

Original Article

Sexual Activity, Interest and Satisfaction in Older Women in Iran

Mardi Afrouz^{1*}, Behboodi Moghadam Zahra², Ghafoori Faezeh², Refahi Soheila³¹ Department of public Health, School of Health, Ardabil University of Medical Science, Ardabil, Iran² Department of Midwifery, School of Nursing and Midwifery, Tehran University of Medical Science, Tehran, Iran³ Department of Medical Physics, School of Medicine, Ardabil University of Medical Science, Ardabil, Iran

ARTICLE INFO

ABSTRACT

Received 20.07.2018
 Revised 29.09.2018
 Accepted 06.01.2019
 Published 01.02.2019

Key words:

Sexual Activity;
 Sexual Interest;
 Satisfaction;
 Older Women;
 Iran

Introduction: The world's population is aging and the issue of sexual activity in elderly people is still a taboo in many cultures. The purpose of this study was to examine the sexual activity, interest and satisfaction in older women attended the Health Care Centers in the city of Ardabil-Northern Iran.

Method This Cross-sectional study was conducted on 380 married women over 60 years old who had been selected by convenient sampling method. Data were gathered anonymously by three questionnaires (Goldberg general health, FSFI and demographic information Questionnaires) and analyzed using SPSS software.

Results: This study indicated that the mean age of participants was 71±6.8 years, 60% of the studied women had sexual activity and about half of them had interest in sex. Sexually active women were significantly younger ($p<0.05$) and more educated ($p<0.001$) than sexually inactive women. The participants' sexual activity, interest in sex, emotional intimacy and sexual satisfaction with their husbands were significantly affected by the presence of children at home regardless of whether they are single or married ($p<0.05$).

Conclusion: This study approved that despite misconceptions, older age and sexuality do not contradict each other and high education and having a private environment facilitate the intimate relationships and elevate their sexual satisfaction. The result of this study could help health care providers to provide appropriate and effective sexual healthcare services to older women.

Background

The world's population is aging and this trend continues (1). Number of people over 60 years is set to be doubled by 2050. Today, for the first time in history, most people can expect to live longer than 60 years (2).

Similar to the global pattern, Iran's older population is growing due to increases in the average life expectancy (3). In Iran in 2015, about 10% of the population was over 60 years old, and in the next 35 years, this number increase to 33% (2).

Sexuality is an important component of emotional and physical intimacy that everyone experience throughout their lives (4). The issue

of sexual activity in the elderly population remains largely a taboo in many cultures. Despite a common misconception, many elderly people enjoy an active sexual life (5). However, the sexual health of this aging population is often overlooked in academic discussions and in the media (6).

Very little attention has been paid to the sexual activity of women after the age of 60 years (7). So far, most of the researches conducted on this group of people have been mainly focused on the sexual dysfunction in elderly women rather than on the positive aspects of sexual relations and healthy sexual experiences (6). Also, the knowledge of

* **Corresponding Author:** Email: mardi1151@gmail.com, Tel: +98 9143530294; Fax: +98 45133512004

healthcare providers on how to understand and manage the sexual health of elderly people is unknown and limited (8). Most beliefs about the older people's attitudes and sexual behaviors seem to be based on stereotypical views of aging and sexuality, and the communication between physicians and patients about sexual relations is still poor (9).

In 2010, the World Health Organization (WHO) emphasized that sexual health is important throughout life, and this gave legitimacy to sexual activity in elderly adults (10). Understanding of sexual health in older women can help policymakers and health professionals to provide appropriate, effective and culturally-based sexual healthcare services for this group of people (11). Therefore, the aim of this study was to determine the sexual activity, interest and satisfaction among older women referring to health centers in Ardabil city.

Materials and Methods

This descriptive study was conducted from March 2016 to April 2018. 380 married women over 60 years old, who attended the health care centers affiliated to Ardabil University of Medical Sciences, were informed about the aim of this study and were selected by a convenient sampling method. In order to gain the trust of participants and to obtain the most accurate responses, the sampling was done by the assistance of trained midwives who were working in those health centers. The inclusion criteria were; being a married woman over 60 years old. The exclusion criteria included; having a history of hysterectomy, mastectomy or other genital surgeries, having any cancer and having not acceptable general health status.

