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Research Article

Seniors and Sexuality, Construction of the Sexual Health of Sicogi Retirees in the Municipality of Yopougon District of Abidjan

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Abstract: The project of this communication is to analyse the taboo of the sexuality of seniors and the construction of their health in a socio-cultural environment. The study is based on an essentially qualitative approach with appropriate investigative tools and analyses this social fact through the constructivist theory of Peter L. Berger and Thomas Luckmann (1966). This research leads to the result that: The absence of a reference model for sex education for seniors is the anchor point of the taboo on the one hand, and on the other hand, the ideological productions developed by the actors legitimize a fulfilling sex life for seniors.

Keywords: Sexuality, Seniors, Health.

INTRODUCTION

The ongoing lengthening of ageing and the increasing recomposition of couples after 60 years of age are at the origin of a still poorly assessed but growing demand for a sexual life (active or potential) until an advanced age, especially in developed countries. This right to orgasm and desire is part of a legitimate desire for successful ageing, which is characterised in particular by the maintenance or moderate alteration of functional capacities and a satisfactory relational life. Despite the absence of a reference model, presbysexuality must not and can no longer be ignored and overlooked because at 65 years of age, women can expect to live to be over 21 years old and men over 17 years old (Le Deun P., *et al.*, 2007).

The preconceived notion that sexuality is extinguished with age persists, as evidenced by the persistence of myths, stereotypes and preconceived ideas. In contemporary societal representations, sexuality is reserved for young and beautiful individuals. Desire would be absent in older people who are less attractive and less desirable.

Thus, our society still conceives maturity as an asexual period and loving after 60 years remains a taboo subject and therefore a subject of silence (Le Deun P., *et al.*, idem).

In the current societal context of "youthism" and "performance", the sexual life of the most mature is too often poorly or poorly accepted. This negative socio-cultural "sexually correct" perception explains the absence or low interest of the medical profession in the sexual health of elderly subjects, which is not "a legitimate subject for discussion", especially since elderly people do not dare to talk about it. It also raises the question of the normality of still having desires and a sex life because in 2030, there will be in France 10.6 million people aged 75 and over, out of 65 million (Le Deun P., *et al.*, idem).

Recent international surveys suggest that this perception is changing. For example, the GSSAB study of 26,000 adults aged 40 to 80 in 28 countries around the world shows that a minority (<25%) believe that people of a "certain age" no longer have any interest or sexual life. Just under half (40%) believe that age does not influence the quality of sexual life (although sexual desire declines with age). In a population of 2829 men with erectile dysfunction (mean age 57 years) in Western countries, a small minority (9%), 77% of whom have a partner) agree that they are "too old for sex". On the contrary, the majority (55%) agree that erectile dysfunction is a source of great sadness for them and their partner. On the other hand, the GSSAB survey result reveals with almost unanimous

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geographical agreement that the perception of the onset of "sexual biological aging" differs significantly by gender. The majority of men and women surveyed set the threshold for decreased sexual interest at 55 years for women and 62 to 64 years for men (Nicolosi *et al.*, 2004; Delamater *et al.*, 2005).

In the 21st century, sexuality is a subject that is widely covered in the media. Sex is also a marketing product, which leads to the trivialization of sexuality in all its forms. Today's society associates sexuality with youth, performance and beauty. As Hein (2003) describes it, "Being old, sick and dependent is unacceptable in our society where you have to be beautiful, young, productive and if it were possible immortal" (p. 64). It is therefore difficult to imagine that our elders still feel sexual desires. In addition, this subject is conducive to mockery and societal prejudice. Unfortunately, geriatric medical and social institutions are not exempt from these generalities (Gindroz L., 2012).

