



World Scientific News

An International Scientific Journal

WSN 135 (2019) 249-260

EISSN 2392-2192

How does the Polish population feel about their sex life? – A nationwide survey research

Krystian Ślusarz*, Barbara Sobala-Szczygieł, Jerzy Jaroszewicz

Department of Infectious Diseases and Hepatology, Medical University of Silesia, Bytom, Poland

*E-mail address: slusarzkrystian@gmail.com

ABSTRACT

Sexuality is a significant pillar of a romantic relationship, and sexual satisfaction is closely related to the stability of the relationship as well as satisfaction associated with it. The aim of this paper was to briefly characterize the sex life of Poles, especially regarding safe sex, sexual assertiveness and satisfaction with sexual life. A Poland-wide on-line survey was conducted between January and March 2019. 2205 anonymous answers were analyzed. To compare the knowledge of heterosexual and non-heterosexual persons, medical students were excluded from both groups. We identified three studied populations: heterosexuals excluding medical students, non-heterosexuals excluding medical students and medical students. Participants were asked for taking a stance to a few statements. The majority of respondents declared that their sexual contacts are always as safe as they want and they can easily refuse sexual contact with another person. Furthermore, most of the respondents were also satisfied with their sex life, especially the group of medical students.

Keywords: sex life, safe sex, sexual assertiveness, sexual satisfaction, relationship

1. INTRODUCTION

Sexuality is an important part of romantic relationships, and sexual satisfaction is closely related to the stability and satisfaction of the relationship [1-3]. Sexual satisfaction is a complex

construct that includes both physical pleasure and emotional satisfaction [2], as well as a general subjective assessment of the sexual life of the individual [4].

In 2017, the report "Poles Sexuality 2017" was published („Badanie Zbigniewa Izdebskiego i Polpharmy. Seksualność Polaków 2017"), containing data that characterizes the sex life of Poles. The survey was conducted from December 2016 to January 2017 on a representative group of 2500 Poles at least 18 years old. According to the collected data, the sexual activity of Poles is decreasing, and less than half are satisfied with it. The most common reasons for less activity include lack of time, stress and fatigue. The report shows that men are more satisfied with sex life (55%) than women (49%). Middle-aged people declare the greatest satisfaction with their sex life. In the group of people aged 30-49 as many as 70% of respondents declare great satisfaction. In the group of respondents aged 18-29, 53% were satisfied. Sexual life satisfaction is essentially connected with the global quality of life [5].

Diseases like viral hepatitis C [6] or schizophrenia [7] can also have an impact on the quality of sex life. The quality of sex life is also studied in a group of cancer patients, e.g. among cervical cancer survivors [8].

For women, menopause is also an important factor affecting their sexuality. Sexual dysfunction increases with age and is very common in the perimenopausal period [9, 10]. Most women during menopause consider sex to be an important part of their lives and strongly declare their desire to remain sexually active [9, 11]. Unfortunately, not enough women inform health care professionals about their problems at this time, so they should routinely ask perimenopausal and menopausal patients about their satisfaction with their sex life [9, 12, 13].

2. AIM OF THE STUDY

The aim of this paper was to briefly characterize the sex life of Poles, especially regarding safe sex, sexual assertiveness and satisfaction with sexual life. It was assessed among three populations in Poland: heterosexuals excluding medical students, non-heterosexuals excluding medical students and medical students.

3. MATERIALS AND METHODS

A Poland-wide on-line survey was conducted between January and March 2019. 2205 anonymous answers were analysed. The research included 1356 (61.5%) women, 681 (31%) men, 46 (2%) trans men, 12 (0.5%) trans women and 110 (5%) non-binary people. 95.4% were aged 16-29. In order to interpret the results, we divided the study group into people who defined themselves as heterosexual persons (heterosexuals) and people who defined themselves in any other way (non-heterosexuals) constituting the LGBT+ community. 1122 (51%) of the respondents described themselves as non-heterosexuals and 1083 (49%) – as heterosexuals. Almost half of the answers (n=1080; 49%) came from students, of which 40% were medical students (n=435). Among medical students most responses came from students of the fourth year (n=95; 4.3%). Nearly half of the respondents (n=1077; 49%) lived in cities with a population of over 250,000. To compare the knowledge of heterosexual and non-heterosexual persons, medical students were excluded from both groups. Finally, three studied populations

were identified: heterosexuals excluding medical students [HS] (n=735), non-heterosexuals excluding medical students [non-HS] (n=1035) and medical students [MS] (n=435).

The detailed characteristics of the study group is presented in Table 1 and place of residence of respondents in Polish voivodships – in Figure 1.

We asked for taking a stance to the following statements: "The sex I have is always as safe as I want it to be" and "I find it easy to say 'no' to sex I don't want". We also asked 2 questions: "On a scale of 1 to 10 (where 1 is the most unhappy and 10 is the most happy), how happy are you with your sex life?" and "Are you currently in a steady relationship?".

Table 1. Demographic data and characteristics of the study group (n=2205).

Parameter		Value (n)	Value (%)
Age	16–19	820	37,2
	20–29	1283	58,2
	30–39	79	3,6
	40–49	13	0,6
	50–59	7	0,3
	60–69	3	0,1
Sex	Women	1356	61,5
	Men	681	31
	Trans men	46	2
	Trans women	12	0,5
	Non-binary	110	5
Sexual orientation	Heterosexual	1083	49
	Non-heterosexual	1122	51
Place of residence	Village	331	15
	City with up to 50,000 inhabitants	301	13,5
	City of 50,000 to 150,000 inhabitants	263	12
	City of 150,000 to 250,000 inhabitants	233	10,5
	City of over 250,000 inhabitants	1077	49
Education	Not studying	353	16

	Disciples	772	35
	Medical students	435	20
	• 1 st year	71	3,3
	• 2 nd year	85	3,9
	• 3 rd year	85	3,9
	• 4 th year	95	4,3
	• 5 th year	86	3,9
	• 6 th year	13	0,7
	Non-medical students	645	29
Membership in the International Federation of Medical Students' Associations (IFMSA-Poland)	Yes	60	2,7
	No	2145	97,3

