

# SEXUAL PROBLEMS AMONG OLDER ADULTS IN ASIA AND AFRICA: A REVIEW

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## ABSTRACT

The aim of this review was to explore the prevalence of sexual problems among older adults in Asia and Africa; and to analyze how difficult it was for them to seek help. Sexual problems are characterized by diminished or absent of sexual interests and by disturbances in the physiological or psychosocial patterns associated with sexual response cycle. Male sexual dysfunction (ED) and female sexual dysfunction increase with age. Studies show that about 33% of the elderly population has at least one complaint with their sexual functioning. Old people face shame and hesitancy when consulting health-care professionals for sexual problems due to the taboos surrounding sex, compounded by a lack of knowledge of older sexuality and ageism in healthcare. The General Practitioners (GP) on the other hand, tend to ignore older adult's complaints due to lack of training, or just perceiving sexual problems is a norm at old age. However, GP should always give their clients' opportunity to voice out their concerns with sexual function and offer them various health care regimen and alternatives for evaluation and treatments.

**Keywords:** Older adults, sexual dysfunction, menopause, Africa, Asia.

## 1. INTRODUCTION

Sexual dysfunctions are characterized by diminished or absent of sexual interest, and by disturbances in the physiological or psychosocial patterns associated with the sexual response cycle [1], [2]. Previous studies have found sexual problems to be strongly correlated, in women and men, with physical and mental health, with demographic factors such as educational attainment, and with satisfaction in the intimate relationship [3-7]. In many cases sexual dysfunction can be linked to several underlying health problems, such as cardiovascular disease, diabetes, psychological, neurological, injury as well as hypertension (HBP). Early control of these underlying health issues, and treating these disorders may help prevent sexual dysfunction in the elderly. Various studies showed that 10% of men over 35 year-old reported erectile dysfunction (ED) and 25% occasional ED. However, after the age of 70 year-old, this percentage climbs to 75% [3], [8]. Data collected between 2001 and 2002 in 27,000 men and women aged 40-80 y, across 29 countries, revealed that 28% of men and 39% of women had at least one complaint with sexual function.

## 2. METHODS

Scientific research articles are retrieved from multiple

international electronic databases: reports from government and non-government and international organizations. Other relevant information from trusted sources. Research aims are the guidance for the search and selection of articles. These databases include: PubMed, Google Scholar, Elsevier, Science Direct, CINAHL, SCOPUS, PsycINFO, PsychARTICLES, MEDLINE and MENDELEY. Searching terms were based on adapted PICO questions to search through the aforementioned databases to access all-important articles. For the online database search the keywords: "Ageing", "older adults", "sexual dysfunction", "help-seeking behavior", "sexual problems", "erectile dysfunction", "menopause", "Africa", "Asia", "Global". To refine the search, authors like Salvador-Olivan et al. recommend the combination of keywords using Boolean operators. These operators include AND/OR that limit the search to studies that address a specific subject.

## 3. RESULTS

Thirty-five primary studies that focused on sexual problems of older adults from Asian and African

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countries; those of which conformed to the measures of inclusion and were deemed most informative were included as the sources of data. Among these studies, 23 employed quantitative approaches in gathering and analyzing their findings, 11 articles employed either or qualitative, semi-structured, face-to-face, in-depth, cross-sectional studies; while only one article utilized random digit-dialing telephone interview. After screening for inclusion and exclusion of articles that focus specifically about sexual problems of older adults, 12 articles from Asia, 16 from Africa and 7 from Europe were included in the analysis. The included studies show most countries from Africa and Asia, evidencing their reliability in understanding the sexual problems for older adults in these two continents. The analysis of the 35 studies informed the main sexual problems among older adults and the difficulties older adults experience in seeking help.

### 3.1. Older adults’ sexual problems

Evidence from the analyzed studies illustrate older adults have multiple sexual problems that affect their engagement in sexual intercourse. These problems include erectile dysfunctions, andropause, in men and dyspareunia and menopause in women.

