Research Report

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Marital Sexual Behavior and Aging in Vietnam in Comparative Perspective

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Abstract:

Combined data from two parallel regional surveys of married persons provide the first quantitative assessment of marital sex in Vietnam. Measures include the percent having intercourse during the prior month, monthly coital frequency among those who had sex, and the percent who have been inactive during the past year. Analysis focuses on the relation of sexual activity and age with particular attention to activity among older persons. Results for Vietnam are compared with those for Thailand and the United States. In addition, we examine the association between marital well-being and sexual activity in Vietnam. As in other populations, marital sexual activity declines with age and at older ages substantial proportions of married Vietnamese are sexually inactive. Levels of sexual activity among older persons are remarkably similar between Vietnam and Thailand but substantially lower than in the US. In addition, contrary to many US studies, the frequency of sexual activity shows little relationship to marital satisfaction and harmony in Vietnam. Possible explanations of lower levels of marital intercourse at older ages in Vietnam and Thailand than in the US are discussed in terms of possible biases in the data, differences in health and living arrangements, and the societal, cultural and normative contexts regarding the importance of sex in general and within marriage in particular.
Introduction

The worldwide AIDS pandemic has spurred increased research on sexual behavior especially on groups perceived to be at greatest risk of sexual transmission of HIV. However, given the common perception that older persons are largely sexually inactive (Hodson and Skeen 1994; Levy and Albrecht 1989a), older adults (e.g. aged 50 and over) are rarely covered in the samples. The main exceptions are studies conducted in the West, where sex research is beginning to include and in some instances even focus on the older population (e.g. AARP 1999 and 2005; Araujo, Mohr, and Mckinlay 2004; Bacon et al. 2003; Bortz, Wallace, and Wiley 1999; Braehler and Unger 1994; Call, Sprecher, and Schwartz 1995; Delbes and Gaymu 1997; Matthias et al. 1997; Marsiglio and Donnelly 1991; Minichiello, Plummer, and Seal 1996; National Council on the Aging 1998; Stall and Catania 1994). The growing interest in older age sexuality in the West arises in part from a increased interest in general well-being of older persons as their share of the population expands. In addition, interest also arises from a common perspective held among many social gerontologists as well as advocates for the elderly that sexual activity remains an important aspect of well-being throughout the life course (Dunn and Cutler 2000; Hodson and Skeen 1994; Kaye 1993; Wiley and Bortz 1996). More recently, the development of widely publicized medical treatments of sexual problems associated with older age, such as Viagra and Cialis, has further spurred attention to sexuality in later life (Kingsberg 2000).

For non-Western societies, research on older age sexuality and sexual behavior is rare. The scattered ethnographic evidence stems mainly from anecdotal and incidental accounts that provide a highly questionable basis for generalizing (Winn and Newton 1982). Systematically collected quantitative data from representative samples are extremely scarce. One notable exception is a study in Thailand that shows generally lower levels of sexual activity among older persons than found in most Western studies (Knodel and Chayovan 2001). Moreover, a large share of older Thai married persons, particularly older women but also many older men, appear to be satisfied with being sexually inactive thus cautioning against generalizing the common Western view that remaining sexually active is an important contributor to the quality of life of older married persons independent of cultural context.

Studies of heterosexual behavior of older persons in developing countries can expand our understanding of conceptions of sexuality, aging and gender, and how they intersect in different societies. They can also provide a basis for comparative analyses, an essential approach if we are to achieve a more general understanding of the social patterning of human sexuality (Minichiello, Plummer, and Seal 1996; Zeiss and Kasl-Godley 2001). Such studies also have programmatic value in the context of the current AIDS epidemic by alerting persons involved in interventions to the actual levels of sexual activity and risk among older persons (Chiao, Ries, and Sande 1999; Feldman 1994; Levy and Albrecht 1989a; Levy and Albrecht 1989b; Ory, Zablotsky, and Crystal 1998; Sankar et al. 1998). Moreover information about marital sex at all ages becomes increasingly useful as epidemics mature and transmission from infected men to their wives gains in importance as happened in Thailand (Chitwarakorn et al. 1998 304-338).

The present study examines data on marital sexual behavior collected in two regional surveys in Vietnam. Both surveys targeted married men and women over a wide range of ages. Thus the data provide an unusual opportunity not only to study marital sexual behavior of older married persons but also to reveal the association of marital sexual activity with age for a broad age range that includes younger adults as well. As far as we are aware, this is the first quantitative information on marital sexual activity for such a wide age range not only for Vietnam but for any non-Western population. Moreover, together with the research on Thailand referred to above, this is the only study that provides evidence of marital sexual activity for a reasonably large sample of older persons in a non-Western setting. Our analysis focuses on the influence of age, a status that is universally important and among the most salient in patterning social relationships generally and sexual behavior in particular (Laumann and Michael 2001). In addition, we
examine the relationship of sexual activity to sexual and marital satisfaction, with emphasis on older persons, a topic that has been at the center of attention in many studies in the West (Call, Sprecher, and Schwartz 1995; Christopher and Sprecher 2000).

Vietnam provides an interesting setting for comparisons not only with the West but also with Thailand given that the two countries are culturally distinct in terms of broadly defined family systems. Vietnam, in common with other East Asian societies, has traditionally been characterized by patrilineal and patriarchal families while Thailand’s family system, in common with much of Southeast Asia, is largely bilateral (Mason 1992). In addition, Vietnam is at a critical stage of the AIDS epidemic when better knowledge of sexual behavior is needed for guiding intervention programs. Although so far HIV prevalence among the general adult population is still well under 1 percent and the epidemic is concentrated largely among intravenous drug users, there is strong potential for HIV to spread to a much larger base (World Bank 2004; UNAIDS 2004). Indeed Vietnam is included as one of the priority countries selected for US assistance in combating the epidemic.

**Data Sources, Measures and Strategies**

**The Surveys.** Data for our analysis come primarily from two regional surveys using identical questionnaires conducted by the Institute of Sociology as part of the Vietnam Study of Family Change. The first took place in March and April 2003 and covered Hanoi and the surrounding Red River Delta in northern Vietnam. The second was conducted exactly one year later in 2004 in Ho Chi Minh City and surrounding provinces and covered substantial parts of the Southeast region and Mekong Delta in southern Vietnam.

The main purpose of the surveys was to measure change over time and thus the sample purposively targeted persons married during three major periods in recent Vietnamese history: 1963-1971 (war with the US), 1977-1985 (reunification under a command economy), and 1992-2000 (economic liberalization and opening to the West and other non-Communist block countries). Given that the focus of the present study is on current sexual behavior rather than on change over time, however, comparisons across marriage cohorts as such are not a feature of the present analysis. The design of each survey called for a sample 1,296 married individuals that was equally divided between husbands and wives, rural and urban settings, and the three marriage cohorts. Thus taken together, the two surveys provide data for 2,592 respondents in 12 different cohort-gender-residence combinations of equal size. The sample was also restricted to women who married under the age of 40 and men whose wives were under 40 at the time of marriage. In any given household only one married person was interviewed. Thus the husbands and wives interviewed are not married to each other. Each regional sample was designed to be representative and self-weighting within each of the 12 categories. Given the focus of the present study on the relationship of sexual activity with age and not on regional differences in levels of activity, the two regional survey data sets are combined for the purpose of analysis.  

