

Elderly Men Sexuality in Ouagadougou (Burkina Faso)

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Abstract

Background: In general, sexuality is a taboo subject. It is more so in elderly people, as it is believed that they do not complain about sexual disorder. **Objective:** To analyse the sexual activity of elderly men in Ouagadougou, Burkina Faso. **Methods:** This is a descriptive cross-sectional study on the sexual activity of men aged at least 60 years old. The study was carried out in Ouagadougou, Burkina Faso, from 1st June to 31st August 2014. All consenting males who were aged 60 and above at the time of the study were included. **Results:** We contacted 652 men, but only 200 responded *i.e.* a response rate of 30.67%. The age of the respondents was between 60 years and 89 years with a mean age of 66.38 ± 5.72 years. 80.15% of the respondents had at least one sexual intercourse in a month. Erection was considered satisfactory or very satisfactory in 45.8% (60/131) of respondents and 63.36% of them always had orgasm during sexual intercourse. Premature ejaculation was noted in 23.66% of respondents, while a decline in libido was noted in 82.44% of them. **Conclusion:** This study which is the first of its kind in Burkina Faso has helped reveal the importance of sexuality in the lives of elderly men.

Keywords

Elderly Men, Sexuality, Sexual Disorders

1. Introduction

Complaining or discussing about sexuality remains a taboo in Burkina Faso. Many people believe that old men should be excluded from discussions about sex. This belief is supported by the fact that aging implies physiological changes that cause a blunting of sexual desire and of sexual activity [1]. So should the el-

derly man also retire sexually? In developed countries, some studies have addressed the issue of the sexuality of elderly men. These studies revealed that elderly men continue to live their sexuality despite the difficulties they may encounter [2]. In Burkina Faso, even if the subject is taboo, it is also true that there is a real demand for care by the elderly in relation to sexuality, as evidenced by the increasing number of elderly patients, especially the educated ones who complain about it during consultations. Thus, we found it necessary to assess the sexuality of elderly men in the city of Ouagadougou, Burkina Faso.

2. Methods

This is a descriptive cross-sectional study concerning the sexuality of men aged at least 60 years old. The study was carried out in Ouagadougou from 1st June to 31st August, 2014. All consenting males who were 60 years and above were included. The data were collected through a pre-established questionnaire and administered in two ways. In the first approach the participant filled the questionnaire himself if he could read and write. In the second approach, the surveyor filled the questionnaire for the participant. The variables studied included the response rate, socio-demographic characteristics, perception about sexual activity, frequency of sexual activity and sexual dysfunction. Sexual dysfunction is disorders of desire, erection and ejaculation. The data collected were analysed using the statistical software SPSS version 21. Categorical variables were presented in frequencies and percentages. The continuous variables were expressed as means \pm standard deviation. The exact Fisher test was used to assess the correlation between two variables and the P-value less than 0.05 was considered statistically significant.

3. Results

Over the 652 men contacted, only 200 responded *i.e.* a response rate of 30.67%. One hundred and thirty one (131) men (65.50%) filled the questionnaire properly. The age of the respondents ranged from 60 years to 89 years with a mean age of 66.38 ± 5.72 years. Among the respondents, 93.9% (123/131) were married and 64.9% (85/131) were retirees. The literacy rate was 82.44% (108/131). Systemic hypertension was noted in 42.75% (56/131) of respondents and diabetes mellitus in 8.40% (11/131) of the respondents (**Table 1**).

Sexuality was a taboo subject for 40.46% (53/131) of the respondents and 39.69% (52/131) had difficulty to discuss it with their families and friends. For 28.24% (37/131) of respondents there was an age limit where sexual intercourse should be stopped. Among the respondents, 80.15% (105/131) had at least one sexual intercourse in a month. Heterosexuality was the dominant sexual orientation with 97.71% (128/131). Bisexuals accounted for 1.53% (2/131) and homosexuals 0.76% (1/131). Erection was considered satisfactory or very satisfactory in 45.8% (60/131) of respondents however, 54.2% (71/131) of the respondents had reported difficulty in having and maintaining a satisfactory erection. The

quality of erection decreases with age as shown in **Table 2** (p value = 0.001). Among the respondents, 63.36% (83/131) still had orgasm during sexual intercourse. The frequency of orgasm decreases with age as depicted in **Table 3** (p value = 0.033). Premature ejaculation was noted in 23.66% (31/131) of respondents, while a decline in libido was noted in 82.44% (108/131) of them.

Only 19.85% (26/131) of the respondents sought for medical consultation for their sexual problems, 18.32% (24/131) had consulted a traditional health practitioner and 25.19% (33/131) had self-medication before coming to hospital. 76.34% (100/131) of respondents said that the sexual problems they encountered were quite natural.

Table 1. Sociodemographic characteristics (N = 131).

