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REALITIES IN THE SEXUALITY OF THE CUBAN ELDERLY

Realidades acerca de la sexualidad en el adulto mayor cubano

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Abstract

Objective : To identify references on the main sexuality characteristics of people aged 60 or over .

Method: An analysis of the contents of published articles was carried out in Cuban and foreign scientific publications from the year 2000 and onward. Information was obtained from Yearbooks, International Conference Reports and works considered as classical in the subject.

Results : Population ageing and sexuality are not properly considered by health systems. There are only a few references that explore sexuality in the elderly and his aspirations, feelings, and ways of thinking on his healthcare and, more specifically, sexuality needs. Intimacy within an elderly couple is generally disregarded from the social and family points of view.

Conclusions : The assessment of sexual activity in the elderly lacks a multidisciplinary approach since most of the predominating criteria are permeated by cultural influences, taboos, myths and habits that negatively influence it. Evidence points out to the existence of sexual activity and dysfunctions among the elderly, which indicates the need for a healthcare staff that has is properly trained for approaching any issue related to this activity of life. The determining role of the health sector in this field as coordinator of all the sectors and actors related to human sexuality and the ageing process, is not fully appreciated.

Key words: Sexuality, elderly, sexual and reproductive health

Resumen

Objetivo: Identificar referencias sobre las principales características de la sexualidad en personas de 60 años y más. **Método:** Se realizó un análisis de contenido de artículos publicados desde el año 2000 en revistas científicas cubanas y extranjeras. Se obtuvo información de Anuarios, informes de Conferencias Internacionales y libros considerados clásicos en el tema. **Resultados:** El envejecimiento de la población y la sexualidad no está bien considerada por los sistemas de salud. Hay pocos referentes donde se exploren en el adulto mayor sus aspiraciones, sentimientos y formas de pensar sobre sus necesidades de atención en salud y especialmente sobre sexualidad. La intimidad de los adultos mayores, generalmente no es tomada en cuenta desde el ángulo social y familiar. **Conclusiones:** La valoración de la actividad sexual en el anciano carece de un enfoque multidisciplinario, pues predominan criterios permeados por influencias culturales, tabúes, mitos y hábitos que influyen de manera negativa en ella. Se evidencia que existe la actividad sexual en los ancianos y la presencia de disfunciones sexuales, lo que habla de la necesidad de que el personal de salud que los atiende posea conocimientos adecuados en esta esfera de la vida. No se aprecia el rol determinante del sector en este campo, como coordinador de todos los sectores y actores que tienen que ver con la sexualidad humana y el proceso de envejecimiento.

Palabras claves: Sexualidad, adulto mayor, salud sexual y reproductiva

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Introduction

Population ageing is one of the most significant trends of the 21st century as a process with a major impact and scope in all the aspects of society¹. The decrease in fertility and mortality rates, and the longer life expectancy at birth are responsible, to a certain degree, of the sustained increase of the population aged 60 or over in most countries.² This process has strongly emerged in Cuba and it can be said that the country's population is currently aged.

Ageing is a achievement of development for humanity since people enjoy longer lives, with a life expectancy at birth of over 80 years in 33 countries while, only five years ago, this had only been achieved in 19 countries.^{3, 4}

The other countries in Latin America have followed this trend. In the last decades, the region has witnessed an increase in life expectancy and a decrease in fertility, leading to an increase in the number of elderly (60-79 years of age) and very elderly (80 years and over) persons. It is estimated that by 2025-2050, the ratio of population belonging to these two groups will be of 14 % and 23.4 %, respectively, and that 80 % of this population sector will be living in developing countries by the middle of this century.⁵⁻⁷ Within this context, Cuba ranks as the second most aged country in the region, followed by Uruguay, and it is expected to be the most aged country in Latin America by the year 2025, with 26 % of its population aged 60 or over.^{8, 9} The magnitude reached in this sense and the speed at which it has transformed the Cuban population pyramid represents a major concern for the next few years that poses key challenges for the country's economic and social life and for its society at large.