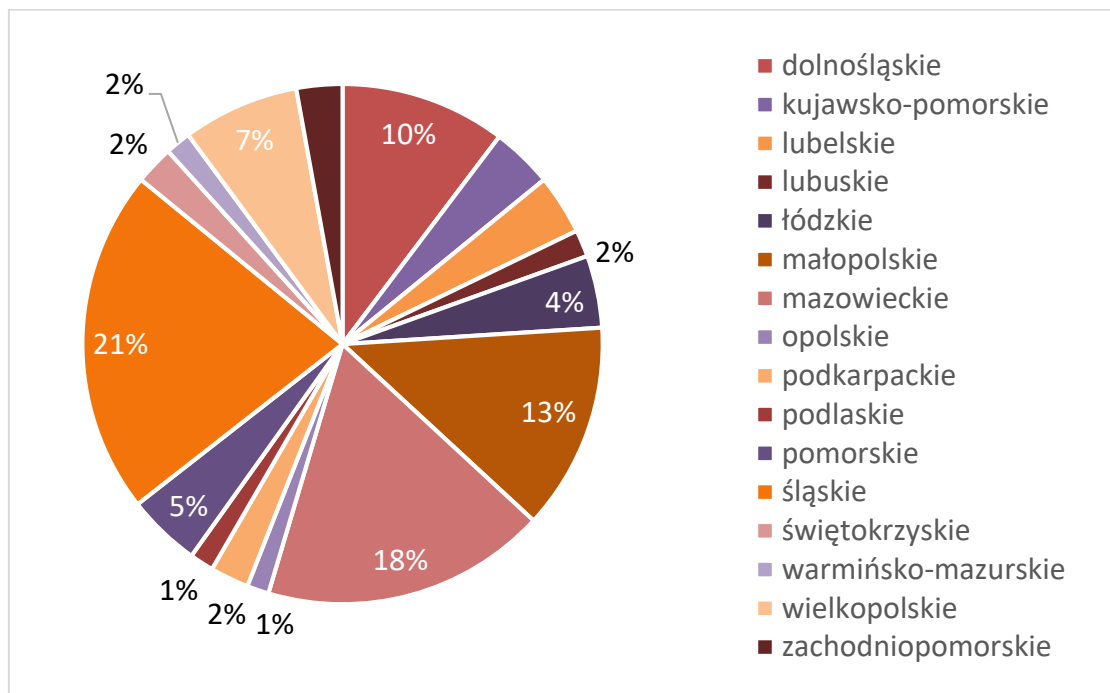


Figure 1. Place of residence of respondents in Polish voivodships.

4. RESULTS

4. 1. The statement “The sex I have is always as safe as I want it to be”

Most respondents strongly agree that the sex they have is always as safe as they want it to be (67% HS, 63% non-HS and 69% MS, respectively). The same percentage of HS and non-

HS disagree or strongly disagree that their sex is always as safe as they want (3% HS, 3% non-HS) (Figures 2-4).

4. 2. The statement “I find it easy to say ‘no’ to sex I don’t want”

Most respondents strongly agree that that they can easily refuse sexual contact (65% HS, 64% non-HS and 60% MS, respectively). In all 3 groups, the percentage of "not sure" answers was the same – 10% (Figures 5-7).

4. 3. The question “On a scale of 1 to 10 (where 1 is the most unhappy and 10 is the most happy), how happy are you with your sex life?”

The most answers in the 6-10 range were given by MS (78%) - Figure 10. For HS and non-HS, it was 72% and 61%, respectively (Figures 8, 9). The most answers in the 1-5 range were given by non-HS (39%) - Figure 9. For HS and MS, it was 28% and 22%, respectively (Figures 8, 10).

4. 4. The question “Are you currently in a steady relationship?”

61% HS was currently in a steady relationship with one person (Figure 11). In non-HS group, 25% were in a relationship with one man, 1% with more than one man, 15% with one woman, and 2% with one non-binary person (Figure 12). 68% of MS declared being currently in a steady relationship with one person (Figure 13).

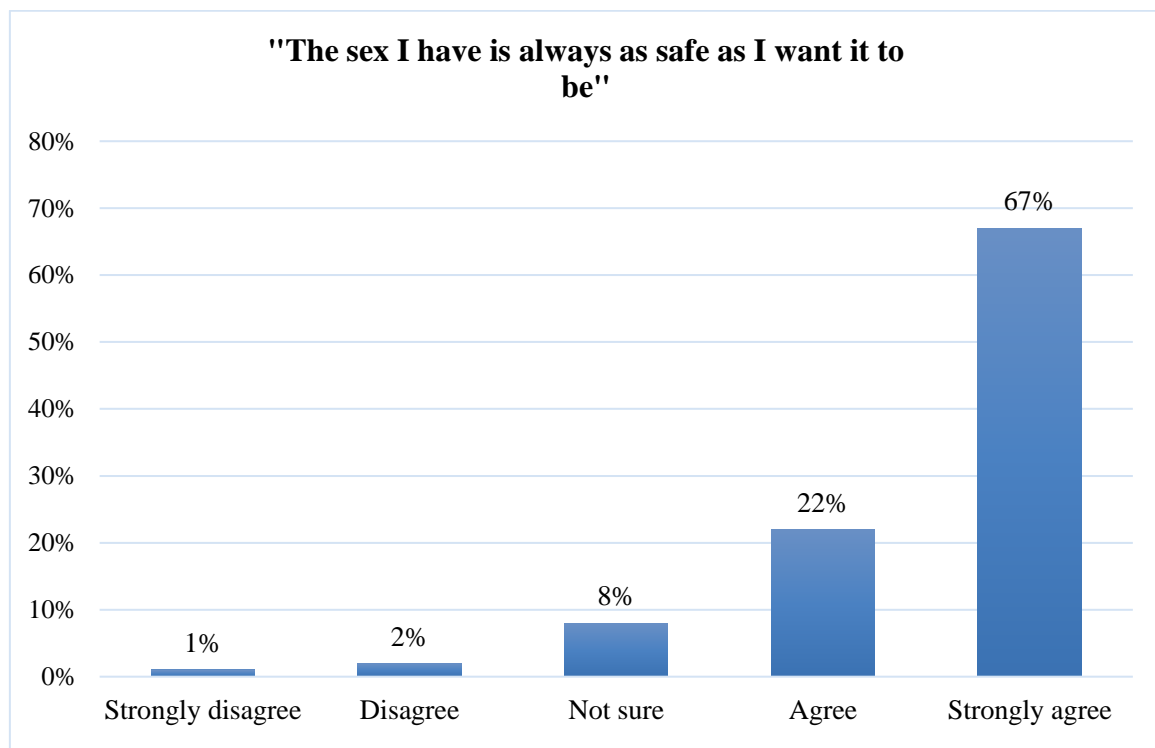


Figure 2. HS group answers to the statement: "The sex I have is always as safe as I want it to be"