The design of the surveys influences in the composition of our combined sample in a number of ways. Most obviously, only the regions covered are represented. Because the targeted cohorts excluded persons married less than 3-4 years as well as persons married before 1963, very young and very old married persons are largely absent with the vast majority of respondents and their spouses being in ages between the mid 20s and the late 60s. Comparisons with data from the 2002 Vietnam Demographic and Health Survey indicate that within this range, our sample includes substantially fewer persons under age 40 and substantially more age 50 or older (but not over age 70) than does the national population of married persons. In addition, our sample is evenly divided between rural and urban populations while the overall population of Vietnam is almost three-fourths rural (United Nations 2004). Given the unique features and limitations of the sample, we do not attempt to weight results to make them more representative of
the Vietnamese population. However, since the analysis is either age-specific or controls for age, the
atypical age distribution is unlikely to affect results within the broad age range covered.

To provide comparative statistics for Thailand and the US, we also conducted original analysis on two
other data sets. Thai data come from the 1995 Survey of the Welfare of Elderly in Thailand, based on a
nationally representative sample of approximately 7,700 persons age 50 and over (Chayovan and Knodel
1997). For the US, data come from the 2004 Survey of Sexuality at Midlife and Beyond, based on a
nationally representative survey of 1682 adults ages 45 and older (AARP 2005). Additional comparative
data for the US and other settings are drawn from previously published result of other surveys.

We note that the data for our analysis are cross-sectional. Thus associations of sexual behavior with age
do not technically represent how sexual behavior changes as persons age. In particular cohort effects may
confound differences associated with age (Araujo, Mohr, and Mckinlay 2004; Laumann and Michael
2001). However given the virtually universal finding that sexual activity declines with advanced age in
previous research from a variety of settings and periods, much of what drives observed cross-sectional
age differences is likely direct associations with biological and social aspects of advancing age itself.

**Measures.** The two regional Vietnamese surveys included a brief set of questions related to marital
sexual activity. Respondents were asked if they had sexual intercourse with their spouse during the last
month. If so, they were asked how often; if not they were asked how long ago their last intercourse
occurred. For the purpose of the present analysis, we have constructed three measures of marital sexual
activity: whether or not the respondent had intercourse during the last month; whether or not the
respondent had not experienced marital intercourse during the prior year, and coital frequency during the
prior month among those who had coitus. For some comparisons with results form other sources we also
use monthly coital frequency among all married persons (i.e. including those who had no intercourse
during the month in the calculation as 0). The first two measures are dichotomous variables while the
coital frequency measures are continuous. We recognize that sexual behavior can be construed more
broadly than simply as heterosexual intercourse. However, given the lack of information in survey about
such activities, our analysis is necessarily limited to intercourse. Moreover, research elsewhere has
indicated that, among the general population, it is common to consider sex primarily in terms of
intercourse and that the vast majority who report being sexually active are referring to just that
(Christopher and Sprecher 2000; Gott and Hinchliff 2003b; Laumann et al., 1994).

In order to explore the relationship between sexual activity and marital well-being, we constructed three
independent measures related to the latter. A measure of sexual satisfaction is based on responses to a
question asking if the respondent strongly agreed, somewhat agreed, somewhat disagreed, or strongly
disagreed with the statement "I am satisfied with our sex life". A measure of overall marital satisfaction is
based on a direct question asking “How satisfied are you with your marriage overall?” with the possible
responses being very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied. Overall,
55% responded that they were very satisfied with their sex life and 62 percent that they were very
satisfied with their marriage. Most remaining respondents said they somewhat agreed or were somewhat
satisfied. Only a small minority gave negative responses about their sex life and marriage. Based on these
questions, we calculated two dichotomous measures, one indicating whether or not respondents strongly
agreed that they were satisfied with their sex life and the other indicating whether respondents said they
were very satisfied with their marriage.

The questionnaire also included a number of questions that referred to sharing interests, being appreciated
by one’s spouse, thinking about leaving the marriage, quarrelling, and frequency of disagreements about
various aspects of domestic life. We used principal components analysis to construct an index of marital
harmony based on 18 such questions. Values of the index were converted to percentiles and thus have a
maximum range of 0 to 100 with a mean of 50.
The fact that answers to the two direct questions about sexual and overall marital satisfaction as well as the 18 questions used to compose the marital harmony index are heavily skewed towards positive responses may reflect a hesitancy to admit to marital problems in the context of a survey interview. This seems particularly likely in an Asian society such as Vietnam where ‘keeping face’ is socially very important. At the same time, we note that there is considerable consistency among the three measures.5

**Data Treatment Strategies.** Survey research on sexual behavior faces many methodological challenges (Dare and Cleland 1994; Fenton et al. 2001). Thus it is important to critically consider how data are collected and what biases could arise in the process. One common concern is that respondents may find questions on sexual matters too sensitive to answer or to answer truthfully (Cleland and Way 1994; Levy and Albrecht 1989b). Substantial non-response regarding sexual activity in a 1988 national survey in the US had major implications for estimates of sexual activity, especially for older respondents (Call, Sprecher, and Schwartz 1995). In the case of the Vietnam Surveys of Family Change, non-response to the questions on marital sexual behavior is extremely low. If we consider responses coded as either “don’t know” or “no answer” as non-response, the level was well under 1% for the question asking if intercourse occurred during the previous month and just slightly over 1% for the questions asking about the frequency of intercourse during the prior month and the last time intercourse occurred. In addition, no consistent differences in non-response are evident according to gender or age. Similar low non-response levels were found for comparable questions in surveys in Thailand (Knodel and Chayovan 2001).

While low non-response is encouraging, it does not ensure that responses are accurate. Indeed there appears to be some systematic reporting bias associated with gender regarding marital sexual behavior. Since the survey asked about marital sex, if reporting was accurate, we would expect a husband and a wife to give identical responses regarding the occurrence of intercourse. Since only one member of a married couple was interviewed, a comparison between reports of matched pairs of husbands and wives is not possible with our data. Nevertheless, since we know the age of respondents’ spouses, we can compare the sexual activity of married men of a particular age group as reported by their wives with the levels reported by similar aged married men themselves. Likewise self reports of married women of a particular age can be compared to reports by married men with wives of that age. In the absence of a gender related bias in reporting, we would expect in the aggregate, self reports and spousal reports of marital sex activity for persons of the same age and gender to be very similar.