The consequences of ageing are directly linked to changes in the social and economic structure in general, and specifically to population health picture, availability of labor resources, social security, family composition, increased demand of geriatric and gerontology services, and a important increase in health expenses, together with other basic factors of the country's social and economic dynamics.¹⁰⁻¹²

The current conceptions of health favor its thoughtful assessment from an adequate perspective. Such is the case of the reproductive health, accepted in 1994 at the International Conference on Population and Development, same which had been growing for several years in many countries and that was approved by most of them at that same occasion.¹³ This concept includes sexuality, particularly in Cuba, where it is referred to as Sexual and Reproductive Health (SRH), and to which the

entire population is entitled, from birth to late life stages.

Works on elder populations related to the frequency, cause, risk factors, and evolution of the various diseases present at this life stage are frequently found. However, only a few focused in finding positive elements that favor well-being in the elderly, particularly in regards to the sexuality characteristics typical of this age.

The World Association for Sexual Health¹⁴ stresses the need to address sexuality in the elderly when it states that sexual pleasure must be considered as an essential component of total health and well-being. It also emphasizes that the sexual rights of all the population sectors must be recognized, promoted, guaranteed and protected.

The current situation in Cuba regarding its ageing degree and the progress achieved in the field of health, calls for renewed approaches to addressing the sexuality needs and orientations of the elderly, and for adequately trained healthcare professionals. Only in a few cases has there been some deepening into the perceptions, criteria, and behaviors of the elderly, as well as into the feelings and actions related to their intimate life and their consequences, both for them and for society.¹⁵

Most elder persons believe that their sexual life has ended which is obviously a prejudice, an erroneous preconception, since all the elderly that enjoy a relatively good health, are capable of enjoying sexual activities until a very old age.¹⁶

This work is aimed at identifying references on the main characteristics of sexuality of the population aged 60 and over. Some aspects of population ageing and the health system in Cuba are also analyzed.

Materials and Methods

An analysis of the contents of papers on the subject published since the year 2000 and onward was carried out which comprised a literature review of all the Cuban and foreign scientific journals included on the database compilers of CUMED, EBSCO and HINARI. Regarding the Cuban serial publications, those that accept works on the subject were reviewed, including those on Public Health, Integral General Medicine, Endocrinology, and Sexuality and Health. Information was also obtained from Cuban statistical yearbooks published by the Dirección Nacional de Estadísticas (National Statistics Department) (years 2012-2014), the reports on International Conferences, mainly the Population and Development Conference of El Cairo, and from the books considered as literature

classics in the subject of sexuality, regardless of their publication date.

All the articles published in the above journals were included in the search if they were related to the following analysis categories: "elderly", "old age", "population ageing", "sexual and reproductive health", "sexual satisfaction", and "perception of satisfaction"

Using this procedure, papers were found that complied with the search terms. The information gathered from each work was grouped to determine information regularities on the subject of study.

Sexuality in persons aged 60 and over.

Old age is and has been a significant social phenomenon. Ageing and the image of old age, take the individuals by surprise. The perception of old age is generally negative, people try to evade old age and, when it is not possible anymore, they strive to mask at least its signs, since complaints are more frequent than satisfactions in regards to this life stage. Besides, old age has been represented or linked to an image of disease, infirmity and disability, i.e., the carrier of catastrophic, rigid, inactive, and dependent stereotypes, where sexuality is one of the most diminished, or even absent, activities.