### 3.2. Prevalence of Erectile dysfunction

**Table 1. Characteristics of the included studies on the prevalence of ED in Asia and Africa**

Authors	Year	Country	Sample size	Prevalence of ED
Berrada et al.	2003	Morocco	800 men 25-85 years	53.5% reported erectile dysfunction
Fatusi et al.	2003	Nigeria	355 men aged 30-70 years	43.8% prevalence of ED
Nicolosi et al.	2005	Asia	6700 (3350 men vs 3350 women) 40-80 years	15% of men
Asmara et al.	2011	Indonesia	199 males above 60 years	80.5% reported having ED
Claramonte et al.	2012	Uganda	902 men, with 204 diagnosed with HIV	47.8% reported erectile dysfunction

Authors	Year	Country	Sample size	Prevalence of ED
Oyelade et al.	2016	Nigeria	243 Nigerian men aged 30-80 years	58.9% prevalence of ED
Ugwumba et al.	2018	Nigeria	325 men with type 2 diabetes aged over 57 years	94.7% ED linked to poor glycemic control obesity, old age, longer duration of diabetes
Diouf et al.	2019	Senegal	320 post-menopausal women	62% reported partners’ erectile dysfunction
Li et al.	2020	China	341 Chinese elderly men	77.13% reported ED
Aiyekomogbon et al.	2021	Nigeria	19 patients	34.4%

Most of the analyzed studies acknowledged the existence of erectile dysfunction as a serious sexual problem experienced by older adults in both Africa and Asia. 50% of the included studies showed most older men complain of having erectile dysfunction.

Mounting evidence showed that older women experience sexual problems, including dyspareunia (vaginal dryness) and lack of interest in sexual activity. 27% experience loss of vaginal lubrication, which is critical for sexual activity engagement. Lack of lubrication influences most older women to detest sexual activity [9], [10], [11].

## 4. DISCUSSION

This literature review analyzed the primary sexual problems among older adults in Asia and Africa, along with the challenges this age group experiences in seeking healthcare intervention. Evidence from the analysis of the included studies showed that older adults have numerous sexual problems. The outcome of the current analysis regarding effect of vaginal dryness on the sexuality of older women correlates with the findings by Kingsberg that indicate estrogen levels during menopause are characterized with vaginal dryness and atrophy, which inhibits women’s participation in sexual intercourse [12]. The argument by Kingsberg emphasizes on the current dissertation’s

finding that loss of lubrication makes sexual intercourse a painful experience to older women. Lindau et al. also acknowledge the reduction of lubrication in older women, arguing that it contributes to reduction of older women's sexual activity [13]. These findings are consistent with previous studies, including that of Joseph et al. which describes ageing as a change in life that is characterized by deterioration of age-specific fitness [14].

#### 4.1. Main sexual problems in older men

Studies have shown that up to 52% of the male population aged 40–70 y had some degree of Erectile Dysfunction (ED). This disorder (impotence) is highly age-dependent, (the condition increases with age). Over 150 million men worldwide were estimated to have been affected by erectile dysfunction in 1995, and this is projected to rise to 320 million by 2025 [15]. Another issue faced by men of older age is “Andropause”. “It is part of the natural ageing process; once men cross 30, testosterone decreases about 10% every decade. The symptoms of andropause vary in different people and include sexual dysfunction, decreased libido, and other related health problems which can trigger sexual problems [16].

#### 4.2. Main sexual problems in older women

Pain during sex is the most common sexual dysfunction among older women. After menopause as estrogen levels fall can cause the vaginal to feel dry, can affect a woman's desire for sex. As reported in the May 2012 issue of the Harvard Women's Health Watch, “Millions of women experience pain before, during, or after sexual intercourse—a medical condition called dyspareunia. Another type of women sexual problem is prevalent among women who have experienced female genital mutilation (FGM). These women can find it difficult and painful to have sex. FGM is where female genitals are deliberately cut, injured or changed, but there is no medical reason for this to be done. The World Health Organization (WHO) classifies FGM/C into four types:

- Type I: Partial or total removal of the clitoris (clitoridectomy) or prepuce
- Type II: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
- Type III: Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora or labia majora, with or without excision of the clitoris (infibulation). Re-infibulation: a procedure to narrow the vaginal opening after a woman has had deinfibulation (for example, after childbirth), also known as re-suturing
- Type IV: All other harmful procedures done to the female genitalia for non-medical purposes (for example pricking, pulling, piercing, incising, scraping, and cauterization).