Table 1 compares our measures of married male and female sexual behavior as actually reported for self and as implied by reports for spouses. The results show that, for all but one age group, the percentage sexually active in the prior month as reported by married men themselves is higher than the percentage active among similar aged husbands as reported by wives. Also consistent is that sexual inactivity among men is less likely to be reported by men themselves at most ages than by women with husbands of those ages. Similarly, among those active during the month, at most ages, coital frequency as reported by men is higher than when reported by a wife. Although less consistent, the reverse of these patterns holds with regards to all three measures when referring to women. For example, when self reports by married women are compared with reports by husbands for their wives, for most age groups of women, self reports of monthly sex and coital frequency are lower and of sexual inactivity are higher than when based on reports by husbands of women of the same age. In brief, these results suggest that married men in Vietnam tend to systematically report higher levels of marital sexual activity than do married women.6 The same pattern is observed in Thailand although for Thais the gender difference in reporting is even more pronounced (Knodel and Chayovan 2001).
Table 1. Measures of marital sexual behavior according to who reports, by age of person for whom sex is reported

<table>
<thead>
<tr>
<th>Measure of sexual behavior and age of person for whom sex is reported</th>
<th>Men</th>
<th>Women</th>
<th>Difference (self-spouse reports)</th>
<th>Men</th>
<th>Women</th>
<th>Difference (self-spouse reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-report</td>
<td>Wife reports</td>
<td></td>
<td>Self-report</td>
<td>Husband reports</td>
<td></td>
</tr>
<tr>
<td><strong>Sex during last month</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>69.9%</td>
<td>67.4%</td>
<td>2.5%</td>
<td>67.4%</td>
<td>69.9%</td>
<td>-2.5%</td>
</tr>
<tr>
<td>under 30</td>
<td>93.2%</td>
<td>85.7%</td>
<td>7.5%</td>
<td>85.2%</td>
<td>93.4%</td>
<td>-8.2%</td>
</tr>
<tr>
<td>30-34</td>
<td>89.7%</td>
<td>83.1%</td>
<td>6.5%</td>
<td>85.0%</td>
<td>92.0%</td>
<td>-7.0%</td>
</tr>
<tr>
<td>35-39</td>
<td>89.1%</td>
<td>83.5%</td>
<td>5.7%</td>
<td>89.3%</td>
<td>84.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>40-44</td>
<td>91.7%</td>
<td>88.2%</td>
<td>3.5%</td>
<td>82.8%</td>
<td>88.5%</td>
<td>-5.7%</td>
</tr>
<tr>
<td>45-49</td>
<td>82.8%</td>
<td>82.8%</td>
<td>0.0%</td>
<td>78.1%</td>
<td>76.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>50-54</td>
<td>62.5%</td>
<td>67.5%</td>
<td>-5.0%</td>
<td>56.0%</td>
<td>54.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>55-59</td>
<td>55.2%</td>
<td>47.0%</td>
<td>8.2%</td>
<td>31.6%</td>
<td>41.3%</td>
<td>-9.8%</td>
</tr>
<tr>
<td>60+</td>
<td>29.3%</td>
<td>26.5%</td>
<td>2.9%</td>
<td>20.6%</td>
<td>13.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td><strong>Inactive in past Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11.9%</td>
<td>12.6%</td>
<td>-0.6%</td>
<td>12.6%</td>
<td>11.9%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Under 30</td>
<td>0.0%</td>
<td>1.0%</td>
<td>-1.0%</td>
<td>1.4%</td>
<td>0.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>30-34</td>
<td>0.0%</td>
<td>1.7%</td>
<td>-1.7%</td>
<td>2.0%</td>
<td>0.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>35-39</td>
<td>1.5%</td>
<td>1.7%</td>
<td>-0.2%</td>
<td>3.2%</td>
<td>0.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>40-44</td>
<td>0.0%</td>
<td>2.4%</td>
<td>-2.4%</td>
<td>1.9%</td>
<td>1.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>45-49</td>
<td>3.0%</td>
<td>4.3%</td>
<td>-1.3%</td>
<td>7.7%</td>
<td>4.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>50-54</td>
<td>8.8%</td>
<td>8.9%</td>
<td>-0.2%</td>
<td>15.8%</td>
<td>13.6%</td>
<td>2.2%</td>
</tr>
<tr>
<td>55-59</td>
<td>17.5%</td>
<td>24.5%</td>
<td>-7.0%</td>
<td>31.2%</td>
<td>30.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>60+</td>
<td>42.2%</td>
<td>39.2%</td>
<td>2.9%</td>
<td>51.6%</td>
<td>58.2%</td>
<td>-6.6%</td>
</tr>
<tr>
<td><strong>Coital frequency in prior month among those who experienced intercourse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.8</td>
<td>4.6</td>
<td>0.2</td>
<td>4.6</td>
<td>4.8</td>
<td>-0.2</td>
</tr>
<tr>
<td>Under 30</td>
<td>6.6</td>
<td>7.4</td>
<td>-0.8</td>
<td>7.1</td>
<td>6.4</td>
<td>0.7</td>
</tr>
<tr>
<td>30-34</td>
<td>6.1</td>
<td>6.1</td>
<td>0.0</td>
<td>5.1</td>
<td>5.9</td>
<td>-0.8</td>
</tr>
<tr>
<td>35-39</td>
<td>6.0</td>
<td>5.2</td>
<td>0.8</td>
<td>5.0</td>
<td>5.9</td>
<td>-1.0</td>
</tr>
<tr>
<td>40-44</td>
<td>5.6</td>
<td>4.6</td>
<td>1.1</td>
<td>4.3</td>
<td>4.7</td>
<td>-0.4</td>
</tr>
<tr>
<td>45-49</td>
<td>4.6</td>
<td>4.1</td>
<td>0.5</td>
<td>3.5</td>
<td>3.9</td>
<td>-0.4</td>
</tr>
<tr>
<td>50-54</td>
<td>3.1</td>
<td>3.1</td>
<td>0.0</td>
<td>2.8</td>
<td>2.6</td>
<td>0.3</td>
</tr>
<tr>
<td>55-59</td>
<td>3.0</td>
<td>3.0</td>
<td>0.0</td>
<td>2.5</td>
<td>2.6</td>
<td>-0.1</td>
</tr>
<tr>
<td>60+</td>
<td>2.0</td>
<td>2.1</td>
<td>-0.1</td>
<td>1.6</td>
<td>1.9</td>
<td>-0.3</td>
</tr>
</tbody>
</table>

To the extent there is gender related bias in reporting of sexual behavior, comparisons between behavior of married men and married women that are based only on self reported activity will be distorted. At the same time, it is not possible from the data available to determine whether men or women report marital sexual behavior more accurately. Thus when examining the relationship of sexual activity and age by gender, we follow a procedure that in effect combines self and spousal reports thus allowing gender related biases to cancel each other out. To do this, our analysis attributes the sexual behavior reported by
each respondent to both the respondent and the respondent’s spouse. Hence each interview provides data for both a married man and a married woman, regardless of which one was interviewed. Since the survey asked for the ages of both the respondent and the respondent’s spouse, we also know the ages of both and for each interview can attribute the reported sexual activity to a married man of a particular age and to a married woman of a particular age. By doing so, we not only in effect average the gender biases in reporting but we also double the number of cases of married men and married women on which tabulations of sexual activity by age and gender are based compared to a situation in which we would limit tabulations only to self reports of interviewed husbands for men and self reports of interviewed wives for women.7 Note this procedure can only be followed when examining the relationship of sexual behavior to gender and age. When relating sexual behavior to marital satisfaction and age, analysis is necessarily restricted to self reports of sexual activity since we only ask about the respondent’s own marital satisfaction and not their spouse’s satisfaction.

