Sexual life and self-assessed health: is there a link?
--- A study on Chinese adults

Extended abstract

Many studies on marriage and mortality have revealed selection and protection effects of marriage on death, and have identified a contribution of marriage to life expectancy. This is especially true for men, who are found to gain more from the spousal aid in dealing with life stress. For women, it is the same that marriage is helpful to deal with stress from loneliness (Taubman and Rosen 1980, Lillard and Panis 1995). But Rogers's study (1991) on US adults found that among the theories explaining the so-called marital advantage, neither status integration, nor marital selection, nor marital protection fully accounts for marital status differences in mortality. Rather, it is a socioeconomic characteristics perspective best explains marital status differences in longevity. Then how does the sexual life in a marriage or partnership relationship contribute to one's health status? Is satisfactory sexual life linked with better health as perceived by oneself? And if so, what is the pathway through which satisfactory sexual life contribute to better health status? Or is one's health status, even the self-rated one, mostly shaped by one's socioeconomic characteristics? This paper attempts to look at these questions within the China context.

Previous studies on Chinese couples' marital status and mortality have also identified the positive effects of marriage on health. However, not much is known about the partnership status other than marriage or about the sexual life of Chinese couples, either married or not. With traditional norms still governing people's sexuality, sex is still a taboo in Chinese society. Some people even still hold the idea that sex is dirty (about a quarter the surveyed population hold this idea, and the percentage is even higher among women, almost one third). Within such a social context of sexuality, how much do people weigh the importance of a satisfactory sexual life? Will one's sexual life affect one's emotional happiness and mental health, which in turn, exert influence on one's self-evaluated health? And will these effects hold when controlling one's socioeconomic conditions?

The newly published China Health and Family Life Survey (2003), a nationally representative survey, provides detailed information on Chinese adults' sexual life as well as their health conditions, and enables an exploration on current health and sexuality conditions of Chinese adults, a chance to address above questions. Parish's analysis (2004) on the data set has already found that a medical model with physiological conditions alone is not sufficient for explaining sexual issues (i.e. sexual dysfunction). Mental distress, age, and poor communication with the partner are important risk factors for both men and women, and there are also many gender-specific risk factors. However, while these risk factors are linked with one's sexual and reproductive health, are they also import to one's general health? This paper attempts to examine this question.

<u>Dependent variable</u>

For the current analysis, I focus on a self-rated general health condition as a measure of current health status, and recoded the health condition as "good", "fair" and "poor". This is my primary dependent variable.

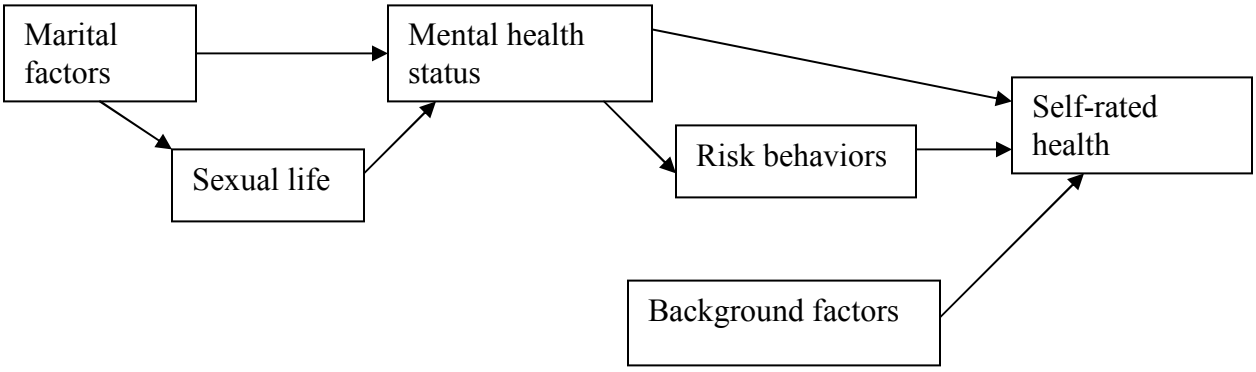
Independent variables

For exploratory variables I include:

- A set of background variables, namely, the respondent's sociodemographic features --- age, sex, migration status, region, type of residential place (rural or urban), and socioeconomic characteristics --- education, income and occupation.
- Marital/partnership relationship factors, including marital status, age at current marriage, frequency of feeling insecure in the relationship, perceived care received from the partner, hit by partner, and whether coming from the same place and sharing the same accent as the partner.
- Relationship factors more specifically focusing on sexual life: frequency of sleeping on the same bed, frequency of sex, physical satisfaction of sex, and frequency of orgasm.
- Emotional and mental health: happiness
- Risk behaviors: frequency of drinking and smoking

Analytical framework

The expected pathway framework can be depicted in the diagram below:



Not illustrated above is that, background factors can also affect other factors in the diagram, and exert its impact on general health through the effects of those other factors.