Data collection tools included; Goldberg and Hiller's general health Questionnaire (GHQ), a demographic information questionnaire, and The Female Sexual Function Index (FSFI) questionnaire. General Health Questionnaire is a scale designed by Goldberg in 1972, to distinguish between healthy people and patients in all ages. This questionnaire is available as forms 12, 28, 30 and 60 questions.

In this study, the 28-item form has been used. Its questions consist of four sub-scales, each of which itself contains 7 questions. Questions 1-7 relate to the scale of physical symptoms and general health status. Questions 8-14 related to the anxiety scale, questions 15-21 refer to the scale of social performance disorder, and questions 22-28 are related to the depression scale. The validity and reliability of this tool were 83% and 87% respectively (12, 13). In Iran, validity and reliability of the Goldberg's general health questionnaire was approved by Taghavi in 2001(14).

According to the General Health Questionnaire, 380 women who obtained the total score of 21 or less, and score of 5 in the anxiety, sleep disturbances and depression symptom scale, was included in the research. The demographic questionnaire, which included information such as age, education, occupation, age at menopause, age at marriage, living with children, and spouse's age, education and occupation, was completed. Using the question; "how often do you think about sex?" with six variants ranging from "never" to "several times a day", the respondents who reported thinking about sex "one- to-a few times a week" were considered to be interested in sex.

Sexual activity was measured by the question; "have you had sexual relation during the last 4 weeks (15, 16).

To measure the sexual satisfaction, some questions were derived from the FSFI questionnaire. The FSFI is a multidimensional scale developed by Rosen et al for assessing sexual dysfunction in women and includes 19 questions (17), in which the questions 14, 15 and 16 are related to sexual satisfaction (emotional intimacy, sexual satisfaction with partner and overall sexual life satisfaction). Based on the FSFI scale, sexual activity includes caressing, foreplay, masturbation, and intercourse. Mohammadi et al (2008) validated the Persian version of the FSFI (18).

In regard to the ethical considerations, the questionnaires were completed anonymously. Moreover, after explaining the study objectives,

a written informed consent was obtained from all participants. They were also informed about the voluntary nature of their participation in the study and the fact that, they do not need to answer any questions if they don't want to.

The study was approved by the Ethics Committee of Ardabil University of Medical Sciences (REC.1395-63-IR.ARUMS).

Statistical analysis

Results are presented as means and standard deviations of continuous variables using t-test to evaluate the significant differences. Categorical variables are shown as percentages, and their relationships have been tested by chi-square tests.

To provide a concise data on satisfaction in the bivariate analysis section, we combined the "very satisfied" and "satisfied" in one category and "very dissatisfied" and "dissatisfied" into another category. The respond of "not sure" remained a separate category. Data were analyzed using SPSS software version 21 with the significance level of 0.05.

Results

Results showed that, the mean age of participants was 71 ± 6.8 years ranging from 60 to 87 years. The mean age of menopause was 49.2 ± 3.7 years. The mean number of years since menopause was 22.6 ± 13.7 years, and the mean age of the participants at the time of marriage was 17.8 ± 2.9 years. Most of the women (38%) were uneducated, more than 85% of the women were housewives and the majority of them (66%) were living with their married or single children.

This study indicated that 60% of women had sexual activity during the last 4 weeks. Sexually active women were on average 12 years younger than sexually inactive women (65.9 years vs. 77.6 years), ($P < .05$). The majority of sexually active women (48%) were in the age group of 60-69 years, and the sexually inactive women (44%) were in the age group of above 80 years ($P < .05$).

The level of education in sexually active women was significantly higher than sexually

inactive women, as 19% of sexually active women had university education, compared to 8% of sexually inactive women ($p < 0.001$).

Women, who were living with their married or single children at home, were significantly less sexually active than those who were living just with their husbands, (49% vs. 80%) respectively, ($p < 0.01$).

About half of the sexually active women (49.56%) were interested in sex and had sexual relation once or more per week, but this activity varied across the age groups, and declined significantly in the 80 years age group ($p < 0.001$).

Women who were not living with their children were more likely to report being interested in sex compared to women who were living with their children (72% vs. 27%) respectively, ($p < .001$). There was no significant relationship between the educational level and employment of women and their interest in sex. Also, no significant relationship was found between the age, educational level and occupation of their husbands with their interest in sex (table 1).

All women with or without recent sexual activity were questioned about their sexual satisfaction. About 35% of women were satisfied or very satisfied with the amount of emotional intimacy during sex with their husband, 37% were satisfied or very satisfied with their sexual relation with their husband, and 39% were satisfied or very satisfied with their overall sexual life.