Results

Sexual Activity and Inactivity. Figure 1 presents the relationship between marital sexual activity and inactivity by single years of age over the full age range of our sample.8 The results have been smoothed to eliminate irregular variation associated with small numbers of cases for any particular single year of age.9 As Figure 1A shows, the percent who reported having intercourse with their spouse during the prior month remains high with little sign of sustained decline with advancing age for either men or women until around age 50, although the start of a sustained decline for women precedes that of men by several years of age. For ages prior to the start of the decline, the percentages of married men and women active during the prior month are very similar. However, from the late 40s through the late 60s (the oldest ages for which there are data), the percentage of men experiencing intercourse during the past month is consistently higher then that for women at each age.

Figure 1B shows the relationship between age and sexual inactivity, defined as not experiencing marital intercourse for at least a year. The percent who are inactive for both men and women for ages through the mid-40s is negligible but increases rapidly thereafter. The level of inactivity for women starts to increase a few years sooner than for men and once the increase begins is consistently higher at equivalent ages with the gender gap tending to widen with advancing age.

When interpreting differences between married men and women within the range of ages in which marital sexual activity declines, it is important to bear in mind that ages of both spouses jointly influence the probability of marital coitus and that men tend to be married to spouses who are younger than themselves while the opposite is true for women.10 Since sexual activity declines with age for both men and women, at any given age, having a younger spouse increases the probability of coitus while having an older spouse has the opposite effect. As a result, we would expect married women to experience lower sexual activity than married men of the same age because the spouses (i.e. husbands) of women will be substantially older on average than the spouses (i.e. wives of men). Logistic regression analysis confirms that the age difference between spouses largely accounts for the gender difference apparent in figures 1A and 1B from ages 50 and above (the main age range for which gender differences in monthly activity and yearly inactivity are apparent).11

Figure 2 indicates monthly coital frequency among those who experienced intercourse during the prior month. This measure declines more or less steadily with advancing age from the earliest ages on, with the exception of fairly constant levels for both men and women during their 50s. Thus while the percentage of married persons who engaged in intercourse during the prior month persists at a high level up to around age 50, coital frequency during the month declines. Gender differences are evident for the large majority of the age range covered, with married men experiencing modestly more frequent coitus than married women of the same age.
Figure 1. Marital sexual activity and inactivity, by age and gender, Vietnam

A. Percent experiencing marital intercourse during prior month

B. Percent not experiencing marital intercourse during prior year

Note: Results shown are smoothed averages.
Figure 2. Mean coital frequency during prior month among married persons who had intercourse, by age and gender, Vietnam

Note: Results shown are smoothed averages

Comparison with the US and Thailand. Variation in methods and instruments used to collect data on sexual behavior and the often non-comparable ways in which published results are presented complicate comparisons between our findings from Vietnam and those for other settings. Many studies are based on convenience samples that are often atypical of the general population (e.g. Bacon et al. 2003; Bortz, Wallace, and Wiley 1999; Matthias et al. 1997; Wiley and Bortz 1996). In addition, questions asked may refer to activity inclusive of all sexual acts rather than being specific to intercourse. In addition, particularly in recent studies in the West, results may not be presented separately for currently married persons. These latter two problems prevent meaningful comparisons with results from the National Health and Social Life Survey, probably the best known recent study of sexual behavior in the US, as well as a 1998 national survey commissioned by the National Council on Aging that focused on sex among older Americans (Laumann et al., 1994; National Council on the Aging 1998).

Fortunately, as described above, we are able to make original tabulations from representative data sets in Thailand and the US. Both studies, however, were limited to the older population (50 and above for Thailand and 45 and above for the US). Because the Thai survey included virtually identical questions as asked in Vietnam and the data were coded in detail, comparable measures are possible for both settings. Both questions and coding in the US survey, however, differ considerably from our Vietnam study and thus limit comparisons to the probability of monthly intercourse. For comparisons with the US on other measures, we draw on two additional large scale representative surveys, for which published results on marital sexual behavior are available: the 1988 National Survey of Families and Households (NSFH) and
the 2002 General Social Survey (GSS) (Call, Sprecher, and Schwartz 1995; Smith 2003). Because these results are not available for men and women separately, our comparisons are for both sexes combined.

Figure 3 shows the percent of older married persons reporting intercourse at least monthly in the US, Vietnam and Thailand. For ages 50 and above, results for Vietnam and Thailand are quite similar but are substantially lower than reported by married persons in either of the two US studies. For example Vietnamese and Thai married persons in their early sixties are about half as likely to indicate they had monthly intercourse compared to their counterparts in the US. Results for Thailand are not available for the 45-49 year old age group. However, the Vietnamese results for these ages resemble those of the lower of the two US estimates. We do not show results for younger age groups because of lack of information in the Thai and 2004 US data sets. However both our Vietnamese data and that for the 1988 US study show high percentages reporting monthly marital intercourse at ages below 45 with the Vietnamese results averaging about 88 percent compared to almost 95 percent among US married couples.

Figure 3. Percent of married persons reporting intercourse at least monthly, by age, in the United States, Vietnam and Thailand

![Graph showing percent of married persons reporting intercourse at least monthly, by age, in the United States, Vietnam and Thailand. The graph includes data from US 1988 (NSFH), US 2004 (AARP), Vietnam 2003-04, and Thailand 1995.](image)

Note: Source for 1988 US data is the National Survey of Families and Households as reported in Call, Sprecher and Schwartz 1995, Figure 1.

Figure 4 indicates the percent sexually inactive in the prior year and the monthly coital frequency among all married persons (regardless of activity status) for the US, Vietnam and Thailand. The percentages of married persons under age 50 who reported no intercourse during the prior year are very low in both the US and Vietnam (Figure 4A). At older ages, however, for which Thai data are also available, inactivity is
Figure 4. Percent sexually inactive in prior year and monthly marital coital frequency by age, in the United States, Vietnam and Thailand

A. Percent sexually inactive in prior year

- **US 2002**
- **Vietnam 2003-04**
- **Thailand 1995**

B. Monthly marital coital frequency (including inactive)

- **US 1988 (NSFH)**
- **US 2002 (GSS)**
- **Vietnam 2003-04**
- **Thailand 1995**

Note: US data are from the 1988 NSFH as reported in Call, Sprecher and Schwartz 1995 Figure 2 and the 2002 GSS as reported in Smith 2003, Table 10.
distinctly more common in both Vietnam and Thailand than in the US. Indeed the levels in Thailand and Vietnam are remarkably similar. Monthly coital frequency, based on all married persons including those who did not engage in coitus, is shown in Figure 4B. Unlike sexual inactivity, marital coital frequency differs between Vietnam and the US under age 50 as well as among those who are older. The two sources for the US yield reasonably similar results and show substantially higher frequencies of monthly coitus than in Vietnam. At the same time results for Thailand which are available for ages 50 and above, are remarkably similar to those in Vietnam. Moreover, reported marital coital frequency from a 1987 national survey of Thai women aged 15-49 are relatively similar, although even lower, than for Vietnamese women of same ages (results not shown).