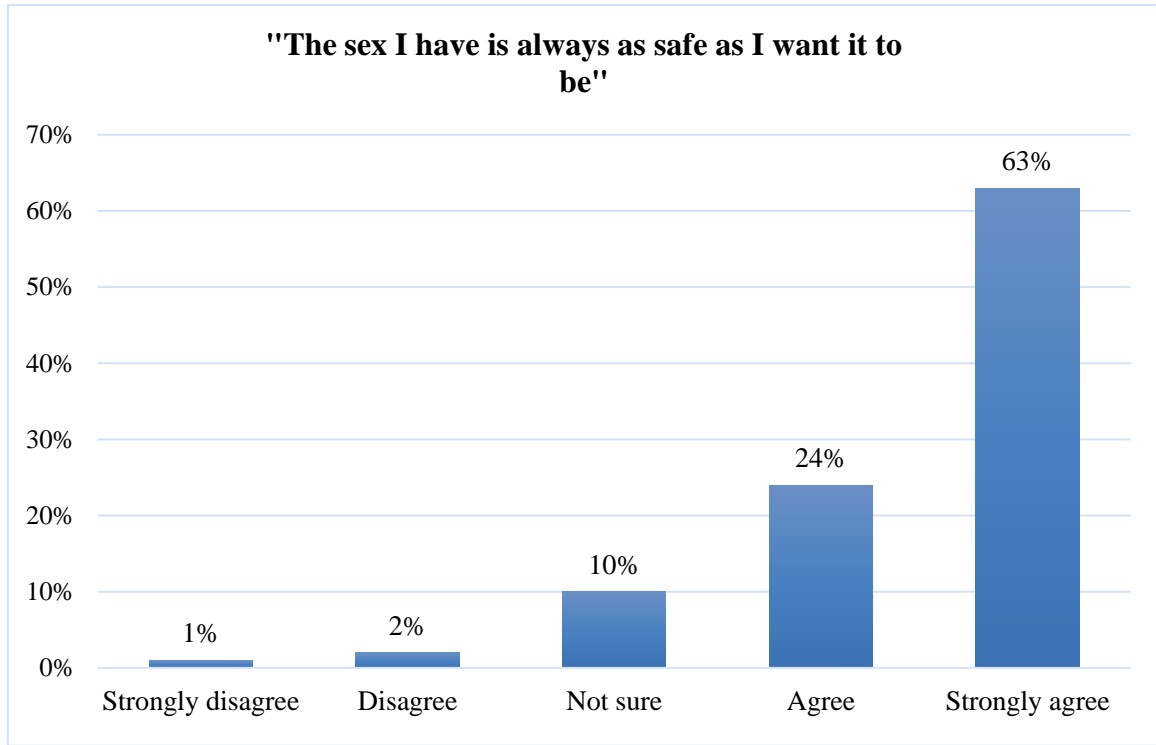


Figure 3. Non-HS group answers to the statement: "The sex I have is always as safe as I want it to be"

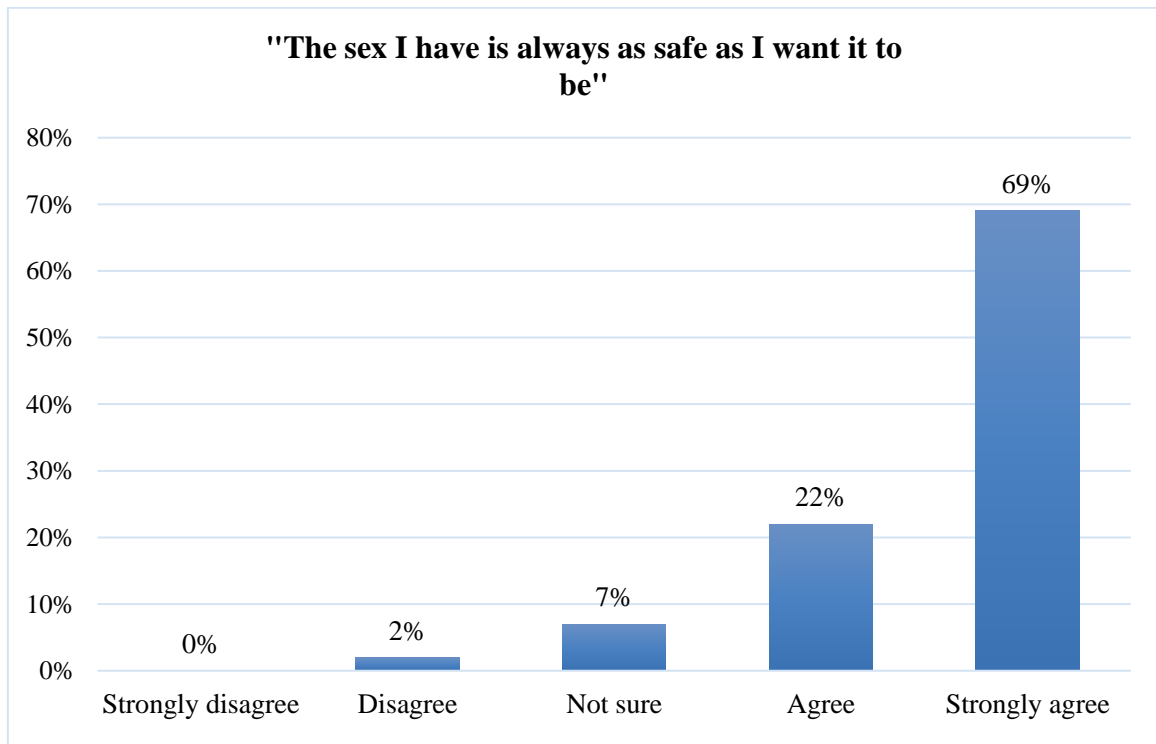


Figure 4. MS group answers to the statement: "The sex I have is always as safe as I want it to be"