We found that, their emotional intimacy and sexual satisfaction were associated with the presence of children at home, as the response of "dissatisfied (68%) or very dissatisfied" (69%) was higher among women who lived with their children whether married or single than those who were living just with their husband (31% and 30%), respectively, ($p < 0.001$). We also found that, the motional intimacy and sexual satisfaction of participants were not related to their age and educational level.

Satisfaction with the overall sexual life was not associated with the living of children with

them, their age and their educational level (table2).

Discussion

This study evaluated the sexual activity, interest and satisfaction of older married women with an acceptable general health status. Reports on the sexual activity of older women in Iran are rare, because sexuality in elderly people is regarded a taboo in Iran, which has a male-dominant context. In Iran, the priority is given to male sexual fulfillment, and it is thought that women's sexual activity is limited to reproductive and childbearing years, and menopause is considered the endpoint of sex life and femininity (19).

The interesting finding of present study was that, the majority of women were sexually active and about half of the sexually active women were interested in sex. This is while; the elderly people are often thought to be sexually inactive. We often think that, older women are too old or too ill to have sexual activity (20, 21). Freak-Poli et al (2017) reported that nearly half of older adults in community-dwelling had engaged in sexual activity (5). Merghati-Khoei et al stated that, sexual pleasure involves several experiences influenced by various factors including culture, society and religious beliefs (22). The women in our study were living in the city of Ardabil, which is an ancient and religious city located in northwest of Iran in the Azerbaijan province (23). The teachings of Islam strongly emphasize that sexual satisfaction makes the couples better aware of the role they have in marital life in order to improve their marital satisfaction (24). It seems that women's religious belief is one of the important factors that affect their sexual activity and interest, as many women in this study expressed that having sex with their husband is rewarded by God.

In line with the results of other published studies (5, 25-28), the findings of this study indicated that sexual activity and interest of the participants decreased with age and women who were sexually active and interested in sex were younger than the inactive women. Results

of a systematic review that captured older people's attitudes and concerns about sex and sexuality showed that health, not age, is what truly impacts sexuality and illustrated the complex and delicate relation between ageing and sexuality (29).

We also found that, women with a higher level of education was more likely to be sexually active than less educated women. In line with the results of this study, some other studies confirmed that level of education is a strong influencing factor in sexual satisfaction. This was best prominent in the university educated subjects. It seems that, some changes occur in the perception, understanding and sexual needs of women with ageing (28, 30, 31), which lead to neglect and social misconceptions. In contrary, Mroczek et al, did not find any significant statistical relationship between variables such as age and education, and ranking of psychosexual needs above the essential hierarchy (important and very important), (21). Freak-Poli et al, argued that participation in sexual behavior is generally associated with younger age, greater social support, and healthier behaviors (5).

According to our study, living with married or single children is an important factor that influences sexual interest and activity. Women, who lived alone with their husbands without the presence of their children, were more sexually active and interested in sex than the women whose children were living with them.

The effect of children presence on their parents' life is inevitable. Studies have shown that, the presence of children at home can negatively affect the marital and sexual satisfaction of parents in many ways, such as leaving less time for couples to spend together (32). The results of our study indicated that elderly women had difficulty in establishing emotional relationships with their spouses in the presence of their children, grandchildren, daughter-in-law or son-in-law due to shame and embarrassment. This could be due to the widely accepted beliefs that blame elderly people for having sexual activity as it is considered bad and embarrassing (33).

Estill A et al, although stated that aging is an important predictor of sexual satisfaction (34), nearly one-third of older women participating in this study were satisfied or very satisfied with their level of emotional intimacy during sex, sexual relations with their husbands, and their overall sexual life. Consistent with the findings in our study, Trompeter et al showed that early half of the women over the age of 80 years reported that, they "almost always or always" have sexual satisfaction (26). In this regard, Moghasemi et al argued that some older women do not worry about menstruation problems, unwanted pregnancies and contraception issues, so they have more peace of mind in the sexual relationship (11). The other study showed that there is a meaningful relationship between healthy relationships and sexual satisfaction in elderly couples (35). It can be concluded that aging and sexuality do not contradict each other. Despite misconceptions, many older women for many reasons can enjoy an active sex life (5).

Limitations

Older women were not comfortable with their private issues for cultural, social or other reasons. This problem was handled with the cooperation of well-trained midwives, and the study was conducted in a completely comfortable place.