Despite the pervasiveness of sexuality in today's society, the sexual life of the elderly and people with disabilities remains a taboo subject, which society and institutions find it difficult to recognize. In our societies, sexuality tends to be associated with notions of health, performance, beauty and attractiveness. Although various surveys show that aging does not prevent an active and happy sexual life, the image of asexual aging persists in general opinion and among care and medicosocial professionals (Taylor A., et al. 2011 Quoted by Marie Hélène Bouvier-Colle et al. 2016). The consequences of this state of affairs are detrimental on several levels. People who have difficulties in this area are often reluctant to share them with their doctor, who usually fails to discuss the subject during consultations. Some older people have internalized negative attitudes in society and perceive themselves as asexual (Kaas M.J., 1981). Finally, the issue is also completely ignored in most senior care facilities. A number of actions are being taken to address these challenges. For example, a group of residential institutions for dependent elderly people (Ehpad) in Finistère has set up a new training programme for healthcare staff to change the way professionals represent the sexuality of older people and fight the myth of asexuality (Marie Hélène Bouvier-Colle et al. idem).

However, these local initiatives should be identified and evaluated and then generalized. Actions can also be taken for the elderly themselves. In Canada, "sex gerontagogy" programs are being developed. They are inspired by "gerontagogy", or the education of the elderly, which aims to help them understand themselves and what they are going through, in order to make this phase of their development a happy phase of their lives (Lemieux A., 2001 Quoted by Marie Hélène Bouvier-Colle *et al.*, 2016). A. Dupras, who coined this neologism, defines "sexgerontagy" as the body of knowledge and skills that underlie sexo-educational interventions with seniors (Dupras A., 2008 Quoted by Marie Hélène Bouvier-Colle *et al.*,2016), assuming that seniors have a different way of learning new sexual knowledge and attitudes.

In Cote d'Ivoire, the fundamental values of the national reproductive health (RH) policy are based on the following foundations: First, health and well-being result from a constant interaction between the individual and his or her environment. Health and well-being today should no longer be seen simply as the absence of disease and social problems, but rather as targeting the physical, mental and social capacity of the individual. Thus, reproductive health is defined as "a state of general physical, mental and social well-being of the human person, with respect to the reproductive system, its functions and functioning and not merely the absence of disease or infirmity (ICPD, Cairo 1994).

From this perspective, health and well-being must be considered first and foremost as a resource for daily life. Indeed, actions aimed at improving health and well-being must take into account both the capacities of the individual and the resources of the environment in order to enable the individual to exercise his or her right to the various aspects of his or her life, to enable the family and the community to play their essential role and to promote active solidarity. Second, improving and maintaining sexual and reproductive health must be based on sharing responsibilities among individuals, families, communities, local communities, public authorities and all sectors of activity (Ministry of Health and Public Hygiene, 2008).

This principle leads to the effective participation of all these stakeholders in improving the individual's sexual and reproductive health (SRH). However, the State must work to ensure that all populations have access to all SRH services. Moreover, the sexual and reproductive health of populations represents a priori an investment for the individual himself and for the society in which he lives.

Indeed, RH is an important resource for the individual to obtain life satisfaction and to fully exercise his or her roles, and for society, healthy populations as a guarantee of dynamism and progress. Consequently, sums and energies devoted to improving reproductive health should not be considered as consumption expenditure. However, they must be directed towards the most effective solutions (Ministry of Health and Public Hygiene, idem).

Finally, the 1948 Universal Declaration of Human Rights, the Ivorian Constitution, ratified regional and international commitments and treaties such as the Convention on the Elimination of All Forms of Discrimination against Women and the African

Charter on Human and Peoples' Rights apply to sexual and reproductive health (SRH). These are rights relating to: life, liberty and security of the person; family; health care and the benefits of scientific progress, including information and education for health; equality and non-discrimination (Ministry of Health and Public Hygiene, idem).

