

Gender, health and cultural influences on sexual practices among older people in South Africa

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The scarcity of data on the sexuality and sexual health needs of older adults in low- and middle-income countries hinders the development of targeted policies and interventions to address the specific needs of older adults. This study contributes a crucial understanding of the barriers and facilitators of sexual activity in older adults that can be used to address sexual health challenges faced by older adults.

BACKGROUND

- Global population is ageing rapidly, as a result of which the number of older adults is also increasing rapidly, especially in low-and-middle-income countries (LMIC) (United Nations 2020).
- Leading to an increase in age-related health challenges including sexual health problems (Kolodziejczak et al. 2019; Lee et al. 2016).
- Health research in LMICs has focused on sexual and reproductive health of persons aged 15-49 years (reproductive ages) and persons aged 50 years and older.
- The primary objective of this study was to explore the attitudes and perceptions on sexuality and sexual behaviour of persons aged 50 years and older in South Africa.
- Secondary objectives were to: 1) gain insight into the barriers and facilitators of older people acting upon their sexual intentions and desires; and 2) gain insight into sexual health concerns and challenges of accessing sexual health services by older adults.
- Study offers an opportunity to uncover the often-neglected issue of sexuality among older people amidst other ageing-related health concerns.

METHODS

- This study used qualitative methods to explore the attitudes and perceptions of sexuality and sexual behaviour among older adults aged 50 years and above.
- Focus group discussions with South African men and women (aged 50-78) were thematically analysed using an ethnographic and phenomenological naturalistic paradigm.
- Data were analysed using a combination of deductive and inductive reasoning to explore the themes and sub-themes about gender, health and cultural practices of older people in South Africa.

RESULTS

- 37 persons (18 women, 19 men) participated in four focus group discussions; mean age 59.6 (standard deviation 6.5); range 50-78 yrs.
- Slightly more men (51.4%) than women (48.6%) participated.
- Majority were currently unmarried (67.6%); black African (73.0%); primary or lower level of education (59.4%); main source of income was government old-age pension grant (73.0%).
- About 11% of participants were living with HIV.

Four major themes emerged from the analysis:

- importance and frequency of sexual activity,
- gendered perspectives on sexual activity,
- health state as a barrier to sexual activity, and
- cultural influences on sexuality and behaviour.

1. Importance of sexuality and frequency of sexual activity

Participants affirmed and described sexual activity as important for older people. Some participants had the desire but were unable to engage in sexual activity.

"I agree with other brothers that we still do sex perfectly we still do it (Man 70)"

"I do it, I won't lie I like women and I do sex" (Man 60)"

"...So people as they are older, they are having sex because older men, they say, they are crazier for sex than women" (Woman 59)"

"...it is not about age...there are older people out there that are still having [sex]" (Woman 59)"

Table 1: Characteristics of study participants

Variable	n(%) / mean (SD)
Age (Mean in years)	59.6 (6.5)
Sex	
Female	18 (48.6)
Male	19 (51.4)
Population group	
African	27 (73.0)
Non-African	10 (27.0)
Marital status	
Never married	5 (13.5)
Currently married	25 (67.6)
Previously married	7 (18.9)
Education	
Never been to school	4 (10.8)
Primary	18 (48.6)
Secondary or higher	15 (40.5)
Source of income	
None	9 (24.3)
Government grant	27 (73.0)
Other	1 (2.7)
Sexually active	
No	12 (32.4)
Yes	25 (67.6)
HIV status	
Negative	33 (89.2)
Positive	4 (10.8)

2. Gendered perspectives on sexual activity

Participants expressed diverse attitudes towards sexual activity with very strong gendered perspectives. Older men described themselves as having a strong 'appetite' for regular sexual activity that was attributed to their innate purpose and bodily needs to have sex. Men believed they had ongoing 'energy' and expressed a cultural and religious perspective that endorsed sexual activity throughout one's life.

"Yes, sex is important. We are still sexually active, we will die having sex (laughing). As long as the situations allow me, I would continue to have sex" (Man 69 years)"

"God make a woman and create this thing [sex] intentionally, you sex till you die.. I was born for it" (Man 60)"

In contrast, many older women believed that sexual activity was not important or good for older people. For sexually active women, it was fitful and often only done to satisfy the needs of their partners, even if their own desire for it was low.

"You can't be old and be busy with sex that's not a good thing at all" (Woman 64)"

3. Health state as a barrier to sexual activity

Poor health was identified as one reason that could stop older people from engaging in sex. Sexual activity in this context focused on penile erection and penetration. Thus, erectile dysfunction was the main health barrier to sexual activity for many.

"If your manhood is not working [cannot get erection] then your energy levels are low, if there are no issues with your manhood then you would not stop" (Man 61)"

Participants discussed having erectile dysfunction and low libido problems, which many attributed to chronic conditions like hypertension (BP) and diabetes.

"We do sex as they say but I am diabetic maybe twice a month..., you don't get erection when you have BP and diabetic" (Man 56)"

"Yes, I hear you the way you talk about it, am far from having sex. Why? Am diabetic I cannot get erection (laughing). They always ask in hospital how is it going, and I tell them it's bad can't get erection (laughing) that is why my BP is high (laughing)" (Man 66)"

"because if you are above 50 years old, you wish to do it but there is no erection. If there is no erection there is no sex, it's bad.... Now am just myself just waiting for my time to die because am useless now and I can't proceed my manhood by having sex" (Man 71)"

Among women joint pain, low libido, physical exhaustion and effects of childbearing were barriers to sexual activity.

"When you are old you have problems with your knees, you have painful ankles, you become exhausted. ...the issue of sex, sometimes you don't like it." (Woman 57)"

"Things change between the two of you because you are now old. He is also diabetic, you are no longer sexually active as you were when you were young" (Woman 59)"

4. Cultural influences on sexuality and behaviour

Another theme that emerged related to cultural practices of 'safe sex' and masturbation. Participants discussed some changing cultures about sexual practices among these were the practice of 'high sex' and masturbation.

"They [older people] do, they do, I also do it [masturbation] but it has changed totally. I don't want to lie I was doing it when she was not available." (Man 60)"

CONCLUSIONS

- Increased longevity and medical advances that have addressed some of the physiological challenges in old age have made it imperative for more sexual health studies in older persons. Our findings highlight the importance of sexuality and sexual activity in later life and point to an urgent need for health professionals to acknowledge and incorporate the sexual health needs of older people in the general healthcare delivery system for healthy ageing.