In old age, multiple social factors have an influence and sometimes lead to serious disturbances in the daily life of the elderly. Losses, either physical or spiritual, the absence of supportive confidants and inactivity, considerably contribute to a negative self-esteem which, coupled with the maladjustment to retirement, dissatisfaction with the social roles imposed, and material living conditions of these groups, undoubtedly generate the fear to transit this stage of life and hinder social and sexual relationships. Likewise, physical and biological changes increase the vulnerability of these groups to isolation and disability, where indifference towards sexuality occupies a relevant position.¹⁵⁻¹⁷

Ageing contributes to a reduced effectiveness of sensorial and motor functions, to a slowing of reflexes and a diminished memory. Despite the progressive loss of muscle elasticity and the slowing metabolism, it has been shown that old age is not a disease, since many long-living people (over 90 years of age), have never suffered signs of dementia or other disabilities that limit their daily activities.¹⁸⁻¹⁹ This indicates that old age is conditioned by individualized ageing processes.²⁰ However, on many occasions ageing is considered as a synonymous for decline and the changes related to sexual activity are perceived as the ending stage of sexuality.

Besides, it must be taken into account that social age determined the individual role that a person should perform in society, which is particularly true for the elderly. This classification may be perceived as discriminating, since it does not consider the personal skills and attitudes applied to solving daily life challenges.²¹ The authors of this paper consider that, from this approach, sexuality is not valued socially, since it is conceived as something foreign to this population group.

All of the above, allows stating that the vision of population ageing and sexuality is neither properly defined nor considered by health systems, since it is not conceived within the healthcare needs of this population group, both from the assistance point of view and from the promotion of and education on sexuality in the elderly.

Sexuality in the elderly in an ageing Cuba.

Within the context of developing countries, Cuba's demographic dynamic has displayed an almost unique behavior, characterized by a most advanced demographic transition, with a very low or non-existent population growth, fertility indexes quite below the replacement rate,²² low child / infant mortality rates, high life expectancy, and a negative balance in external migration. This combination of factors has led to a marked ageing process which, in accordance to many demographers, is irreversible.²³

According to demographic expectations, Cuba will be among the most aged countries of the world by the year 2050, with 39.2 % of his inhabitants aged 60 or over. By that year, the mean age would be of 52 years, which would rank it 8th among the countries with the highest dependency index, with a predominance of old and very old persons.²⁴

In Cuba, the distribution of the main health components per province and territory shows a clear trend towards homogeneity, an achievement resulting from the increase in the quantity of trained human resources, of health units, as well as of improving the specialization levels and the technological development of services. However, in the current Cuban society, there exist yet some sexuality-related elements within the social context that are permeated by archaic conceptions that have not evolved sufficiently.

Demographic ageing represents a paramount challenge for the health sector, responsible for promoting and providing quality healthcare to the elderly. In this regard, sexuality is excluded despite being an important aspect

of emotional and physical health, and it must be given the due priority and importance it deserves. Hence, strengthening the scenarios and actors involved at all the levels of the Cuban government and society is a most relevant need, since this will help design strategies that offer the adequate services to the elderly, including those related to sexual health.²⁵

For example, in the medical practices, the sexuality of elder men and women is not often examined by the healthcare staff, as if asking exclusively for the symptom or sign that motivates the visit, was the only important or necessary thing. Even in the case of any mention of sexual dysfunctions by the elder patient, the answer in most cases is usually "it is typical of old age", hence strengthening the attitude in the elderly to not value his sexuality. Another element that is linked to this issue is that sexuality is not included in the training of the specialists that take care of this population sector, such as geriatricians, gerontologists, family physicians and nurses.^{26,27}

An important aspect on which there are limited references is the non-existent exploration of the elder person aspirations, feelings and ways of thinking in regards to his healthcare needs and particularly, in such an intimate area as his sexuality. It would be favorable that this approach is considered when preparing programs and establishing priorities that address the principles of equity, effectiveness, and efficiency that the present time is requiring for the elderly.

Some references on old age sexuality

The results show that both in Cuba as in other countries, old age sexuality is mistreated, not well known and least understood by society, by the elderly themselves, and by the professionals or staff involved in the care of this population group. Even though the myth that elder persons themselves are neither interested nor capable of engaging in sexual activity is gradually changing, the day is still far when a full knowledge of geriatric sexuality is achieved. Though human beings are engaged in sexual activities from the moment they are born to the day they die, it is well known that the manifestations of sexuality vary over time.²⁸

A study conducted on sexuality and ageing showed that respondents answered that the main inconvenient in sexual function experienced by men is delayed erection (erectile dysfunction) (41 %), and pain during the sex act in the case of women (44 %). According to the authors, said effects are due to the ageing process, in the case of men, and to the decrease in hormone levels associated

to ageing, in the case of women.²⁸ Knowing these facts could help elder persons to have access to a medical treatment that improves their condition.