Sociodemographic characteristics	Number of respondents	Percentages (%)
MARITAL STATUS		
Married	123	93.9
Unmarried	4	3.05
Widow	3	2.29
Divorcee	1	0.76
OCCUPATION		
Civil servant	35	26.71
Trader	2	1.52
Farmer	3	2.29
Retiree	85	64.9
Others	6	4.58
EDUCATION		
Unschooling	23	17.56
Primary	33	25.19
Secondary	53	40.46
Tertiary	22	16.79
COMORBIDITIES		
Systemic hypertension	56	42.75
Diabetes mellitus	11	8.4
Prostate cancer	3	2.29
Benign prostatic hyperplasia	12	9.16
Neurological disorders	12	9.16
Radical prostatectomy	5	3.82

Table 2. Distribution of respondents according to the quality of erection.

Age groups (years)	Quality of erection % (n)				Total
	Very satisfactory	satisfactory	Acceptable	Erection absent	
[60 - 69]	9.9 (13)	28.2 (37)	32.1 (42)	4.6 (6)	74.8 (98)
[70 - 79]	2.3 (3)	5.3 (7)	13 (17)	1.5 (2)	22.1 (29)
[80 - 89]	0 (0)	0 (0)	0 (0)	3.1 (4)	3.1 (4)
Total	12.2 (16)	33.6 (44)	45 (59)	9.2 (12)	100 (131)

Fisher's exact test = 19.247, p = 0.001.

Table 3. Distribution of respondents according to the frequency of orgasm.

Age groups (years)	Variation of orgasm % (n)					Total
	Never	Often	Very often	Always	No answer	
[60 - 69]	3.1 (4)	8.4 (11)	14.5 (19)	48.1 (63)	0.8 (1)	74.9 (98)
[70 - 79]	0 (0)	6.1 (8)	2.3 (3)	13.7 (18)	0 (0)	22.1 (29)
[80 - 89]	1.5 (2)	0 (0)	0 (0)	1.5 (2)	0 (0)	3.0 (4)
Total	4.6 (6)	14.5 (19)	16.8 (22)	63.3 (83)	0.8 (1)	100 (131)

Fisher's exact test = 15.619, $p = 0.033$.

4. Discussion

The questions have been translated into local languages for those who could not read or write. The understanding may be different and the answers may be less sincere than if the questionnaire was filled by the elderly men themselves. However, the use of the pre-test helped to harmonize the questions and made the understanding easy.

The low response rate (30.67%) in our study is not specific to the African context. Hughes in the USA [3] and Auld *et al.* [4] in Canada reported response rates of 24.9% and 42% respectively. Indeed, in most cultures sexuality remains confidential, and that could explain the reluctance of some people to answer questions regarding sexual activity. In our study, 39.69% of respondents reported having difficulties to discuss about sex with those around them. On the other hand, in developed countries, the media have greatly contributed to changing the mores and making sexuality less taboo [5].

Does sexual activity die with the advent of old age? It is true that blunting of sexual activity appears with aging. In our study 82.44% of respondents had a decrease in libido. In the literature, it is unanimously agreed that there is a decline in sexual desire as men get older [1]. Indeed, the age-related decrease in androgen is mostly responsible for the decrease in libido. Sexual activity beyond the fact that it gives pleasures, allows elderly men to remain intimate with their partners. This is very useful at this stage of life where people are not physically very active. The deterioration of sexual activity will impair significantly the quality of conjugal life [6] [7] [8].

This study reveals that elderly men have a sexual activity. In fact, 80.15% of respondents had at least one sexual intercourse per month. The same observation is made in most studies on the sexuality of the elderly [2] [9] [10] [11]. This sexual activity encounters some difficulties such as erectile dysfunction which was noticed in 54.2% of respondents in our study. Erectile dysfunction is the most common human sexual pathology in the world. It is the leading cause of decreasing sexual activity in the elderly [12]. Many factors predispose or aggravate erectile dysfunction such as age with its corollaries (atheroma, systemic hypertension, diabetes ...). Our study revealed that there was a statistically significant link between the age of the respondents and the quality of erection ($p =$

0.001).

Another common sexual pathology is premature ejaculation. In our study, its prevalence was 23.66%, a result similar to those of Porst Hartmut [13] and Chew Kew-Kim [14] who reported a prevalence of 25% and 28% respectively. Premature ejaculation is usually due to anxiety.

Should the elderly man consult for something he considers as a taboo? Only 19.85% of the participants had consulted for their sexual problems. This rate is low even in developed countries [10]. These results confirm once again the taboo nature of sexuality for elderly men. In Africa, there is a lack of information on the possibilities of medical assistance. Thus, elderly men in Burkina Faso resort to traditional healers and to self-medication.

5. Conclusion

This study is the first of its kind in Burkina Faso; it revealed the importance of sexuality in the life of elderly men. Problems associated with sexuality in the elderly men are numerous and pose a great challenge to the patients and the society at large. The medical profession and public authorities should now take these pathologies into account in the various health development programs.

Conflicts of Interest

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

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