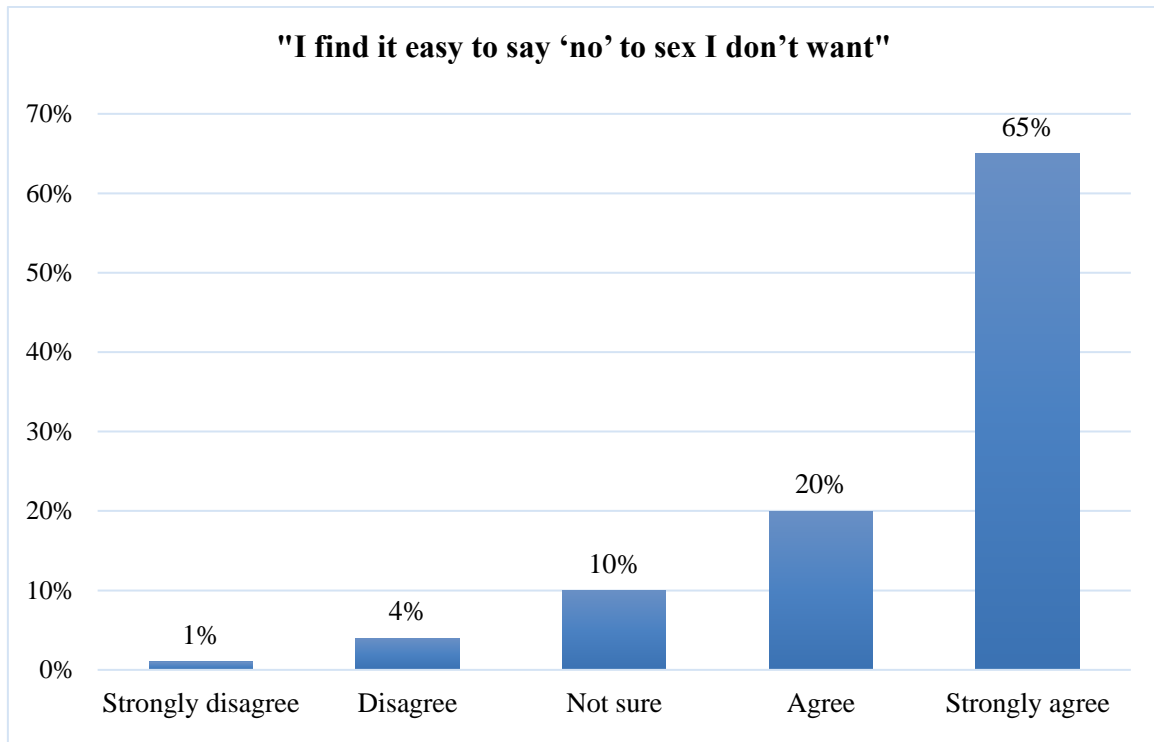


Figure 5. HS group answers to the statement: "I find it easy to say 'no' to sex I don't want"

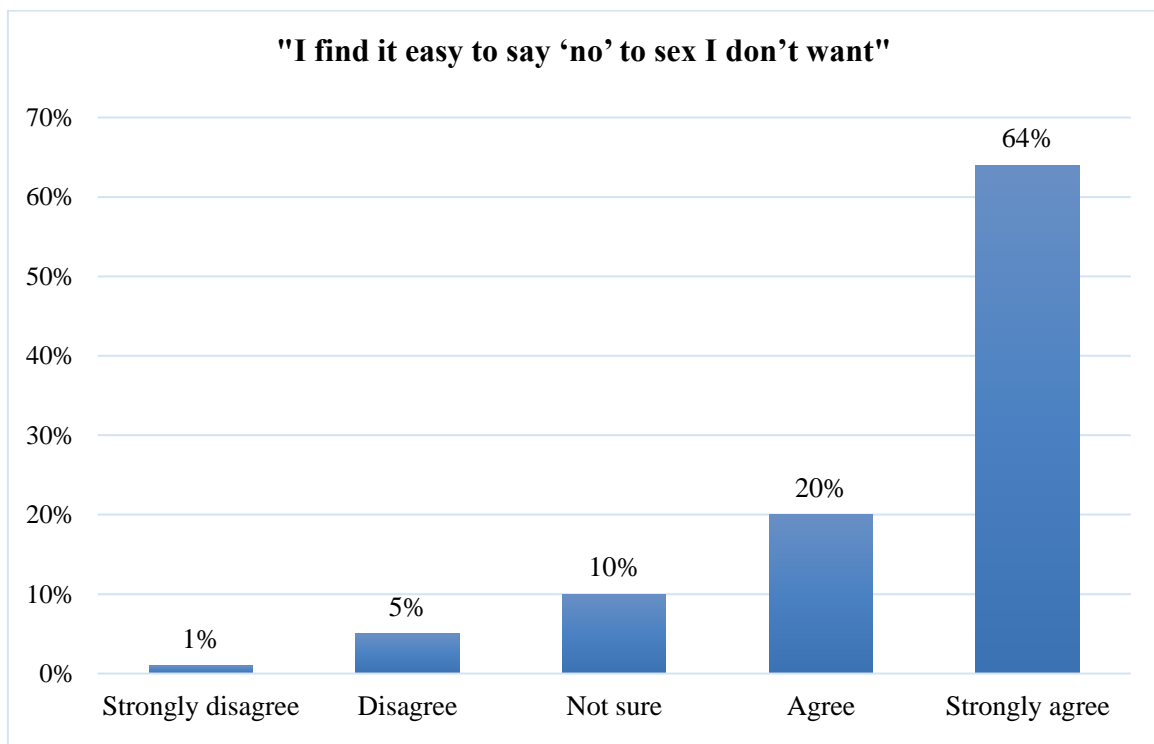


Figure 6. Non-HS group answers to the statement: "I find it easy to say 'no' to sex I don't want"

