>0.018</b>	<b>0.142</b>
<b>Symptoms</b>		
No symptoms	350 (1.7)	291 (4.9)
1–2 symptoms	325 (6.2)	301 (4.8)
>3 symptoms	103 (14.6)	180 (15.8)
$\chi^2$ p value (symptoms)	<b>&lt;.0001</b>	<b>&lt;.0001</b>

relatively uncommon for Australian men (eg. pain during intercourse, or failure to attain pleasure during sex). Relatively few men reported that in the past year they had experienced several months or more of problems achieving an erection. Premature ejaculation appears to be the most common sexual dysfunction for men (30–40% of each age group). The next most common male symptoms were anxiety about the ability to perform sexually, and a lack of interest in sex.

The pattern for women was different: their least common forms of sexual dys-

function were climaxing too quickly, and anxiety about ability to perform sexually. Their most common problems were a lack of interest in having sex, and difficulty or inability to reach orgasm. As with men, few problems were associated with age. Exceptions were painful intercourse, not finding sex pleasurable, and difficulty lubricating. The highest rate of painful intercourse was reported by women in the youngest age category. The relationship between difficulty lubricating was with older women. The relationship between age and not finding sex pleasurable was

complex, peaking in the fourth and the sixth decade.


We calculated a composite measure of sexual dysfunction (Table 2) comparing this with USA data. This was derived by adding instances ('yes' responses). The data for men in Australia and the USA are not strictly comparable, as there were eight symptoms in the Australian list and only seven in the USA list (Table 2).

In the preceding year, 55% of men and 60% of women experienced one or more forms of sexual dysfunction (Table 2), and 13% of men and 20% of women reported three or more symptoms of sexual dysfunction that persisted for at least several months in the preceding year.

We asked the extent to which men and women were receiving medical or other assistance for their sexual difficulties (Table 3). About 6% reported having sought help for their sexual difficulties, with older respondents more frequently reporting seeking help than younger respondents. Only a few of those who experienced more serious sexual dysfunction sought help. Help seeking was most common among both men and women with multiple sexual function problems over the age of 40 years, but even in this group, only 20% had ever sought help (data not presented).

## Discussion

No single measurement scale for sexual dysfunction has achieved universal recognition. The scales we used, taken from the USA National Study,<sup>5</sup> represent a broad definition of sexual dysfunction. There were no clinical assessments or other measurements to determine validity, severity or chronicity of the sexual dysfunction. Thus, it cannot be assumed that because people report, say, lack of interest in sex, they have dysfunction. Presumably such measures of sexual dysfunction are only a problem if they cause distress or impair a relationship. It is for this reason that we focussed on people



with three or more symptoms, those of more than a trivial or transient nature. We also asked about experiences persisting for at least several months within a 12 month period.

Our main finding – that sexual dysfunction is relatively common – is important, especially premature ejaculation. Less so, difficulties achieving and/or maintaining an erection (in older men), and lack of interest in sex, a failure to find sex pleasurable, an inability to reach orgasm (in women); and difficulty lubricating (in older women). These results were similar to the USA study.

Relatively little sexual dysfunction seems to be raised clinically, so few received treatment or support. Perhaps clinicians and patients are reluctant to raise these issues together. Whether these symptoms of sexual dysfunction cause distress is important. Being aware of the frequency of these problems, perhaps together with training to raise them in clinical consultations, may enable clinicians to help people with unmet sexual problems. The questions that we used may provide a useful starting point for screening questions in clinical practice.

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### Implications of this study for general practice

- About one in 10 men, and one in five Australian women report multiple symptoms of sexual dysfunction within the past year.
- Currently fewer than 10% obtain medical help.
- Generally, patients do not present their symptoms of sexual dysfunction and medical practitioners do not enquire about problems in sexual functioning being experienced by their patients.
- There may be considerable unmet needs for sexual dysfunction that Australian general practice could meet.