With regard to these rights, the national sexual and reproductive health policy does not give priority to the sexual development of older people who are already weakened by the weight of age and vulnerable because of the lack of a reception structure for genuine sexual education. Because sexuality marks the beginning of a life cycle and lasts a lifetime. However, the education of older people in a successful sex life requires responsibility for the socio-cultural environment in which the subjects live. As such, this study questions the sexual taboo of seniors in a socio-cultural environment. This text aims to analyse the taboo of the sexuality of seniors and the construction of their health in a socio-cultural environment. In concrete terms, it is necessary to: i) identify the ideological productions that legitimize sexual practices among actors, ii) Describe the typology of sexual practices among actors, iii) Describe the sexual education of actors.

Theoretical and Methodological Approach

Based on the theory of social constructivism, a current of contemporary sociology popularized by Peter L. Berger and Thomas Luckmann in their book The Social Construction of Reality (1966), social reality and social phenomena are considered as "constructed", i. e. created, institutionalized and, subsequently, transformed into traditions. Thus "social reality" always appears as doubly constructed: objectively, through experiences, and subjectively from categories, types, proposals, in short the languages that put them into words.

Methodologically, the study is based on a qualitative approach. The study was conducted from 6 to 15 November 2018 with 19 seniors, including 11 men and 8 women. With them, semi-structured interviews were organised to understand the taboo of seniors' sexuality as well as the ideological productions that guide seniors' social behaviour and the construction of their health in a sociocultural environment. The eligibility criteria for respondents is based on their senior status.

RESULTS

Ideological Productions Legitimizing Sexual Practices among Actors

Sexuality of Seniors, A Taboo Built By Those Around Them.

For the family, it is always difficult to admit the sexuality of their parents. This subject is very rarely mentioned, and it will usually arise at the time of a marriage, remarriage or cohabitation with a new spouse. Very quickly, sexuality will then be associated with the problem of money and inheritance. On the other hand, regression in the anal or oral stage is much better tolerated by children. In institutions, the elderly are considered as asexual beings. For the other residents, there will be phenomena of jealousy, rejection, more or less virulent criticism, even insults, especially when the love demonstrations take place freely. For carers, there will be either excessive permissiveness, even indifference, or rejection. Abnormal behaviour situations will often lead to major crises within the institution (C. Trivalle, 2006). With age, sexual need and desire persist, but the gap between feeling and sexual drive tends to widen. The state of love seems rarer, because it requires the preservation of libido, intense psychological participation and the idealization of the partner. This idealization of the partner is made more difficult by physical aging.

On the other hand, maintaining an active erotic life requires regular training for both men and women. Some characteristics specific to women or men tend to become more pronounced with age: women prefer tenderness or friendship to sexual drive, while men more often prefer sexual intercourse to emotional exchange. However, for men, despite the existence of highly effective drugs, the essential aphrodisiac remains the woman. In women, the brain is the essential sexual organ. Sexual practices depend a lot on what older subjects practiced in their youth. There is a phenomenon of generation here, and with age, we do not experiment with practices that we did not try in our youth: fellatio, cunnilingus, sodomy or masturbation. However, it can be noted that among women, 15% of homosexual practices would begin after the age of 65. On the other hand, sadomasochist or swingers clubs are mainly attended by people over 60. (C. Trivalle, idem)

Typology of Sexual Practices among Actors

Men's sexuality, a not always satisfactory answer

The desire to satisfy one's libido is naturally preserved until adulthood. If this desire to satisfy one's libido remains intact, the expected answer is not always desired. The decrease in male sexual activity observed in this study is largely related to the quality of erections. It seems that the transmission of the erotic message from the brain to the penis is more difficult to maintain sexual understanding in the couple. This is what A.R. testifies in these words: *"My erection is now of a low degree compared to the young age when my penis was full of strength and energy to satisfy my libido but especially to keep my couple stable"*. It appears from this statement that men will also have to accept some challenges. If, in their young ages, desire led them to sexual practice, maturity came, it is sexuality by observance that will guide their desire.