FGM can also result in reduced sexual desire and a lack of pleasurable sensation. Although FGM is usually performed at a younger age, most women, including older women will have to bear the trauma till death.

#### 4.3. Global overview of sexual problems among older adults

In global context, Banke-Thomas, Olorunsaiye and Yaya insinuate 28% of older men report experiencing at least one sexual problem compared to 39% of women [17]. Nevertheless, decades old studies by Lewis and Ho et al. appreciate the existence of sexual problems in Asia [18], [19]. According to Lewis, erectile dysfunction (ED) was reported by 6% of men aged 50 to 59 years, 22% in men aged between 60 and 69 years, and 44% in those aged between 70 and 79 years [19]. This finding implies that the ED in Asian men increases with their advancement in age. 24% of women from Asian countries reported lubrication difficulty compared to 27% who lacked sexual interest [19]. In South Korea, 17% of women reported lack of interest in sex compared to 21% of women in China. Lubrication difficulties in Indonesia, China, and Singapore were 14%, 25%, and 50% respectively [20]. Sexual problems are prevalent in older adults of African origin. In their study, Okiria established 33% of African American women who participated in their study struggled with at least one sexual dysfunction, including ED and lack of interest in sex as well as vaginal dryness.

#### 4.4. Difficulties and obstacles to seek help for sexual problems

Globally, older people's voices and experiences are usually not taken serious on sexual health and well-being. Evidence from studies show that older adults rarely seek medical or psychological help for their sexual problems. The results of a US survey of 500 adults aged 25 years and above showed that up to 71% thought their doctors would dismiss any concerns about sexual problems they might bring up' [21]. Even though a wide range of support is available to help older adults solve problems, there are multiple barriers to accessing help. Older adults report numerous barriers to discussing sex-related issues in a healthcare context, while physicians tend to consider older patients' sexuality as outside their domain; and the physicians may not be well equipped with the necessary skills to deal with these problems [22], [23]. Thus, it leads to a relatively small number of older adults receiving medical or psychological treatment for their sexual problems [22], [23]. This is considered a growing problem; as unaddressed sexual health issues may negatively affect the sex-lives of ageing generations [22], [23]. The findings from the selected researches show that the number one daunting barriers older adults face in seeking and receiving help for sexual problems is the shame/embarrassment and fear of not being taken seriously.

#### 4.5. Older adults' barriers in seeking help for sexual problems



Very few older men, (28.1%) and older women, (20.5%) seek health related to their sexual problems. However, the number of men who seek help is slightly higher than that of older women. Unlike older men, (30.1%) who discussed their sexual problems with physicians, older women detested the services of doctors, as evidenced by their 0% seek of physicians' help [24]. The finding was emphasized by Irwan et al. who learned that over 68% of older men compared to 31.4% of older women sought healthcare intervention relating to their sexuality [25]. Similar claim was shared by Berrada et al. who established that only 37% and 11% of older adults sought help from doctors and family physicians relating to their sexual health respectively. Among the barriers older adults face in seeking and receiving help for sexual problems is the shame/embarrassment and fear of not being taken seriously[26].

## 5. CONCLUSION

The current dissertation sought to determine the sexual problems of older adults in Africa and Asia and their health-seeking behaviors. A systematic review was considered the most appropriate approach for exploring the aims of this study. The search and assortment of studies led to selection of 35 primary studies, including 30 quantitative studies and 5 qualitative studies. The descriptive and thematic analysis of findings that were extracted from these studies answer the aim and objectives of the current research effectively. Regarding sexual problems, it was illustrated that older adults have numerous problems that impact their sexuality. The most common problems ranged from erectile dysfunction in men and lubrication difficulties or vaginal dryness in women. Older adults rarely seek sexuality-related health care due to cultural beliefs, individual's perceptions, and fear of stigmatization.

### Conflicts of Interests

The authors declare no conflicts of interest regarding the publication of this paper

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