

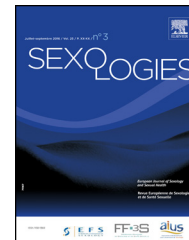


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ORIGINAL ARTICLE

Sexual relations between seniors living with HIV/AIDS[☆]



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Summary The article investigates the sexual activity of seniors living with HIV, as well as their domestic and social situation. The sexual activity of HIV-positive seniors is a major concern because the HIV-positive population is rapidly ageing. Being sexually active is assumed to be one dimension of well-being and social integration. More or less closely associated with conjugality, it also provides information on possible caregivers to the HIV-positive older population as and when the need arises. A sample of 125 HIV-positive individuals, monitored by one of the hospitals of the COREVIH Vallée-du-Rhône (one of the donors of the research program), have been questioned, of whom 80 answered a questionnaire and 45 gave in-depth interviews. In total, 80 seniors (50 years or more) were studied and compared to 45 HIV-positives of younger age. Respondents were selected randomly according to their hospital appointments, but the response rate was too low to consider the sample as representative. However, it has been possible to form four sub-groups with distinct features: heterosexual men tend to continue living within their family circle (wife, children, and sometimes grandchildren), but in conflict and without sexual activity. Heterosexual women mostly live on their own, as they did at the time of infection, but they remain on good terms with their children. MSM often live in a harmonious and affectionate, but rarely sexual, seroconcordant relationship formed after the HIV diagnosis. Finally, bisexual men often live on their own, without any sexual activity and in conflict with their children and ex-partners. They turn out to be the most isolated and psychologically fragile sub-group of the survey.

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Introduction

The seropositive population is ageing. Nearly one out of every two HIV positive individuals is over 50 years of age (Lert et al., 2013; UNAIDS, 2013). The ageing process affects HIV-seropositive people as a group, but also each individual, because the accelerated physiological ageing process seems to be an accepted fact (Morlat, 2014; Iwuji et al., 2013). In view of this double ageing process, it is important to have data on the living conditions of the senior HIV-positive population (ANRS, 2009; Groupe SOS, 2013). We conducted our survey by questioning older adults who are monitored in the COREVIH hospitals in the Rhône Valley (see details below). This article covers one of the aspects of social functioning: the sexual activity of HIV-positive seniors.

A number of research projects have shown the interaction between sexual activity, marital satisfaction and psychological well-being of the elderly (Trudel et al., 2013; Trudel, 2014; Widmer and Ammar, 2013). Being sexually active seems positively linked to psychological well-being and marital satisfaction. However, this remains to be verified for HIV-positive seniors.

Sexual activity of older adults is actually submitted to two opposite processes. On the one hand, its frequency falls as age rises (Kontula and Haavio-Mannila, 2009). On the other hand, sexual activity has significantly increased in past decades at any age over 60. Seniors now remain sexually active until age 75 or more (Le Van et al., 2008). Yet, HIV-positive seniors not only grow older but also suffer of chronic illness and this significantly reduces sexual activity (Colson, 2016; Levinson, 2008). We expect therefore to find a poor level of sexual activity amongst the HIV-positive seniors, likely associated with a reduced level of well-being, partnership and marital satisfaction.

Lovejoy et al. (2008) actually observed low levels of sexual activity amongst HIV-positive seniors; in their survey, only 38% had been sexually active during the last 3 months. Men having sex with men (MSM) were found to be close to average (36%), women were well under average (21%), and heterosexual men were high above average (72%). The study found the well-known dichotomy between the well-to-do, white MSM on one side, the heterosexual men and women living in poor circumstances on the other (Joyce et al., 2005), but paradoxically, sexual activity appeared high among heterosexual men, in spite of their uncertain living conditions and health problems.

Golub et al. (2009) confirmed the low level of sexual activity among HIV-positive seniors, but did not note the preservation of sexual activity among heterosexual men.

In France, the VESPA 2 (Lert et al., 2013) survey did not distinguish between seniors and adults under 50. However, nothing indicates a favourable situation for heterosexual men. Taken over all ages, heterosexual men were less sexually active than MSM. This doesn't exclude an inverse situation over age 50, but there is no indication for this assumption in the VESPA 2 survey.

It actually is of the assumptions of Isabelle Wallach (Wallach, 2011; Wallach et al., 2013). She observed a rapid fall in sexual activity among older MSM's, and suggested this could be due to a pronounced ageism within the gay community.

The qualitative study of Desesquelles et al. (2013) came to a different conclusion. According to these authors, HIV-positive seniors are "doing fine", except women, who were found to be more isolated, both emotionally and socially. Their situation was characterized as "the lonely widow" whose "suffering cannot be eased because of feelings of betrayal" (Desesquelles et al., 2013: 55). Social isolation, psychological suffering and a low level of sexual activity would be the common lot of HIV-positive women.

Data and methods

Our survey *Ageing with HIV* was conducted by questioning seniors monitored in one of the COREVIH hospitals situated in the Rhône Valley (Banens et al., 2015). In total, 127 persons participated in the survey, 45 through in-depth interviews (lasting 1.5 to 2 hours), and 82 through questionnaires. The participants were divided as follows: 41% MSM, 11% bisexual men, 22% heterosexual men, 26% heterosexual women. All the interviews were carried out with "seniors" (50 years of age or over). Of the received questionnaires, 35 respondents were seniors, the others formed a control group for purposes of comparison. On average, the seniors were "young": 80% were between 50 and 65 years of age. This relative "youth" was the case for more than 95% of the women and the homo- and bi-sexual men. The heterosexual men on the other hand were substantially older: 42% were over 65.

Results

Forty percent of the older adults state that they have a sexual partner. The level of sexual activity is low compared to the general population (Bajos and Bozon, 2008), a fact confirmed by Lovejoy et al. (2008) and Wallach et al. (2013). However, in our survey, heterosexual men (32%) were the least active, MSM (46%) the most, bisexual men (40%) and women (40%) occupying intermediate positions.

Men who have sex with men (MSM)

For MSM, sexual activity seems to be independent of age: 48% are sexually active before the age of fifty, 46% after. But this apparent stability masks an important change in lifestyle. There is a spectacular increase in MSM living in cohabiting partnerships after the age of 50. Before that age, they do so for 32%, but this proportion almost doubles after the age of 50 (56%). A large number of men are thus opting for a cohabiting relationship, most of the time with another HIV-positive men: HIV-seroconcordant couples before the age of 50 represent 13% of all couples; the proportion is 71% after the age of 50. Another distinctive feature is that many of the partners are not or no longer sexual partners.

Many MSM respondents separate sexuality and affection. Igor, 62 years old: "Your emotional life is one thing, sex is something else". They often establish a direct link with age. Henri, 54: "When I hit 40, I said to myself... you need to settle down, you have done it all now". They find the emotional stability within the group of HIV-positive men.

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