There are also references on how the ageing process, in men and women, involve both internal and external changes. Men could have a diminished pre-ejaculatory fluid and lower ejaculate force. There is also a reduction of sexual libido for multiple reasons, though mainly for a decrease of the testosterone produced at the testicles and to factors such as alcoholism and debilitating chronic diseases. In women, menopause plays an important role in sexuality. In many women, the end of fertile life leads to a greater sexual satisfaction since the fear of getting pregnant is not longer present; however, in others, it promotes a low self-esteem, insecurity, and decreased sexual drive. The changes in physical appearance also play an important role, since some women may not feel attractive enough. The characteristic estrogen deficit of menopause produces an atrophy of the urogenital epithelium, increasing the incidence of infections and pain during intercourse.²⁹

It was also found that, along the senescence process, sexuality still play an important role in the life of individuals, but they simply have fewer opportunities to exercise it. This leads to a certain sexual marginalization of the ageing population, preventing the preservation of an adequate well-being in this so important aspect of their lives and, consequently, of their health, though there are no reasons for sexual interest and practice to disappear at this specific age.³⁰

It has been found that around 30 % of both men and women above the age of 65, have a regular sexual activity and that sexual interest still persists in a high percentage of these individuals, though the sexual act as practiced in younger ages, is not applicable as such in old age, where physical closeness and intimacy become more important. Sexual activity and interest are preserved in most elder men, while in women indifference to both mostly prevails among women.³¹

According to the data of the World Health Organization (WHO), 22 % of the elderly worldwide suffer some type of sexuality problem, in many occasions due to the prejudices, idiosyncrasy, and culture that are inseparable components of it. In Cuba, though prejudices related to the sexuality are not precisely recorded, it is estimated that approximately 15% of elder people have some sexual problems, with a prevalence of males over females.²⁸

There is evidence that the elderly rigorously accept the decisions imposed by their families and by society, decisions that are based on interests and needs foreign to them. The evidence also points out that sexuality in the elderly is influenced by a set of factors that stand in the normal development of the sexual life of men and women, including lack of understanding by the family, and that may also lead to its absolute denial.³²

The authors of this paper consider that, in order to face ageing and its consequences, it is essential to expedite intersectorial and interdisciplinary coordination in the formulation of an integral population policy that includes both the general aspects of the service the elderly merit, as well as the social approach of the sexuality, in such a way that the intimacy of old age persons is taken into account from the social and family perspective since, in many cases, elder persons are relegated both by societies and families that never consider they are also entitled to enjoy intimacy.

One of the priorities of the *Programa de Atención Integral del Adulto Mayor* (Program for the Integral Care of the Elderly) of the Ministry of Public Health of Cuba³³ is the improvement of primary healthcare work through the family physician or other non-institutional alternatives with the participation of the community. However, further work should be carried out in areas that could enable the education of both family and community, for the aim of guaranteeing that the elderly are respected and their sexuality valued both in the family and social contexts. It is known that the sexuality of this specific age group is characterized by special elements which, as well as with their feelings and aspirations, are generally not well known or disregarded.

Conclusion

The appreciation of the elderly sexual activity lacks a multidisciplinary approach, since there is a predominance of criteria permeated by cultural influences, taboos, and habits that negatively influence it.

There are evidences that point to the existence of sexual activity and dysfunctions in the elderly, which suggest that there is a need for properly trained healthcare professionals that have the adequate knowledge on this area of human life.

The determinant role is not properly valued of the health sector in this field as coordinator of all the sectors and actors involved in the sexuality of the elderly and the ageing process.

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