Sexuality of Women, a Difficult Ordeal at This Age

The attitude of senior women is fundamental at this time of life. How do they react to their partner's helplessness? Coping with their partner's erectile dysfunction is a painful experience for many women. They will react according to their personality and the quality of the relationships in the couple. As a result, women who have lost self-confidence following menopause feel guilty about their partner's erectile weaknesses, which they attribute to a decrease in their attractive power and their ability to provide pleasure to their partner. This is what G.P. explains in these expressions: *"Menopause has affected me a lot, both psychologically and emotionally, to which is added the vaginal dryness. In a word, I lost all my ability to seduce and make my husband happy. It is really a painful moment because, I think my husband could still react effectively sexually if I created the conditions as in the past. Because all sexual intercourse comes from stimulation"*. The encouraging ones. Indeed, some seniors They reassure their partners by justifying their sexual weaknesses by fatigue and stress. For his part, Q. B testifies in these few words: *"The troubles are on both sides. It is not only the spouse who is responsible for the weakening or reduction of sexual activity in the couple. The woman is also fucking or participates in this sexual fragility. So, at this age, it would be better to console yourself by finding the right words to justify the inability to satisfy your sexual desire. Hence, fatigue, stress to alleviate the pain. Because, the man or woman would be so frustrated and this could lead to a dislocation of the family"*. Other seniors, for fear of hurting their companion, and out of difficulty in communicating on such a sensitive subject, silently resign themselves to putting a definitive end to their sexual life. Explains T.F.: *"In my opinion, there should be no taboos around the sexuality of the elderly. Biologically, we learn that the ovogony rate from one woman to another is different. That said, medicine tells us that every woman has her menopause. Similarly, the sexual life of a subject is evolving and lasts according to the couple's means. When the means to have adult sexuality are not available, one can simply orient sexual life by simply kissing to develop another form of adult sexuality".* We learn that there is often an exhaustion of emotional and affective capacities to respond to sexual desire. It would be wise to put an end to this sexual practice "penetration" and develop another sexual practice that could be called oral sexuality "kisses" to compensate for this void of "penetration".

Sexual Education of Actors through the Environment

The survey showed that in the majority of cases, seniors have not received sexual education from their family and friends. In addition, some of them have benefited from it with their relatives during medical visits. Speaking of knowledge at sex education, seniors approve of sex out of ignorance. As the body is already too weakened by the weight of age and often unable to do the physical exercises hard, some seniors engage in moving their bodies to do the sexual activities. The result is on the one hand a relief of the body for them and on the other hand, keeping and preserving their identity as "the man", the one who is productive even if the result of sexual intercourse is not always desired. This ideology, which legitimizes and promotes the sexual activity of seniors, is confirmed at the medical level. This is what D.F. testifies in these words*: "My doctor informed me that seniors with sustained physical activity and sexuality preserve their intellectual functions under better conditions than sedentary seniors of the same age. In addition to improving the state of health and in particular the cardiorespiratory system which ensures oxygenation, but also regulates hypertension".*

Discussion of the Results

Sexuality plays an important role in the health, quality of life and general well-being of individuals. However, the sexuality of the elderly remains a taboo subject that is rarely discussed. Stereotypes on this subject range from the belief that there is a loss of sexual desire with age, to the impossibility for carers to accept any sexual attitude among elderly people in institutions. (C.Trivalle, 2006). This result of the author's study confirms the results of this study. Senior citizens, despite the physical fragility due to age and, if they accept themselves, continue to live a fulfilled sexuality for a large majority of them. However, the sexuality of seniors is still a taboo for some subjects. The origin of our society's religious beliefs is one reason for this taboo. The sexuality of seniors no longer has anything to do with reproduction and, as a result, it becomes dubious, abnormal or even perverse for those around them. On the other hand, in the perception of populations, seniors are still people who acquire experience and wisdom with age, so they must renounce the pleasures of the flesh and no longer feel strong emotions linked to love or engage in sexual practices as in their young ages. For the public, sexuality is also associated with youth, with being desirable. A stereotype that still has a hard time in our society and prevents younger people from imagining that their parents and grandparents may still be attracted to someone of the opposite sex (or not) and therefore does not allow older people to continue to talk freely about their sexuality as when they were younger. This taboo built around the sexuality of seniors is even more perceptible in the working class neighbourhoods of Abidjan, particularly in Sigogy, where some young people attribute nicknames such as "Old Djo" to senior citizens who try to express their sexual desires to young women. This perception built around the sexuality of seniors emanates from socio-cultural values. In addition, populations are unaware of the goods made of sexuality for seniors, as some seniors have testified, namely the regulation of cardio-vascular activity and the avoidance of high blood pressure problems.