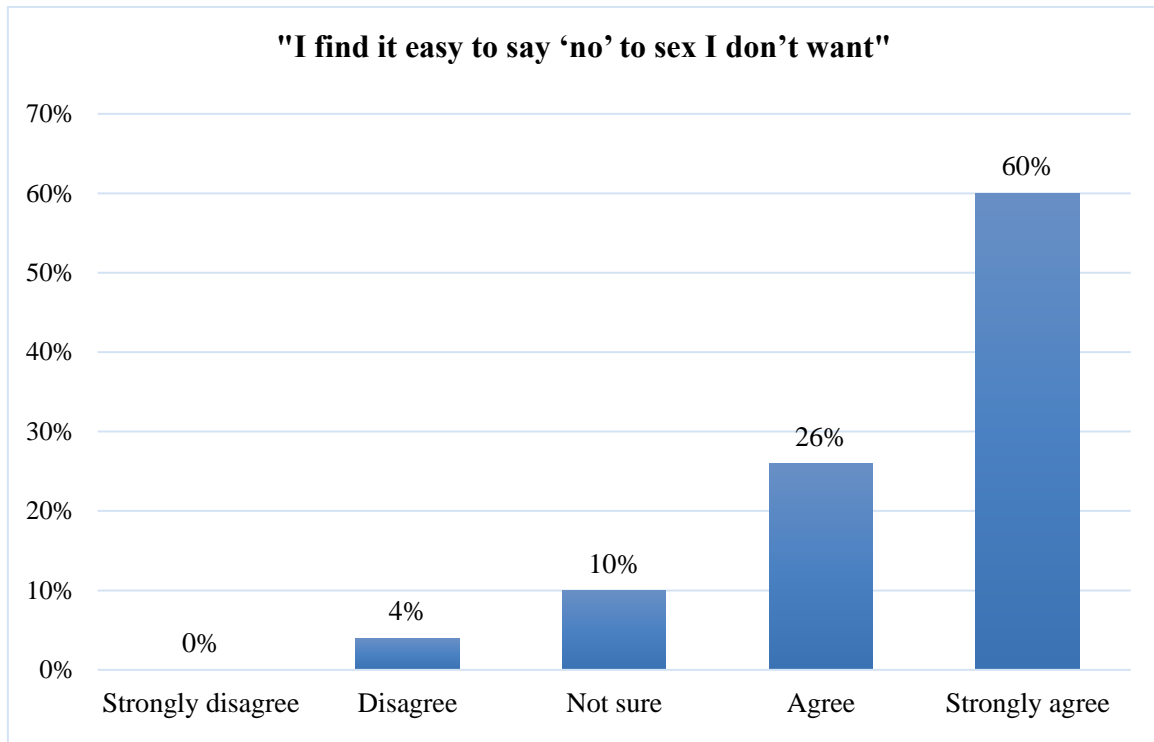


Figure 7. MS group answers to the statement: "I find it easy to say 'no' to sex I don't want"

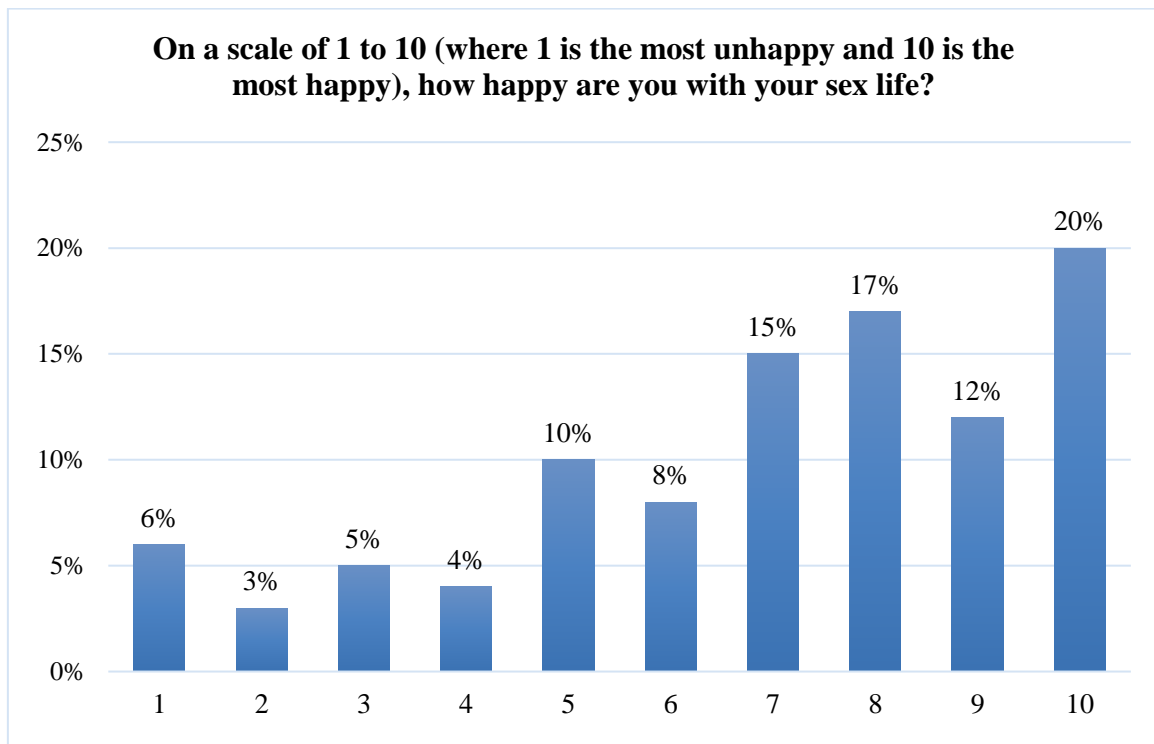


Figure 8. HS group answers to the question: "On a scale of 1 to 10 (where 1 is the most unhappy and 10 is the most happy), how happy are you with your sex life?"