Suggestions for future studies

This population is very vulnerable and much more research should be done to meet their health and sexual needs in different parts of Iran and other developing countries. In addition, concerning the gender-based differences in sexual behaviors, it is suggested that some studies should also address the sexuality of older men and the spouses of older women.

Conclusion

It seems that focusing on sexual activity and satisfaction instead of sexual dysfunction may be a better approach to older women's sexual health (22). This study approved some factors like high education and having a private and comfortable environment for personal life

without disturbing by others, facilitate the intimate relationships and elevate their sexual satisfaction. Elderly sexual health must be a part of health care and medical education, and physicians must be advised to ask older patients about their sexual activity and concerns. The results of this study could help health care policy makers, health care providers and all those involved in promotion of sexual health of older people to provide appropriate and effective sexual healthcare services for this group of people.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

Acknowledgments

We sincerely thank all the research participants who took part in this study. This project would not have been possible without them. Funding for this project was supported by the Ardabil University of Medical Sciences (REC.1395-63-IR.ARUMS).

References

1. Bengtson V. Global aging and challenges to families. Routledge. 2018. ISBN: 1351328158
2. WHO. World report on ageing and health 2015. ISBN: 978 92 4 156504 2
3. Afshar PF, Asgari P, Shiri M, Bahramnezhad F. A review of the Iran's elderly status according to the census records. Galen Medical Journal. 2016;5(1):1-6.
4. Ni Lochlainn M, Kenny RA. Sexual Activity and Aging. Journal of the American Medical Directors Association. 2013;14(8):565-72.
5. Freak-Poli R, Kirkman M, Lima GDC, Direk N, Franco OH, Tiemeier H. Sexual activity and physical tenderness in older adults: cross-sectional prevalence and associated characteristics. The journal of sexual medicine. 2017;14(7):918-27.
6. Lusti-Narasimhan M BJ. Sexual health in older women. Bulletin of the World Health Organization. 2013;91(9):707-9.

7. McCarthy B, Farr E, McDonald D. Couple sexuality after 60. *Journal of Family Psychotherapy*. 2013;24(1):38-47.
8. Mahieu L VEK, Gastmans C. Nurses' perceptions of sexuality in institutionalized elderly: A literature review. *International Journal of Nursing Studies*. 2011;48(9):1140-54.
9. Levkovich I, Gewirtz-Meydan A, Karkabi, K, Ayalon, L. Views of family physicians on heterosexual sexual function in older adults. *BMC family practice*. 2018; 19(1):86 doi.org/10.1186/s12875-018-0770-1
10. Hinchliff S, Tetley J, Lee D, Nazroo J. Older adults' experiences of sexual difficulties: Qualitative findings from the English Longitudinal Study on Ageing (ELSA). *The Journal of Sex Research*. 2018;55(2):52-63
11. Moghasemi S, Ozgoli G, Ahmadi F, Simbar M. Sexual Experience of Iranian Women in Their Middle Life: A Qualitative Approach. *International journal of community based nursing and midwifery*. 2018;6(1):47.
12. Goldberg, D. & Williams, P. A user's guide to the General Health Questionnaire, U.K. NFER-NELSON.1988
13. Goldberg, D.P. The Detection of Psychiatric Illness by Questionnaire. *Maudsley Monograph*. Oxford: Oxford University press. 1972 No, 21.
14. Taghavi SMR. The normalization of general health questionnaire for Shiraz University students (GHQ-28). *Daneshvar Raftar*. 2008; 15(28): 1-12
15. DeLamater J, Hyde JS, Fong M-C. Sexual satisfaction in the seventh decade of life. *Journal of sex & Marital therapy*. 2008;34(5):439-54
16. Matthias RE, Lubben JE, Atchison KA, Schweitzer SO. Sexual activity and satisfaction among very old adults: results from a community-dwelling Medicare population survey. *The Gerontologist*. 1997;37(1):6-14
17. Rosen CB, J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino, R. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*. 2000; 26(2):191-208.
18. Mohammadi KH, Heydari M, Faghihzadeh S. The female sexual function index (FSFI): validation of Iranian version. *Payesh*. 2008; 7(3): 269-278
19. Merghati-Khoei E. Language of love in culture of silence: Iranian women's sexual understandings and sociocultural context. Sydney, Australia: University of New South Wales. 2006
20. Waterman EA. Reactions of college students to the sexuality of older people. *Journal of student research*. 2012;1(2):46-50.
21. Mroczek B, Kurpas D, Gronowska M, Kotwas A, Karakiewicz B. Psychosexual needs and sexual behaviors of nursing care home residents. *Archives of Gerontology and Geriatrics*. 2013;57(1):32-8.
22. Merghati-Khoei E, Zargham-Boroujeni A, Salehi M, Killeen TK, Momeni G, Pasha Y, et al. Saturated love leading to sexual pleasure: Iranian women's narratives. *Caspian Journal of Applied Sciences Research*. 2015;4(10):
23. Tohidi N. Touraj Atabaki, Azerbaijan: Ethnicity and Autonomy in Twentieth-Century Iran (London: British Academic Press, 1993. Pp. 238-1996.
24. Hosainzadeh A. Etiquette and function safe sex relations from Islamic view and its psychological injures. *Article in Persian*]. 2011;3(1):77-132.
25. Huang AJ, Subak LL, Thom DH, Van Den Eeden SK, Ragins AI, Kuppermann M, et al. Sexual function and aging in racially and ethnically diverse women. *Journal of the American Geriatrics Society*. 2009;57(8):1362-8.
26. Trompeter SE, Bettencourt R, Barrett-Connor E. Sexual Activity and Satisfaction in Healthy Community-dwelling Older Women. *The American Journal of Medicine*. 2012;125(1):37-43.e1.
27. Hayes RD, Dennerstein L, Bennett CM, Koochaki PE, Leiblum SR, Graziottin A. Relationship between hypoactive sexual desire disorder and aging. *Fertility and sterility*. 2007;87(1):107-12.

