



## **Backgrounder**

### **Older Women: Sexual and Reproductive Health and Rights (SRHR)**

#### **Introduction**

SRHR is not only a health issue but also a human rights issue, a gender equality issue, and an age discrimination issue. The sexual health of women beyond reproductive age in sub-Saharan Africa (SSA) and around the world is almost always overlooked in policies and programs, healthcare, research, academic discourse, and in the media. Older women are absent from official records and are invisible to policy-makers and organizations providing development assistance. As a result, older women are often denied basic services and protection of their sexual and reproductive health and rights.

In sub-Saharan Africa and other low- and moderate-income regions, very little or no data is collected on sexual health, experiences of sexual violence, or on HIV and other sexually transmitted infections (STIs) for women over the age of 49. Older people are excluded in the data collection methods and measures of progress currently used in SSA. Even those suggested for monitoring progress on the UN Sustainable Development Goals exclude older people. For example, the *African Demographic and Health Surveys*, which are an important source of information on sexual health and violence against women, include only women aged 15 to 49 in their sample.

In addition to the lack of data, there are other reasons why the sexual health of older women is disregarded. Among them:

- **Ageism** (prejudice and discrimination based on age) and the false belief that sexual health is irrelevant because older people do not engage in sex or have sexual health needs after the reproductive stage of life.
- **The traditional focus on maternal and child health.** While this must remain a priority for improving the health of women and young children, we must not ignore the global demographic of rapidly ageing populations and worldwide

increases in longevity. Increasingly, women may now live as many years after the end of their reproductive years as before menopause.

- **Cultural taboos** prohibiting the subject of sexuality among older people, despite the fact that older women the world over are known to have sexual desire and to engage in sexual activity. In some cultures, older women may feel they must conceal their sexuality and sexual identities to fit social norms.

## Challenges

Older women face numerous challenges related to their sexual health:

- **Vulnerability to sexual violence and neglect**, particularly in conflict situations and also in some long-term care institutional settings; harmful traditional practices such as wife inheritance (wherein a widow is required to have intercourse with a member of her dead husband's family) or accusations of witchcraft (which are often tied to reproduction problems and sexually transmitted diseases in a family or community).
- **A lack of education and opportunities to learn about sexual and reproductive health before and after menopause.** This is important not only for older women themselves, but also because they often are responsible for educating the next generation about sexual and reproductive health.
- **Post-menopausal changes in the lining of the vagina and the decline in immune function due to aging increase vulnerability to sexually transmitted infections (STIs) and HIV/AIDS.** The limited data that is available suggests that the incidence of STIs among older people is on the rise. According to global estimates generated by UNAIDS, 2.8 million people aged 50 and over had HIV infection in 2006 (a prevalence of 10.8% in South Africa). Older women in many low- and moderate-income countries are routinely excluded from STI and HIV/AIDS screening, while safe sex training and interventions almost exclusively target younger people.
- Older women often suffer incontinence and sexual health problems resulting from **"cumulative disadvantage"**, including early marriage, poor maternal care, years of living in poverty and situations of poor hygiene, as well as the normal physical changes associated with aging.
- Older women are more likely than younger women to develop **non-communicable diseases** such as breast and cervical cancer. These conditions and their treatments, such as mastectomy and hysterectomy, can affect sexual functioning, both physically and psychologically. Multi-country surveys have found that poor health resulting from chronic conditions such as diabetes and

heart disease—not age—are the main reason for sexual dysfunction and dissatisfaction among older women.

- Sexual health problems among older women are compounded by **stereotypical thinking among healthcare workers and policy-makers**, their failure to accept that older women have sexual health needs, and by a lack of evidence-based information on how to help. Older women need access to age-friendly healthcare, affordable medicines and dignified long-term care that acknowledges the importance of sexuality and sexual health throughout the entire lifespan.

## Achieving Sexual and Reproductive Health and Rights for All

GRAN calls for and supports laws and practices to protect and enhance the reproductive and sexual health rights of marginalized groups, including people with disabilities and lesbian, gay, bisexual, transgender (LGBT) and intersex people of all ages in all regions of the world.

GRAN recognizes the needs of older women and calls attention to their invisibility in policies, programs and practices addressing the sexual and reproductive health of all genders. In addition, GRAN acknowledges the critical roles that older women play in addressing sexual health and rights with younger generations.

We urge governments, agencies, councils and organizations to:

1. Adopt a feminist, lifecourse\* approach in protecting and promoting the sexual and reproductive health rights and needs of girls, women and people of all gender identities and abilities in an integrated way, across their life cycles, from infancy to adulthood to old age.
2. Ensure that specific issues affecting women past the age of reproduction are:
  - given greater visibility and attention;
  - addressed through the fulfilment of obligations under relevant international conventions and agreements; and
  - included in international, national and community policies, programs and practices to protect and enhance the sexual health and reproductive health rights of all ages.

[\*A lifecourse approach understands aging and cumulative advantage and disadvantage as a process that spans the entire lifespan and provides supportive policies and activities at key transitions in a woman's life.]

Key reference: Manjula Lusti-Narasimham, John Beard. Sexual health in older women. *Bulletin of the World Health Organization*, 91: 707-09, 2013