The levels of marital sexual activity and more rapid decline with age found in Vietnam and Thailand are also lower than found in several studies for other Western populations. A large representative 1992 French survey indicates both men and women aged 50-69 are far more active than their Vietnamese or Thai counterparts (Delbes and Gaymu 1997). For example, 93 percent of French men and 78 percent of women age 50-69 with partners had intercourse in the previous month compared to 48 and 39 percent respectively of married Vietnamese men and women and 50 and 36 percent of married Thai men and women of equivalent ages. Among those active, coital frequency was also far higher for the French than for Vietnamese or Thais. Vietnamese and Thais also report lower sexual activity in the 61-70 age group than revealed in a study of older married German men and women (Braehler and Unger 1994). The differences, however, are less pronounced than in the comparisons with the US and French surveys.

Marital Well-being. Among our three measures of marital well-being for Vietnamese men and women only the percent who strongly agree that their sex life is satisfactory shows a reasonably consistent relationship with age, with sexual satisfaction declining as age increases for both men and women (results not shown). Approximately two thirds of both married men and women in their thirties strongly agreed that their sex life was satisfactory. This declines to under two-fifths of men and only one third of women aged 65 and over. Still sexual satisfaction does not appear to decline as rapidly with age as does sexual activity, a pattern also observed in some US studies (Christopher and Sprecher 2000). Under age 50, there is little gender difference in the percent who express sexual satisfaction on this measure. However, over age 50, men are more likely to indicate sexual satisfaction than are women. There is little relationship between overall satisfaction with their marriage and age for either men or women. However, at most ages, men are more likely to express marital satisfaction than women. However, for both sexes, overall marital satisfaction lacks a consistent association with age. There is a slight tendency for both older men and women to score higher on the marital harmony index than their younger counterparts. However, the relationship with age is far weaker than that of satisfaction with one’s sex life.

Table 2 indicates the association between our measures of marital well-being and marital sexual activity. The results are shown separately for persons under age 50 and those aged 50 and above. The measures of sexual activity used in the analysis differ between the age groups to reflect the very different levels of activity within these two age ranges. For both age groups, results are statistically adjusted for the age of the husband and wife as well as the type of place (rural or urban) and region of residence. For both men and women under age 50, there is no statistically significant relationship (defined as p ≤ .05) between the frequency of intercourse and any of the three measures. In general the relationship is irregular. Both the percent indicating satisfaction with their sex life and with their marriage overall are modestly higher among women who experience intercourse more than once a month that among those who do not. The same is not true for men.
Table 2. Measures of marital well-being by age, gender and marital sexual activity, adjusted for age of husband and wife, rural-urban residence, and region, Vietnam 2003-04

<table>
<thead>
<tr>
<th>Age group and frequency of intercourse</th>
<th>Measure of marital well-being</th>
<th></th>
<th></th>
<th>Marital harmony index (mean percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% who strongly agree they are very satisfied with their sex life (a)</td>
<td>% who are very satisfied with their marriage (a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Age under 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3+times a week</td>
<td>57</td>
<td>67</td>
<td>60</td>
<td>61</td>
</tr>
<tr>
<td>1-2 times a week</td>
<td>66</td>
<td>61</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>2-3 times in month</td>
<td>59</td>
<td>66</td>
<td>67</td>
<td>64</td>
</tr>
<tr>
<td>once in month</td>
<td>58</td>
<td>54</td>
<td>71</td>
<td>49</td>
</tr>
<tr>
<td>not in prior month</td>
<td>63</td>
<td>58</td>
<td>70</td>
<td>55</td>
</tr>
<tr>
<td>Statistical significance</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Age 50 or older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2+ times in month</td>
<td>53</td>
<td>53</td>
<td>74</td>
<td>68</td>
</tr>
<tr>
<td>once in month</td>
<td>55</td>
<td>45</td>
<td>78</td>
<td>60</td>
</tr>
<tr>
<td>in prior year but not prior month</td>
<td>44</td>
<td>41</td>
<td>58</td>
<td>54</td>
</tr>
<tr>
<td>not in prior year</td>
<td>46</td>
<td>38</td>
<td>63</td>
<td>58</td>
</tr>
<tr>
<td>Statistical significance</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

(a) predicted probabilities at the mean value of the control variables based on logistic regression.
(b) adjusted by multiple classification analysis.

n.s. = not significant at the .05 level.

Relationships between sexual activity and the three marital well-being measures also lack statistical significance for both men and women aged 50 and older. Still those who had sex at least once during the prior month are more likely than those who did not to strongly agree that their sex life was satisfactory as well as to say that they are very satisfied with their marriage overall. Interestingly, although those who have been inactive for at least one year are less likely to indicate satisfaction with their sex life, a sizeable minority of both inactive men and women nevertheless strongly agree that their sex life is satisfactory. Several studies in the US also find that nontrivial shares of sexually inactive persons express satisfaction with their sex lives (Laumann et al., 1994; Matthias et al. 1997). The index of marital harmony shows an even less consistent relationship with frequency of intercourse for this older age group than the other two measures. Given the lack of statistical significance in the relationship between frequency of intercourse and the marital well-being measures for both men and women in either broad age group, it appears that at most any relationship is quite weak.

Discussion

That age is a predominate correlate of marital sexual activity and that advancing age is associated with declining activity are virtually universal findings. Vietnam is no exception. Indeed the same age pattern as observed in our Vietnamese data, namely inactivity starting to increase around age 50 but marital coital...
frequency declining throughout the full range of ages, has also been noted for the US (Call, Sprecher, and Schwartz 1995; Smith 2003). At the same time, the level of activity in the US (and probably other Western countries) appears to be substantially higher than in Vietnam. Comparable data from Thailand, however, reveal both remarkably similar age patterns and levels as in Vietnam. In addition, in contrast to numerous US studies, there appears to be only a weak relationship in Vietnam between the level of marital sexual activity and sexual satisfaction and little relationship at all with overall marital satisfaction and marital harmony.

**Declining activity with age.** Explanations of the decline in marital sexual activity with increasing age in Vietnam undoubtedly involve the same biological, psychological, and social dimensions as noted for the pattern in other populations. These include reduced male physical ability to engage in coitus, hormonal changes in both men and women associated with advancing age, diminished health at older ages, and habituation to sex with a particular partner over time (Call, Sprecher, and Schwartz 1995; Kingsberg 2000; McCoy 1997; Whitbourne 1992). Numerous studies elsewhere, including in Thailand and the US, also document a pronounced decline in sexual desire with age for both men and women (AARP 1999; Araujo, Mohr, and Mckinlay 2004; Bacon et al. 2003; Knodel and Chayovan 2001). While this is likely a key psychological factor in the decline in sexual activity it is closely entwined with both the biological and social processes at work (McKinlay and Feldman 1994).