Nicolosi *et al.,* (2004) and Delamater and Sill (2005) cited by C. Trivalle (2006) operate a discrepancy between reality and societal beliefs about the taboo of senior sexuality. The authors indicate that the 60s would be the period during which there would be a parallel decline in the ability to have sex, with significant variations between the ages of 57 and 70 depending on the country. This belief, which seems to be well established in all countries, shows that the popular imagination has established a close link between biological changes linked to ageing and the loss of sexual interest with, as a "borderline" age, menopause in women and the alteration of erectile capacity in men.

For Colson *et al.,* (2006); Nicolosi *et al.,* (2004); Ribes *et al.,* (2005) cited by C. Trivalle (idem), maintaining an active sexual life is a reality for seniors. If the questions are asked appropriately (sexual health rather than sexuality), the results show that sexuality in the sense of sexual interest or activity (coital intercourse, masturbation, fondling, etc.) persists even at an advanced age. For example, one-third of GSSAB men and 21% of women aged 70 to 80 report that they still have sex. At the same time, 83% of the 12,815 men aged 50 to 80 in the North American MSAM-7 study reported an average of 5.9 monthly reports. After 70 years of age, almost half (45.4%) still have a weekly report (63% if they live in harmony with their partner). The analysis of a targeted population of 102 apparently healthy women and 100 healthy men aged 86 (ranging from 80 to 102 years) confirms the reality of a sexual life that is still active in later life and significantly correlated with previous sexual experience.

The most common sexual activity was sexual play and tender gestures with touch and caress (82% of men, 64% of women) followed by masturbation (72% of men, 42% of women) and then sexual intercourse (63% of men, 30% of women). This study of the authors clearly shows that presbysexuality is not only expressed in terms of genitality ("reproductive age") but also (and sometimes especially) in terms of sensoriality and gratification. Nevertheless, if sexuality and orgasm probably have a role as "verifiers of proper functioning" in the elderly subject, explaining for example the persistence of masturbation, sexuality always retains its functions of desire and pleasure and its roles in identity and relationships. Their level of satisfaction remains high, with just over three-quarters of men and women between the ages of 55 and 69 still saying they are "*very or somewhat satisfied with their sex life*". These data highlight the discrepancy between the perception that one can have at all ages of "older than oneself" (commonly 50 for women and 60 for men), and the results of specific surveys. This result of the authors reflects the well-founded and well-documented meaning of the sexuality of seniors. It is easy to understand that the taboo built around sexuality is subjective and not based on values that can allow seniors to enjoy sexual health.

CONCLUSION

This study is intended as a contribution to the sociology of the sexual health of seniors. She analyzed the taboo built around the sexuality of seniors and the ideological productions that legitimize a fulfilled sex life of actors. It has been essentially qualitative with adequate investigative tools and analyses this social fact through the constructivist theory of Peter L. Berger and Thomas Luckmann (1966). This research leads to the result that: The absence of a reference model for sex education for seniors is the anchor point of the taboo on the one hand, and on the other hand, the ideological productions developed by the actors legitimize a fulfilling sex life for seniors. In addition, this investigation confirmed the significant decrease with age in desire, sexual arousal, erections and frequency of sexual intercourse in the senior category.

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