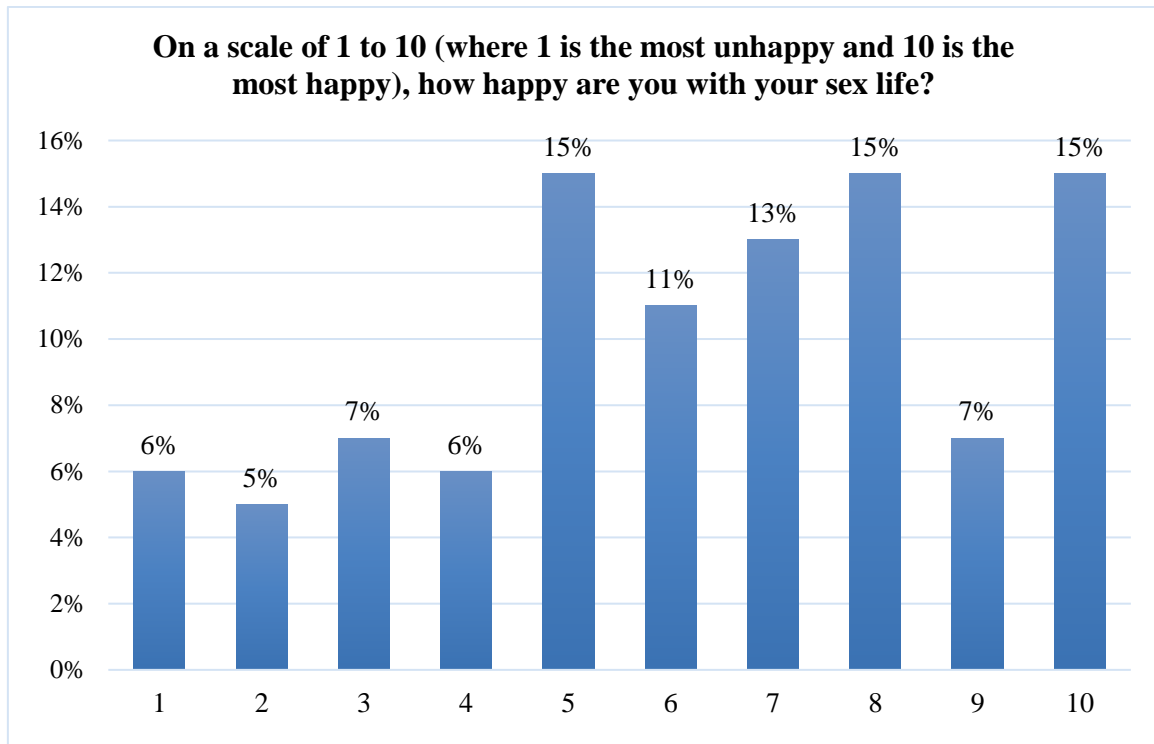


Figure 9. Non-HS group answers to the question: “On a scale of 1 to 10 (where 1 is the most unhappy and 10 is the most happy), how happy are you with your sex life?”

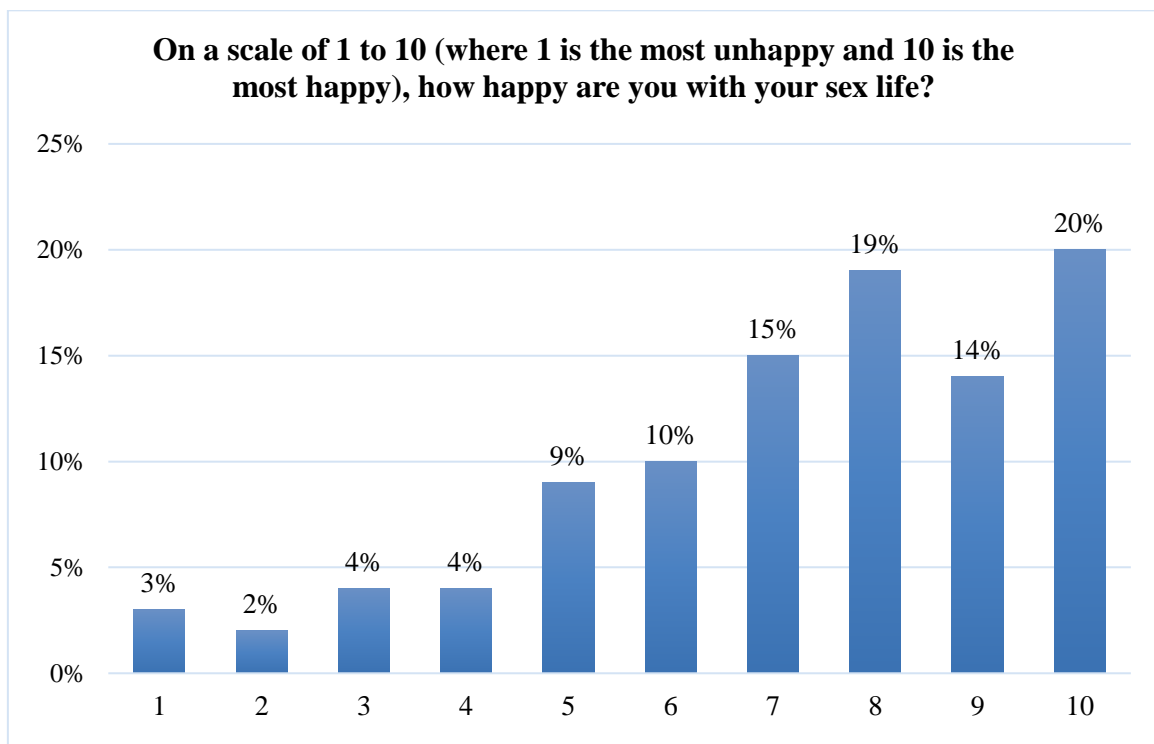


Figure 10. MS group answers to the question: “On a scale of 1 to 10 (where 1 is the most unhappy and 10 is the most happy), how happy are you with your sex life?”

