REPRODUCTIVE HEALTH matters

FEATURE

Health status and years of sexually active life among older men and women in South Africa

Witness Chirinda,[a] Nompumelelo Zungu[b]

a Research Manager, Health Systems Research Unit, South African Medical Research Council, Cape Town, South Africa. *Correspondence*: wchirinda@mrc.ac.za

b Research Director, Human Sciences Research Council, Pretoria, South Africa

Abstract: *Little is known about sexual activity in old age, particularly in Africa. The objective of this paper is to estimate years of sexually active life for older men and women, and examine the association between sexual activity and self-rated health status. Data were extracted from two large cross sectional HIV household surveys conducted in 2005 and 2012 in South Africa. The Sullivan method was used to estimate sexually active life expectancy, whilst logistic regression was used to assess associations with sexual activity. Sexually active life expectancy was higher among men across all the age groups in both surveys. At age 50, the sexually active life expectancy for men was double that for women – 2005 (12.6 vs. 5.9 years), 2012 (12.7 vs. 7.2 years). Self-rated health was significantly associated with sexual activity in men (adjusted Odds Ratio (aOR) 1.56; 95% CI 1.11-2.19; $p < 0.001$). Among older women, moderate exercise was associated with being sexual active, while HIV infection was significantly associated with reduced sexual activity. The presence of chronic conditions was also significantly associated with reduced sexual activity among men. The results confirm that older adults are sexually active, and that factors associated with sexual activity are different for men and women. HIV among women and chronic conditions among men are areas of intervention to improve sexual activity in older people.*

Keywords: sexual activity, sexually active life expectancy, older people, South Africa

Introduction

The sexuality of older people is generally neglected.[1] Little is known about the sexual activity of older people, especially in the African context with conservative social norms. Further, data on different indicators of sexual health including HIV prevalence, which are collected in major surveys such as the Demographic and Health Surveys (DHS), are typically collected only for individuals of reproductive age, i.e. from 15 to 49 years.[2] It is assumed that people cease to be sexually active or no longer have sexual desires beyond 50 or 60 years of age. However, there is increasing evidence demonstrating that older women and men remain sexually active later in life.[3,4] Data from the US national social, health and aging project (NSHAP) also shows that many older men and women in the US are sexually active even in their 80s.[5] Similarly, evidence from five cohorts in South Africa, Uganda and Zimbabwe reveals that most men and fewer women remain sexually active in their 50s and 60s.[6]

Sexual intimacy is an important aspect of overall health, quality of life and emotional wellbeing throughout the life course.[7,8] In later life, the importance of sexual activity and sexual health is increasingly being recognised as people live longer and remain healthy.[8] It is important, therefore, to study sexual health beyond reproductive age.[9] As life expectancy increases and older populations grow in low- and middle-income countries, projecting years of sexual activity is important in informing public health policy and programmes aimed at improving the sexual health of older people. At an individual level, knowledge of sexual life expectancy can motivate individuals to adopt healthy life styles, such as a healthy diet and regular exercise, that can prolong the sexually active lifespan. In addition, studies show that people living with HIV are also growing older[10] as a result of successful roll-out of treatment efforts. This makes it imperative to understand the risks for HIV infection, sexual needs and desires of older people living with HIV. Older people are also at risk of being infected

 Doi: 10.1016/j.rhm.2016.11.004

with HIV as they often underestimate the risk of infection.[11,12]

The aim of this paper is to better understand the extent of sexual activity in older age in South Africa, and to understand sexual health and needs in later life. The paper estimates sexually active life expectancy and examines the association between sexual activity and self-rated health status.

Methods

Data sources

The study is based on a secondary analysis of the 2005 and 2012 South African National HIV Incidence, Prevalence, Behaviour and Communication Survey (SABSSM) conducted in South Africa by the Human Sciences Research Council. Both surveys targeted persons above two years of age and residing in community dwellings. The sampling frame for the surveys was based on a master sample consisting of 1,000 census enumerator areas (EA) and 15 households per EA were randomly selected. The selection of EAs was stratified by province and locality type (formal urban settlements, informal/unplanned urban settlements, formal rural settlements, and tribal authority areas) and race (in urban localities). The surveys excluded institutionalized individuals (including those in educational institutions, military barracks, old age homes, or hospitals), who were hence not considered in the study. The surveys include a multistage cluster sample stratified by province and settlement geography (geotype), with the predominant population group in each area used. Further details about the sampling procedures are explained elsewhere.[13,14] The household response rates were; 84.1% (2005)[14] and 87.2% (2012).[13] The individual response rates were; 96.0% (2005)[14] and 89.1% (2012).[13] In both surveys, socio-demographic and behavioural information was collected with participant's consent through face-to-face questionnaires administered by trained field-workers. The sample used in this analysis included the ages 50 years and older.

Measures

Sexually active – Sexual activity was assessed by responses to the question "*Have you had sex during the past 12 months*", which was asked with same wording in both surveys. Individuals responding in the affirmative were considered to be "sexually active". This follows other studies.[15]

Self-rated health – This was assessed from the question "*In general, would you say that your health is excellent, good, fair or poor*?" The same wording of the question was used in both the 2005 and 2012 surveys. A binary variable was created by categorising; excellent and good as 'good health' and fair and poor as 'poor health'.

Chronic conditions – In the SABSSM surveys a general question was asked on the presence of any chronic condition:

"Do you have any chronic medical condition that is affecting what you do or how you feel?"

This assessment is based on self-reports, and respondents who answered 'Yes' were considered to have a chronic condition.

HIV status – Dried blood spot (DBS) specimens for HIV testing were collected from each participant who assented or consented using finger prick. Samples were tested for HIV using an enzyme immunoassay (EIA) and samples which tested positive were retested using a second EIA. A third EIA was used for any samples with discordant results on the first two EIAs.

Exercise – Two questions were asked to assess whether the respondent did any form of exercise. The first question was:

"Do you do any vigorous intensity sport, fitness or recreational activities in your leisure or spare time, that cause large increases in breathing or heart rate (like running or strenuous sports, weightlifting) for three times a week at least 30 minutes at a time?"

And the second question was

"Do you do any moderate-intensity sport, fitness or recreational activities in your leisure or spare time that cause small increases in breathing and heart rate (like brisk walking, cycling or swimming) for three times a week at least 30 minutes at a time?"

Analysis

The Sullivan method[16,17] was used to calculate the sexually active life expectancies, which is the number of remaining sexually active years an individual can expect to live at a particular age. This is a new concept recently introduced by Lindau and Gavrilova.[15] It is an extension of healthy expectancy indicators, which have become important measures of summarising population health. The Sullivan method requires age-specific mortality information taken from a period life table and information on the age-specific prevalence of the health status usually obtained from cross-sectional