For the current analysis, we will have five models, assessing how each set of variables are associated with self-rated health conditions. Then, holding background factors, we will see if martial factors and sexual life factors are related to general health, and how such effects change when mental health status and risk behavior factors are added in. Since marital and sexual life factors are major focus under analysis, population under study will be sexually active adults only.

Preliminary results

Results from multinomial logistic regression showed that:
Among background factors, being male, of younger age, not living in southern coast region, and higher income are more likely to be in good health conditions rather than in fair conditions. Interestingly, living in urban and having higher education actually decrease one's chance of being in good health with odds ratios of about 40% (compared with in fair health). However, the odds ratio of being in poor health rather than fair is about 40% less for urban dwellers compared with rural residents, and about 65% less for university graduates (compared with those having no school). Older age is certainly associated with poor health condition. Migration status does not have significant effect on general health conditions.

For the marital/partnership relation factors, being married, either first marriage or remarried contribute to good health and protect against poor health when comparing with unmarried. Sharing the same accent has no significant effect, and neither is age at current marriage, feeling insecure, and ever been hit. Coming from the same neighborhood or village does increase the odds ratio of being in good health and so does receiving sufficient care from the partner. However, other than being unmarried, all the other factors are not good at predicting poor health status.

Looking more closely at the sexual life, while frequency of sex and orgasm are not significantly related to health status, strong physical satisfaction of sex and always sleeping on the same bed do significantly increase the odds ratio of being in good health. However, except of physical satisfaction of sex, none of the factors have significant effects on poor health. And the reason why lack of physical satisfaction of sex matters can simply be that people of poor health conditions are less likely to obtain strong physical satisfaction of sex.

Happiness is important to self-rated health. Being in a very happy state can both contribute to good health and protect against poor health. As for risk behaviors, smoking is found to be generally insignificant. Only heavy smoke is identified as a risk factor to poor health. Drinking has significant effect on health. But it is interesting that those who never or seldom drink do not have higher chance of being in good health or avoiding poor health. It is those who drink frequently but not excessively that enjoys better health and can protect against poor health.

When we group all the factors in the same model, many effects diminish or become insignificant, but happiness remains a strong predictor. Younger age, living in rural places, never been to school, keeping a happy emotion, and drinking occasionally still significantly contribute to good health; while living in urban, having higher income, sharing the same accent with the partner, strong physical satisfaction of sex, and being feeling happy are factors help to protect against poor health. Here, we see many marital and sexual life factors no longer have significant effects. Can this be because the socioeconomic factors or mental health factors have washed off the effects? The weak effects of education and income and strong effects of happiness actually point to the possible pathway of marital and sexual life factors exerting effects on self-rated health

through the emotional state. A path analysis actually has identified link between happiness and certain marital and sexual life factors.

Discussion
(Omitted here)

Conclusion

In brief, using multinomial logistic regression, our analysis on sexually active Chinese adults finds out that while marital/partnership relation factors and sexual life factors do have association with one's self-assessed general health status, they work more as contributing factors to good health, rather than protection factors against poor health. And the association is not that strong and direct. There can be various unexamined factors, --- maybe more related to access to health care and physical health factors, that explain one's health status, particularly the poor health conditions. But an improvement from fair to good/excellent health conditions is linked with married status, satisfactory sexual life and close communication with partners, all of which affect health through contributing to happy emotional states. Sociodemographic and socioeconomic factors, like age, sex, rural/urban residence and income do have effects on self-rated health. While they in some way shape the way marital/partnership relation factors exerting their effects on self-rated health status, they do not really have such overwhelming effects on the sexual life factors.

The limitation of the analysis is that we cannot really ascertain a causal relationship between health status and marital relationship and sexual life factors. Also, to what extent the self-rated general health status represents one's actual health condition, and the emotional state affects one's physical health is still a question that deserves further examination.

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