Considerable research has documented declines in sexual interest and reduced vaginal lubrication associated with menopause (Dennerstein, Alexander, and Kotz 2003; Dosh 1997). Our Vietnam data show turning points in both monthly activity and yearly inactivity (Figure 1), but not coital frequency among the sexually active (Figure 2), between the mid-forties and mid-fifties, the ages where menopause is concentrated (Gray 1976). That the turning points occur a few years earlier for women than for men may reflect the fact that husbands of menopausal women are typically a few years older that their wives. Moreover, a recent spate of research on erectile dysfunction, stimulated no doubt by the availability of new drug therapies, shows that, unlike menopause, it is not concentrated in any narrow age range but is widespread in diverse settings among men at older ages (Nicolosi et al. 2003). In addition, not only its prevalence but also its incidence increases noticeably with age (McKinlay 2000). This might contribute to the apparent acceleration in the increase in inactivity with age among men after age 50 (Figure 1B). Again the fact that men tend to have wives younger than themselves could contribute to the somewhat earlier acceleration in inactivity among women.

Clearly many aspects of sexuality are “socially constructed” and thus social and cultural influences play a part in the reduction of sexual activity with age (Minichiello, Plummer, and Seal 1996). A common assertion in the literature on aging and sexuality in the West is that normative expectations concerning the asexuality of older persons contribute to their lower activity although systematic empirical studies to document this are lacking. Systematic evidence of norms or attitudes towards the appropriateness of an active sexual relationship past reproductive ages is also lacking for Vietnam where social science research on sexuality in Vietnam is very recent and largely ignores issues related to either marital sex or to aging (Pastoetter 2001; Khuat Thu Hong 1998). Nevertheless several commentators assert that, at least in Northern Vietnam, social disapproval for couples to sleep together once they reach middle ages and when their children are grown up is longstanding and common (Khuat Thu Hong 1998; Pham Van Bich 1999). Another commentator believes that social disapproval of sex at older ages for women is related to normative expectations that older women should concern themselves with spirituality, including participating in activities at the pagoda, and as such is inconsistent with maintaining sexual activity (Vu Tuan Huy 2003). Culturally scripted behavior such as implied by these views may contribute to the decline in marital sex with age in Vietnam. Yet the close similarity of age patterns and levels of marital sexual activity in Thailand, where such norms are not necessarily present, cautions against putting too much emphasis on explanations that are exclusive to Vietnam. Attitudinal evidence for Thailand regarding the appropriateness of maintaining active marital sexual relations into older ages is somewhat
contradictory. A 1986 Survey of Thais aged 60 and over indicated that over half felt men should stop having sex by age 60 and almost three-fourths thought women should abstain by that age. Focus groups conducted in the early 1980s with younger and older generation married persons, however, revealed no general view that intercourse should cease by any particular stage in life (Knodel and Chayovan 2001).

Lower activity than in the US. More challenging to interpret than the decline of sexual activity with age are the substantially lower levels of activity found for married persons in Vietnam and Thailand compared to the US and other Western settings. Several possibilities merit consideration. These include possible biases in the data, differences in health and living arrangements, and the societal, cultural and normative contexts regarding the importance of sex in general and within marriage in particular.

Reporting bias. The observed differences in sexual behavior derived from these studies could be largely artifacts of differences in reporting accuracy arising from cultural differences and/or variation in the research methodologies that solicited the data. Several commentators have noted the lack of openness regarding sexual issues in Vietnam although this is likely changing during the recent period of economic renovation and opening to the West (Khuat Thu Hong 1998; Pham Van Bich 1999). As Pastoetter (2001) succinctly concludes “Talking about sexuality, be it in public or in intimate partnerships, is a Vietnamese taboo.” This may lead Vietnamese to understate their sexual activity in surveys. We already noted reporting bias associated with gender as evidenced by the higher activity levels reported by husbands than by wives. The extent of these gender related biases is modest and it is unclear whether their net effect would lead to under- or over-reporting. As noted, non-response was extremely low for the questions on sexual behavior in both Vietnam and Thailand and even among those who denied having intercourse during the prior month, virtually all still reported when their last coitus occurred and thus did not avoid telling us about their sexual activity.

Another possibility is that results for the US (and other Western populations) are biased upwards. Analysis of the 1988 NSFH clearly demonstrated that non-response is disproportionately associated with low activity, particularly at older ages (Call, Sprecher and Schwartz 1995). Since non-response tends to be substantially higher for all the US surveys cited and adjustments are rarely made to allow for its association with lower activity, the apparent differences between US and both Vietnamese and Thai results, for which non-response is negligible, may be exaggerated. However, even under the extreme assumption that all non-responses in the 1988 NSFH represent cases of sexual inactivity, the percentage active in the prior month for older age groups is still higher than the levels indicated for Vietnam and Thailand and often substantially so. Thus it seems reasonable to assume that much, if not all, of the difference between levels reported in US surveys and those in Vietnam and Thailand is real.

Health. Numerous studies in the US have found that better health status is positively related to sexual activity (Bortz, Wallace, and Wiley 1999; Call, Sprecher, and Schwartz 1995; Marsiglio and Donnelly 1991; Rao and Demaris 1995). In general we would expect populations in economically advanced countries to be healthier on average than in Vietnam or Thailand. Thus variation in the overall health levels of the populations could contribute to the observed differences in marital sexual activity. Health status was not asked in the Vietnamese surveys. Analysis of the Thai survey (referring to persons 50 and older) does find that better health is associated with higher sexual activity. Yet even among Thais who reported they were very healthy, marital sexual activity is substantially lower than found in US and French surveys for the general population (results not shown). Moreover, although life expectancies in Vietnam and Thailand are lower than in the West, in both countries they exceed 70, well above the average for the developing world (PRB 2005).
Living arrangements. Access to conducive physical and social space is a potentially important determinant of sexual activity (Levy 1994). For older persons, living with adult children may diminish the privacy needed for intercourse. In sharp contrast to the US, most older persons in Vietnam and Thailand coreside with adult children (Knodel and Debavalya 1992 and 1997). Moreover, living quarters in both countries, especially in urban areas, likely are far more crowded than in the US. One social commentator explicitly asserts that one-room huts, common among north Vietnamese peasants, discouraged marital sexual relations (Pham Van Bich 1999). Thus differences in housing and living arrangements may contribute to the lower marital sexual activity in Vietnam and Thailand compared to the West. Analysis of the data however, provides little support for this. For Vietnam, separate linear regressions examined the relationship of coital frequency (based on all respondents) with crowding (measured as the number of persons pre room) and with coresidence with adult children, controlling for ages of respondent and spouse. The results indicate negative associations with each, and thus are in the expected direction, but are quite weak with neither being statistically significant at the .1 level (results not shown).19 Moreover, among older Vietnamese, linear regression indicates that coital frequency is lower rather than higher among those who living only with a spouse and thus contrary to expectations if private living arrangements facilitated sexual activity.20 Similar regression analyses for Thailand (based on persons 50 and older) reveal that coital frequency is lower both among those who coreside with adult children and those who live only with spouse (results not shown). Thus, both results are also contrary to expectations although neither result is statistically significant.