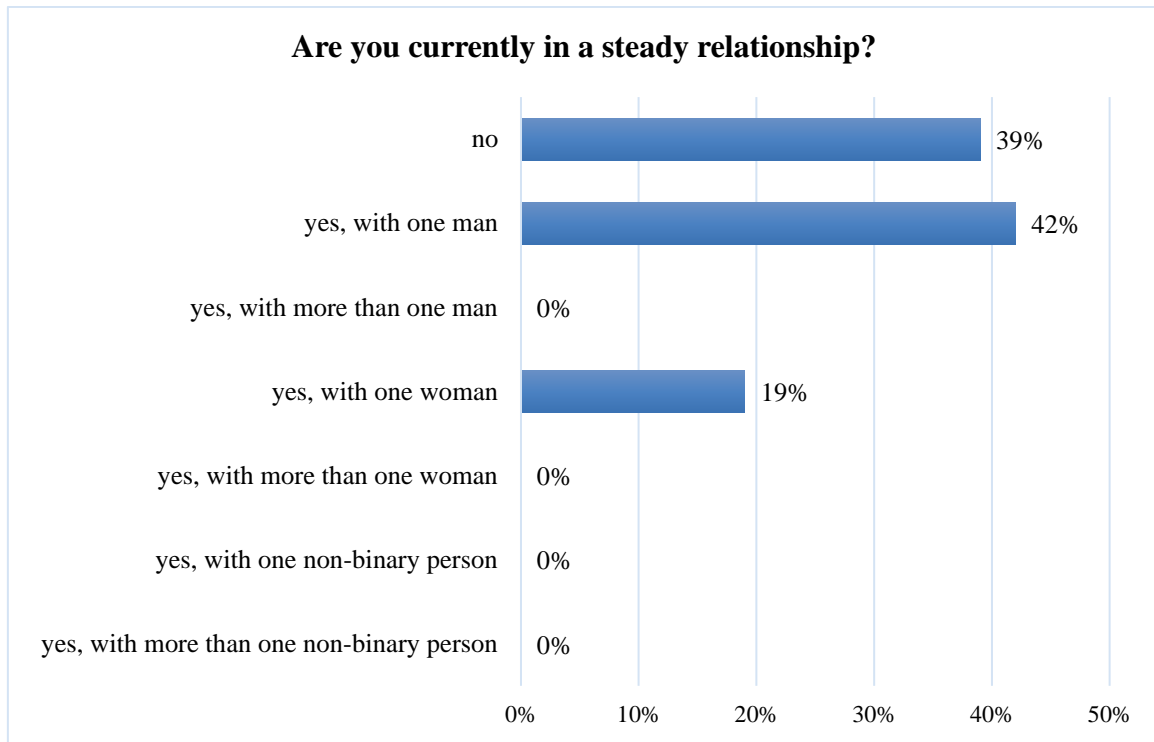


Figure 11. HS group answers to the question: “Are you currently in a steady relationship?”

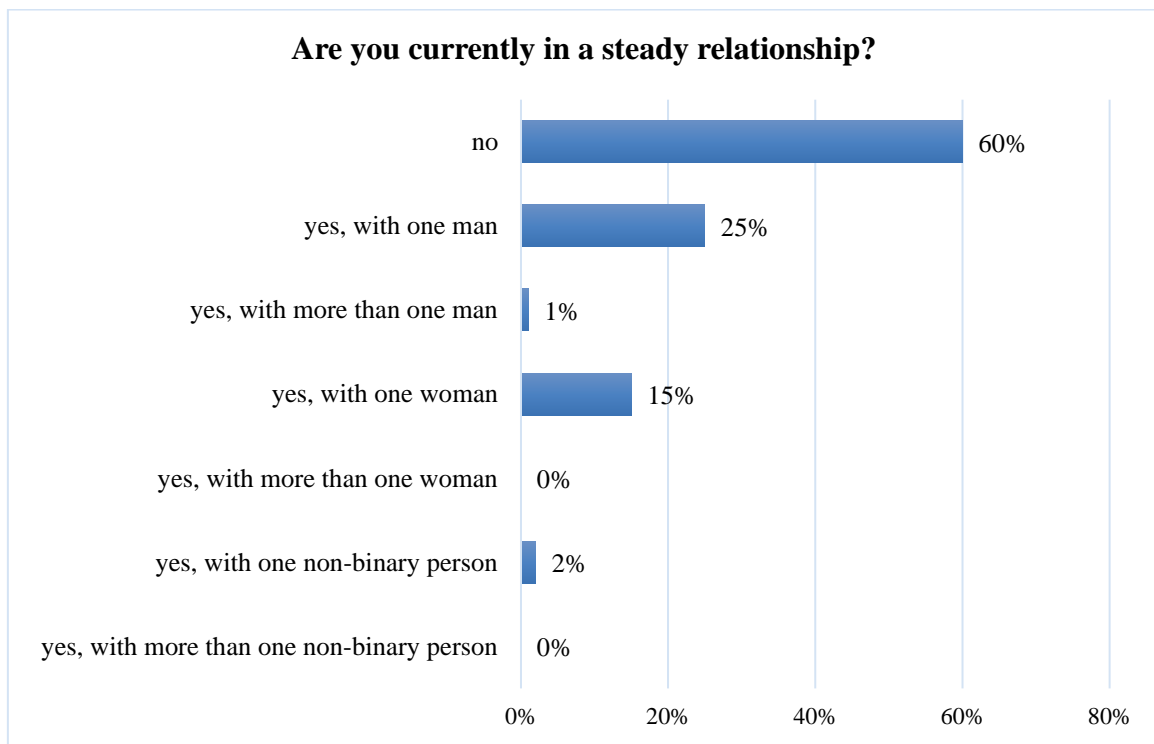


Figure 12. Non-HS group answers to the question: “Are you currently in a steady relationship?”