28. Starc A, Jukić T, Poljšak B, Dahmane R. Female Sexual Function and Dysfunction: A Cross-National Prevalence Study in Slovenia. *Acta clinica Croatica*. 2018;57(1.):52-60. doi: 10.20471/acc.2018.57.01.06
29. Gewirtz-Meydan A, Hafford-Letchfield T, Ayalon L, Benyamini Y, Biermann V, Coffey A et al. How do older people discuss their own sexuality? A systematic review of qualitative research studies. *Culture, health & sexuality*. 2018: 1-16
doi.org/10.1080/13691058.2018.1465203
30. Espin OM. Cultural and historical influences on sexuality in Hispanic/Latin women: Implications for psychotherapy. *Latina Realities*. Routledge. 2018: 83-96
31. Zainah A, Nasir R, Hashim RS, Yusof NM. Effects of demographic variables on marital satisfaction. *Asian Social Science*. 2012;8(9):46.
32. Bayle AT, Ayalew DW, Yimer AM. Socio-demographic determinants of marital satisfaction in Jimma Zone, Southwest Ethiopia. *International Journal of Sociology and Anthropology*. 2017;9(10):131-42.
33. Kenny R. A review of the literature on sexual development of older adults in relation to the asexual stereotype of older adults. *Canadian Journal of Family and Youth/Le Journal Canadien de Famille et de la Jeunesse*. 2013;5(1):91-106.
34. Estill A, Mock SE, Schryer E, Eibach RP. The effects of subjective age and aging attitudes on mid-to late-life sexuality. *The Journal of Sex Research*. 2018; 55(2): 146-151.
doi.org/10.1080/00224499.2017.1293603
35. Štulhofer A, Hincliff S, Jurin T, Carvalheira A, Træen B. Successful aging, change in sexual interest and sexual satisfaction in couples from four European Countries. *European journal of ageing*. 2019;16(2):155-65