Prominence of marital sex. Assuming that the observed differences in levels of marital sexual activity between Vietnamese and Thais on the one hand and the US and probably other western populations on the other are largely valid, contrasts in the cultural and normative contexts regarding the importance of sex in general and within marriage in particular may be an important part of an explanation. Discussion of this possibility is necessarily speculative given the lack of systematic empirical evidence to make comparisons. Still there is some basis for believing that sexual matters are far more prominent within both public and private spheres in the US than in Vietnam and perhaps also Thailand. Official censorship of explicit sexual images and references in the cinema, television and print media is fairly extensive in both Vietnam and Thailand in sharp contrast to the US and most of the West. Also, as noted above, many Vietnamese tend to avoid open discussion about sex. According to one commentator who surveyed qualitative evidence, during the decades leading up to economic renovation, sexual matters tended to be “concealed and restricted” (Khuat Thu Hong 1998). Sexuality seems to less sensitive in Thailand than in Vietnam. Still public displays of affection between a man and a woman are generally frowned upon in Thailand, although such behavior and attitudes towards it are likely changing.

Even more relevant for interpreting our findings is that sexual and physical intimacy may be a relatively less important dimension of marital relationships in Vietnam and Thailand than in the US. Traditionally marriage in Vietnam was less a personal matter between husband and wife than a concern of the families and lineages involved and the bond between spouses more one of prescribed duty than affection (Pham Van Bich 1999). More recently, socialist ideology and associated marriage laws have explicitly attempted to counter this traditional pattern by abolishing arranged marriage and explicitly granting men and women the freedom to choose their spouse and where to reside after marriage (Khuat Thu Hong 1998; Pham Van Bich 1999; Wisensale 1999). Even in the new socialist conception of marriage, however, there is little apparent emphasis on personal gratification (Pham Van Bich 1999). Much has changed over the last century and arranged marriage is largely a matter of the past in Vietnam. Yet the legacy of traditional views likely still influence marital relationships, although differences may exist between the North and the South given both possible longer standing cultural differences and their different recent political histories and hence engagements with socialist ideals. Sexual fulfillment for its own right, as opposed for procreation, has been largely absent from the public discourse about both the traditional and socialist views of marriage, although some claim it has become a more salient concern during the renovation period (Khuat Thu Hong 1998). Whatever the roots, it seems likely that the sexual component of marital
relationships is less crucial in Vietnam than in the US and probably much of the West. The fact that, contrary to many US studies, the frequency of sexual activity showed little relationship to marital satisfaction and harmony in Vietnam would seem to bear this out.

Thailand differs considerably from Vietnam in the predominant cultural and historical influences that shape norms governing marriage and marital relationships. Arranged marriage has not been the traditional form, at least for quite some time, and lineage is not an important concept (Knodel, Chamratrithirong and Debaivalya 1987). Thus young adults in Thailand have likely been considerably freer to chose their spouses than in Vietnam. Yet it appears that in Thailand, as in Vietnam, sex as a critical component of marriage is less emphasized than in the West. Male and female sexuality are viewed as fundamentally different (Knodel et al. 1996). Thais see men as possessing a strong innate sex drive and a preference for sexual variety while women are viewed as more subdued in their sexual needs and willing to subordinate them to those of their male partners. These vastly different conceptions of male and female sexuality are apparently reconciled when choosing a spouse and maintaining a satisfactory marriage by de-emphasizing the role of marital sex. Thus in discussions of what constitutes a good spouse, sexual compatibility is seen by both men and women as a secondary concern compared to general personal compatibility, mutual understanding, and fulfilling culturally defined complementary responsibilities (Knodel et al. 1999).

The relative extent of commercial sex patronage may also reflect differences in the importance of marital sex. Although reliable comparative estimates are lacking, commercial sex patronage is likely far more common at least in Thailand than the US. While unmarried men constitute the bulk of the clients in Thailand, patronage of commercial sex workers by married men has not been uncommon (Knodel et al. 1996). Such behavior, at least prior to spread of AIDS, was often tolerated by wives, provided it was only occasional rather than habitual (Saengtienchai et al. 1999). Although comparative data are lacking, American married women would likely be far less tolerant of such behavior. This difference in attitude seems consistent with a lesser importance of sex within the marital relationship in Thailand than in the US. Less is known about commercial sex in Vietnam although some estimates of the size of the industry are quite substantial (Khuat Thu Hong 1998). Estimates of the extent married Vietnamese men patronize sex workers though are lacking.

Substantial change in views of sexuality and appropriate sexual behavior both inside and outside of marriage may be occurring in conjunction with other societal changes in Vietnam and Thailand. Social analysts speculate that economic renovation and the opening to the West has already made sexual issues less sensitive in Vietnam and may be altering behavior as well (Ghuman et al. 2005). In Thailand, commercial sex patronage has decreased considerably in response to the AIDS epidemic (UNDP 2004). Thus a greater emphasis on sexual fulfillment within marriage could be emerging.

**Implications for the AIDS epidemic.** Our results provide the first systematic evidence on the levels marital sexual activity in Vietnam, part of a crucial set of information that is needed to assess the risks of HIV spread to broader segments of the population. An important route of HIV transmission for women in the general population in Thailand is through marital intercourse with a husband who has become infected through commercial sex patronage or intravenous drug use that occurred either during or prior to marriage (UNDP 2004). The implications of our estimates of marital coitus for the AIDS epidemic in Vietnam, however, are limited by the lack of reasonably representative information on risk factors such as the extent Vietnamese men patronize commercial sex and how this relates to marital status. Although marital sexual activity is low compared to the US, few couples abstain from sex much before age 50. Thus in this age range if husbands of Vietnamese women become infected through sex with prostitutes or drug use, marital sex becomes a very possible route for extending the epidemic to their wives. After age 50, inactivity rises sharply with over a third of husbands and more than half of wives in their 60s in Vietnam not having experienced intercourse for over a year. Such inactivity largely removes risk of infection from a spouse for substantial proportions of older persons.
Advocates for older people stress that stereotypes of older persons as asexual are misleading and that older persons are at greater risk of HIV than is typically recognized (Hodson and Skeen 1994). Thus the informational and intervention efforts that typically target adolescents and younger adults should no longer ignore older persons who also are at risk of infection through their sexual activity. Such an argument would seem to have less cogency in the context of Vietnam (and Thailand) where sexually activity at older ages appears to be considerably lower than in the West and perhaps in other developing world settings where the epidemic is particularly serious. Nevertheless, as argued both generally and for Thailand in particular, other than risk of infection there are other compelling reasons that are not addressed in the present study for including older persons in informational campaigns and interventions related to the AIDS epidemic (Im-em, VanLandingham, Knodel, and Saengtienchai 2001; Knodel and VanLandingham 2002). In particular their potential to influence the risk behavior of their adult children who are at greater risk, as well as their common roles as caregivers to adult sons and daughters who become infected and as foster parents of AIDS orphans all underscore the importance of including older persons in efforts to combat the epidemic and to promote accurate understanding of the disease and its consequences.