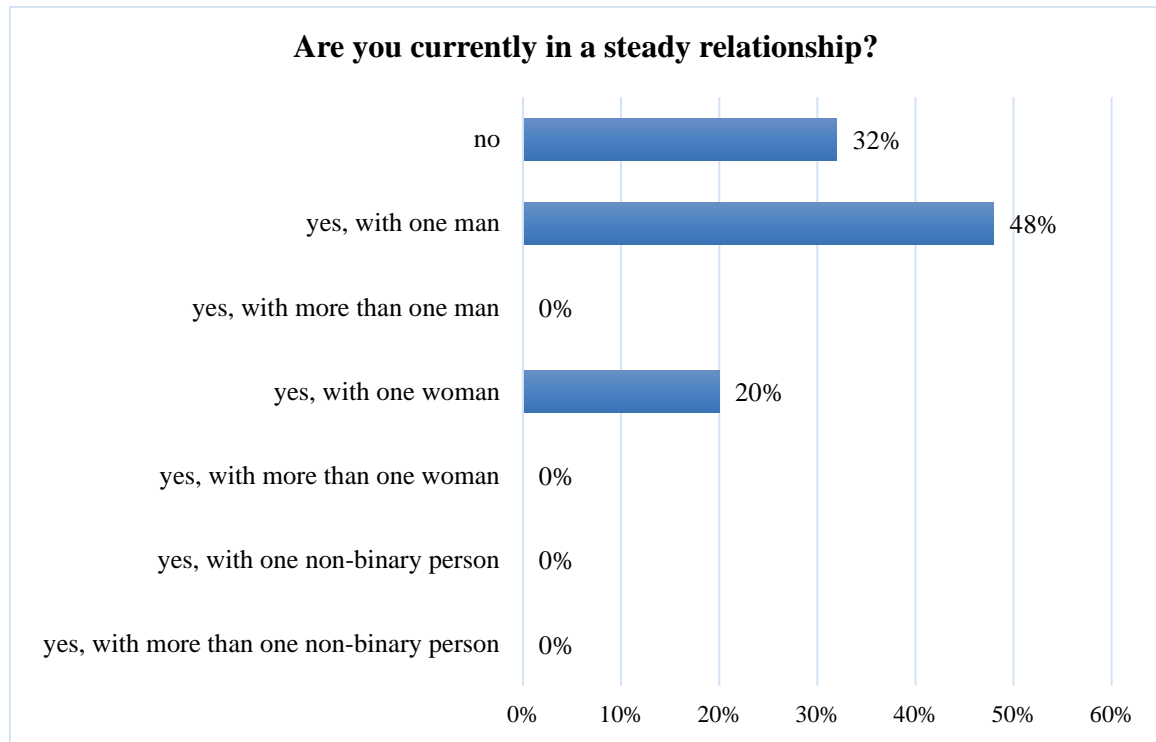


Figure 13. MS group answers to the question: “Are you currently in a steady relationship?”

5. CONCLUSIONS

Most respondents strongly agree that the sex they have is always as safe as they want it to be. The same percentage of HS and non-HS disagree or strongly disagree that their sex is always as safe as they want. The majority of respondents believe that that they can easily refuse sexual contact. Most of the respondents were also satisfied with their sex life, especially the group of medical students. More MS people than HS and non-HS declared being currently in a steady relationship with one person.

References

- [1] Byers ES. Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long-term relationships. *Journal of Sex Research* 42 (2005) 113–118.
- [2] Laumann EO, Gagnon JH, Michael RT, Michaels S. The social organization of sexuality: Sexual practices in the United States. Chicago: University of Chicago Press 1994.
- [3] Sprecher S. Sexual satisfaction in premarital relationships: Associations with satisfaction, love, commitment, and stability. *Journal of Sex Research* 39 (2002) 190–196.

- [4] Lawrance KA, Byers ES. Sexual satisfaction in long-term heterosexual relationships: The interpersonal exchange model of sexual satisfaction. *Personal Relationships* 2 (1995) 267–285.
- [5] Nomejko A, Dolińska-Zygmunt G, Zdrojewicz Z. Quality of life and satisfaction of sexual life - original results. *Polish Sexology* 10 (2) (2012) 54–60.
- [6] Vergniol J, Duc S, Hou G, Hiriart JB, Foucher J, Chenus F, Fabères C, Chermak F, Lafournière A, Souakri N, de Lédinghen V. Sexual quality of life is impaired in patients with chronic hepatitis C. *Int J Impot Res* 28(2) (2016) 68-73.
- [7] Laxhman N, Greenberg L, Priebe S. Satisfaction with sex life among patients with schizophrenia. *Schizophr Res* 190 (2017) 63-67.
- [8] Lee Y, Lim MC, Kim SI, Joo J, Lee DO, Park SY. Comparison of Quality of Life and Sexuality between Cervical Cancer Survivors and Healthy Women. *Cancer Res Treat* 48(4) (2016) 1321-1329.
- [9] Thornton K, Chervenak J, Neal-Perry G. Menopause and Sexuality. *Endocrinol Metab Clin North Am* 44(3) (2015) 649-61.
- [10] Lonnee-Hoffmann RA, Dennerstein L, Lehert P, Szoeki C. Sexual function in the late postmenopause: a decade of follow-up in a population-based cohort of Australian women. *J Sex Med* 11(8) (2014) 2029–38.
- [11] Hess R, Thurston RC, Hays RD, Chang CC, Dillon SN, Ness RB, Bryce CL, Kapoor WN, Matthews KA. The impact of menopause on health-related quality of life: results from the STRIDE longitudinal study. *Qual Life Res* 21(3) (2012) 535–44.
- [12] Wysocki S, Kingsberg S, Krychman M. Management of vaginal atrophy: implications from the REVIVE survey. *Clin Med Insights Reprod Health* 8 (2014) 23–30.
- [13] Kingsberg SA, Wysocki S, Magnus L, Krychman ML. Vulvar and vaginal atrophy in postmenopausal women: findings from the REVIVE (REal Women’s VIEWS of Treatment Options for Menopausal Vaginal ChangEs) survey. *J Sex Med* 10(7) (2013) 1790–9.