Table 1. Characteristics of older women with sexual activity and interest in sex

Characteristics	total	Sexual activity in last 4 weeks		Interest in sex		p
	N=380	No(n=152) (40% of all women)	Yes(n=228) (60% of all women)	No(n=115) (50.4% of sexually active women)	Yes(n=113) (49.5% of sexually active women)	
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	
Age	71.3 ± 6.8	77.6* ± 13.0	65.9* ± 11.1	74.1 ± 9.1	69.2 ± 7.6	P<.05
Years post menopause	22.6 ± 13.7	26.9 ± 11.0	17.4 ± 9.8	22.5 ± 7.7	19.8 ± 3.8	P<.675
Age of marriage	17.8 ± 2.9	16.9 ± 7.8	17.2 ± 11.9	17.2 ± 9.8	17.7 ± 3.9	P<.915
Age of husband	78.4 ± 3.7	80.6 ± 9.8	78.7 ± 3.8	80.9 ± 8.7	79.4 ± 11.3	P<.515
Age	N (%)	N (%)	N (%)	N (%)	N (%)	p<0.001
60-69	137 (36.05)	27 (17.76)	110 (48.24)	50 (43.47)	60 (53.09)	
70-79	147 (38.68)	58 (38.15)	89 (39.03)	47 (40.86)	42 (37.16)	
80≤	96 (25.23)	67 (44.07)	29 (12.71)	18 (15.65)	11 (9.73)	
Educational level	N (%)	N (%)	N (%)	N (%)	N (%)	p<0.001
Uneducated	145 (38.15)	87 (44.76)	58 (25.43)	20 (17.39)	38 (33.62)	
Primary school	102 (26.84)	32 (21.05)	70 (30.70)	41 (35.65)	29 (25.66)	
Secondary school	76 (20)	20 (13.15)	56 (24.56)	27 (23.47)	29 (25.66)	
College or University	57 (15)	13 (8.55)	44 (19.29)	27 (23.47)	17 (15.04)	
Employment	N (%)	N (%)	N (%)	N (%)	N (%)	P<.675
House wife	323 (85)	120 (78.94)	203 (89.03)	103 (89.56)	100 (88.49)	
Employed	23 (6.05)	11 (7.23)	12 (5.26)	6 (5.21)	6 (5.30)	
Retired	34 (8.94)	21 (13.81)	13 (5.70)	6 (5.21)	7 (6.19)	
Living with children	N (%)	N (%)	N (%)	N (%)	N (%)	* P<.05
Yes	251(66.05)	127 (50.59)	124 (49.40)*	93 (80.86)	31 (27.43)**	**
No	129 (33.94)	25 (19.37)	104 (80.62)*	22 (19.13)	82 (72.56)**	p<0.001

Education of husband	N (%)	N (%)	N (%)	N (%)	N (%)	P<.675
Uneducated	92 (24.21)	38 (25)	54 (23.68)	33 (28.69)	21(18.58)	
Primary school	131 (34.47)	45 (29.60)	86 (37.71)	53 (46.08)	33(29.20)	
Secondary school	95 (25)	36 (23.68)	59 (25.87)	18 (15.65)	41(36.28)	
College or University	62 (16.31)	33 (21.71)	29 (12.71)	11 (9.56)	18(15.92)	
Occupation of husband	N (%)	N (%)	N (%)	N (%)	N (%)	P<.915
Employed	29 (7.63)	10 (6.57)	19 (8.33)	5(4.34)	14(12.38)	
Retired	251 (92.36)	142 (93.42)	209 (91.66)	110 (95.65)	99(87.61)	

Table2. Sexual satisfaction according to some affecting factors in older women

Variable	Sexual satisfaction									p
	Emotional closeness			Sexual satisfaction with husband			Overall sexual life			
	Very satisfied- satisfied n=134	Not sure n=108	Dissatisfied- very dissatisfied n=138	Very satisfied- satisfied n=141	Not sure n=100	Dissatisfied- very dissatisfied n=139	Very satisfied- satisfied n=148	Not sure n=95	Dissatisfied- very dissatisfied n=137	
Age	%	%	%	%	%	%	%	%	%	100' > p*
60-69	44.77	27.77	36.95	51.06	21	34.53	43.24	27.36	37.22	
70-79	35.82	40.74	36.95	31.20	40	42.44	37.16	30.52	43.06	
80≤	19.40	31.48	26.08	17.73	39	23.02	19.59	42.10	19.70	
Education	%	%	%	%	%	%	%	%	%	100' > p*
Uneducated	33.58	37.96	42.75	23.40	70	30.21	36.48	28.42	46.71	
Primary school	27.61	33.33	21.01	34.75	21	23.02	29.72	29.47	21.89	
Secondary school	21.64	17.59	20.28	19.85	5	23.74	20.27	23.15	17.51	
College or university	17.16	11.11	15.94	21.98	4	15.82	13.51	18.94	13.86	
Living with children	%	%	%	%	%	%	%	%	%	100' > p*
Yes	45.52	62.96	68.40*	39.00	71	69.92*	54.05	84.21	53.42	
No	54.47	37.03	31.59*	60.99	29	30.07*	45.94	15.78	46.57	
Total	%	35	28	36	37	26	36	39	25	36