**Conclusion**

There is clearly a need to expand social science research on sexual behavior and sexuality in Vietnam, both to assist in combating the threat of HIV/AIDS and to further our understanding of a fundamental aspect of human behavior in Vietnamese society. The present study provides the first attempt to measure marital sexual behavior in Vietnam based on sizeable sample. The results, particularly the lower levels of marital sexual activity than found in the West, raise more questions than are answered and our interpretations necessarily rely on speculation and scattered evidence of varying quality.

With respect to HIV/AIDS, the long latency period means that not just current sexual contacts but earlier encounters are relevant to the risks one spouse poses for the other. To assess the true potential that marital sex has as an important mode for HIV transmission in Vietnam, future research would need to ascertain histories of risk behaviors of married persons over the prior decade, including the frequency and nature of non-marital partners, current and past condom use, and intravenous drug use. Such information was well beyond the scope of the surveys on which the current study is based and may in any event prove impractical to obtain through usual interviewer administered survey techniques.

A broader understanding of sexual behavior and the role it plays within both marital and non-marital relationships is of interest well beyond its implications in the context of the AIDS epidemic. Thus it would be unfortunate if research on sex in Vietnam becomes fixated only on HIV risk behavior and ignores how sexual matters relate to the many and varied dimensions of social life, including its intersections with aging and marriage. Collecting systematic and representative quantitative data of these issues through surveys will surely be an important part of any comprehensive program of sexual research in Vietnam. Survey questions, however, are necessarily brief and hence unlikely to be adequate for probing the views and understandings of these matters within Vietnamese society or to help interpret results of the present study. A fuller understanding of sexuality and sexual behavior and how it relates to aging will thus benefit from a broader range of measurement approaches (Gott and Hinchliff 2003a). A growing community of social science researchers committed to the study of Vietnam face a rich, interesting, and challenging research agenda.
Endnotes

1 A large scale survey of women who visited family planning clinics in metropolitan Taipei Taiwan in 1991-92 also included questions on sexual behavior and results are reported for women of all adult ages through their 60s (Wang and Lin 1994). Presumably, basing the survey on family planning clinics biases estimates of sexual activity upwards. Also no explanation is offered as to why women past reproductive ages would be visiting a family planning clinic.

2 In general, reported sexual activity according to each of the three measures tends be somewhat higher in the northern that in the southern sample. For example, 71 percent of northern versus 66 percent of southern respondents reported having sexual intercourse with their spouse during the prior month. However, the relationship of sexual activity with age is reasonably consistent between the two surveys.

3 Answers to the question about coital frequency during the prior month were recorded in categories and thus had to be converted into particular monthly frequencies. Thus the conversion was made as follows: daily or almost daily = 20; three to four times a week = 14; once or twice a week = 6; two or three times a month = 2.5; once a month = 1.

4 To construct the index we followed a procedure analogous to that outlined by Filmer and Pritchett (2001) for constructing an index of wealth status. Note that the items on which the index is based do not include the item about satisfaction with sex life thus avoiding confounding the two constructs, a problem that characterizes some previous research (Christopher and Sprecher 2000).

5 For example, 68% who said they were very satisfied with their marriage also strongly agreed that they were satisfied with their sex life. This compares to 35% of those who said they were somewhat satisfied and 22% who said they were dissatisfied with their marriage. Likewise the marital harmony index was 58, 39 and 12 respectively for persons who said they were very satisfied, somewhat satisfied, and dissatisfied with their marriage.

6 The reporting bias associated with gender is also confirmed by multiple classification analysis. Using monthly coital frequency among the full sample (assigning 0 to those who were inactive during the prior month) as the dependent variable and controlling for age of respondent and age of spouse, the results indicate that men reporting almost .5 more coital acts than women.

7 For example, after excluding the few cases with missing data, 1292 men and 1293 women who were interviewed reported if they had intercourse in the prior month. All also reported their own and their spouses age. If tabulations of the percent who has sex in the prior month by age for men are based only on self reports, the base number of cases with non-missing information would be the 1292 men who provided such information. However if both self and spouse reports are used, information is available for 2585 men. Similarly, if tabulations for women are based on both self and spouse reports, the base number of cases would be 2585 rather than only the 1293 women who reported for themselves.

8 Because the number of women for whom information is available at the oldest end of the age range covered in Figure 1 are very small or even non-existent, the results for women are terminated at age 67+ while for men terminate a few years later at 70+.

9 A compound data smoothing procedure known T4253H, available in the SPSS statistical package, was used to smooth the original series.

10 For example in our combined survey samples, husbands of women age 50 and above are on average 3.6 years older than their spouses while wives of men age 50 and older are 4.1 years younger than their spouses. Evidence from surveys for a number of countries indicate that among married persons in the reproductive ages the age of wives has a stronger influence than the age of husbands on frequency of intercourse (Udry, Deven, and Coleman 1982). Regression analysis of our Vietnamese data yields a similar finding both within the entire age range of the sample as well as among those age 50 and over (results not shown).
Based on respondents age 50 and over, the odds ratio of a women to a man having had sex in the prior month is 0.75 while the odds ratio of a women to a man being inactive during the prior year is 1.19. After the age difference between spouses is added to the regression equations, both odds ratios approach 1 indicating no gender difference (with the odds ratio of a women to a man having had sex in the prior month rising to 0.98 and the odds ratio of a women to a man being inactive during the prior year falling to 1.02).

Results from the 1988 NSFH had to estimated from graphical presentations since numerical values were not included in the article from which they come.

The AARP survey for the US asked respondents if they had intercourse at least once a month over the past six months while the other three surveys asked about intercourse during the prior month. For convenience we refer to the results from all the surveys as monthly intercourse.

Monthly coital frequency from the 2002 GSS was estimated by dividing the mean number of times in previous year by 12; the other 3 sources refer to the number of times during the prior month.

This measure is used because coital frequency among those who were active is unavailable for the 2002 US study. Thus the results for Vietnam in Figure 4B differ from those in Figure 2.

The sharp difference in coital frequency between the Vietnamese and US samples for persons under 30 may be inflated by differences in their marital duration distributions. Marital duration has been shown to have an effect on coital frequency independent of age and particularly that coital frequency is unusually high during the first year. As noted earlier, due to research design, respondents in Vietnam were all married at least for several years including those at younger ages. In contrast, given the distribution of marriage age in the US, it seems likely that a non-negligible share of the US respondents under age 30 would have been recently married, thus exerting an upward influence on their coital frequency.

Based on original tabulations of the 1987 Thailand Demographic and Health Survey.

According to the 2004 AARP survey, 11 percent of married persons aged 45 and over in the US who had no intercourse in the prior 6 months said they were extremely satisfied with their sex life and another 10 percent said they were somewhat satisfied.

The regression involving coresidence with adult children was limited to respondents aged 35 and above since no younger respondents coresided with an adult child.

The regression of coital frequency and living only with a spouse was limited to respondents age 50 and older since such a living arrangement was very rare among respondents below this age.
References


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