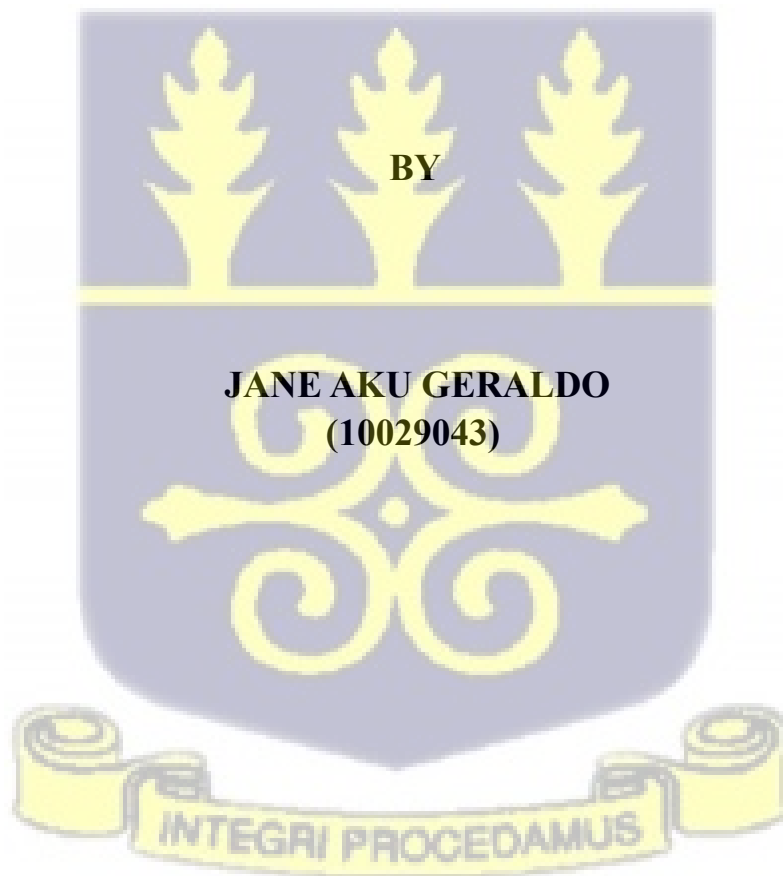


UNIVERSITY OF GHANA, LEGON

DEPARTMENT OF SOCIOLOGY

**SEXUAL LIFE IN OLDER YEARS: EXPLORING THE LIVED
EXPERIENCES OF THE ELDERLY IN FOUR SUBURBS WITHIN
HO MUNICIPALITY, GHANA**



2024

DECLARATION

I hereby declare that the content of this thesis is as a result of my own research conducted at the Department of Sociology, University of Ghana under the supervision of Prof. Michael P. K. Okyerefo and Prof. Akosua K. Darkwah. All references have been duly acknowledged.



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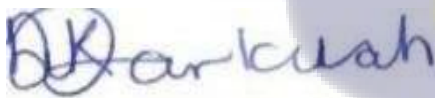
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DEDICATION

I dedicate this thesis to God Almighty for guiding me through all the turbulent times. This work is also dedicated to my precious mum, Madam Afiwor G. Geraldo De-delima, my children, husband, siblings and special sister, Rejoice Hohoabu and Husband. I am also grateful to my nieces and nephews for their support and encouragement throughout the journey of this thesis.



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Above all, I thank God for His infinite mercies and faithfulness. If I did not give up along the way, it is not because I am smarter, but rather, it is because I was able to adapt in line with Charles Darwin's statement:

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change” *Charles Darwin (1809 - 1882)*

If, therefore, I can see further than my peers, it is because I am standing on the shoulders of a giant. That giant is God! To Him be the glory!



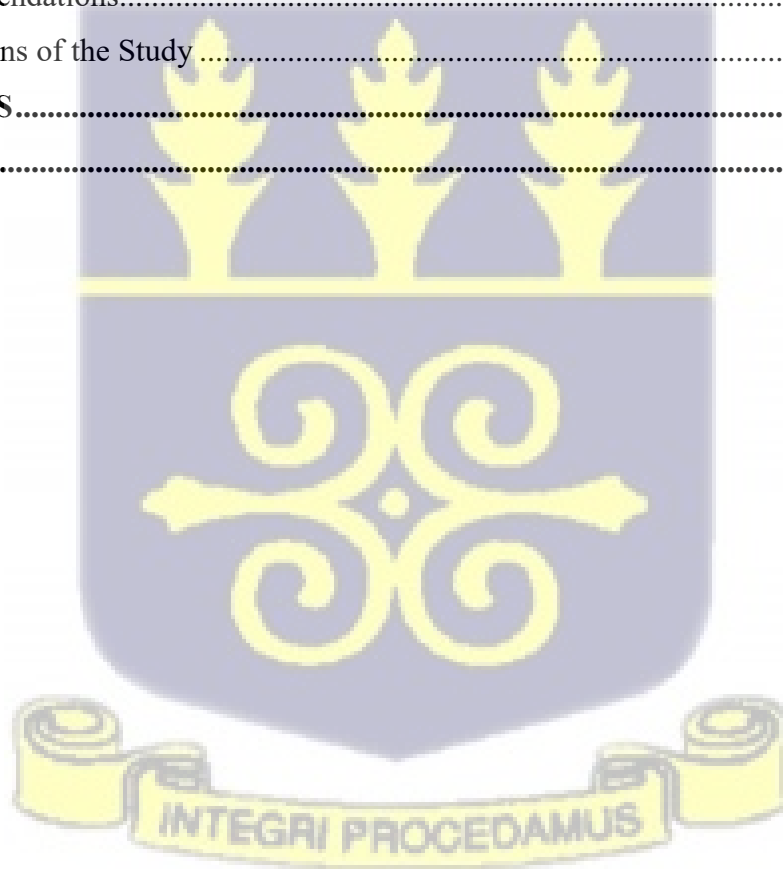
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ABSTRACT

In Ghana, sexuality among older adults has been saddled with different kinds of perceptions and stigma. Since sex is often deemed to be for the young and beautiful, older adults are mostly assumed to be less sexually active. This qualitative study, therefore, explores the experience of sexuality among older people in Ghana. Specifically, the study investigated the purpose of sex for older people, the changes, if any, that occur in their sexual life, the causes/reasons for these changes and how older people navigate them. The study was conducted in four suburbs of the Ho Municipality of the Volta Region of Ghana (namely Takla, Bankoe, Sokode-Gbogame and Kpenoe) with the target population being persons aged 60 and above who had ever been sexually active. Using the purposive and snowballing sampling techniques, twenty-four (24) participants were interviewed. A semi-structured interview guide was employed as a tool to collect primary data from the participants. The data collected was analysed using thematic network analysis.

Findings from the study reveal that cultural influences determine certain sexual behaviours which are exhibited by older adults. Participants engaged in some sexual activities even in older years and generally defined sex as peno-vagina penetration. The study identified the existence of certain changes that occur in late adulthood which affect sexual function in old age. These include problems with the sexual organs such as erectile dysfunction in males and vaginal dryness in females, as well as a decline in sexual desire. These changes are influenced by factors such as self-preservation, characteristics of the partner and the use of medication.

The study also found that older adults navigate these changes by seeking information on the changes they experience, diverting attention from sexual activities and accepting the change.

This study contributes to the existing body of knowledge on the subject by providing insight

into the sexual experiences of older adults in Ghana, the changes they experience in their sexual function and how they navigate their sexual life in the face of these changes.



CHAPTER ONE

INTRODUCTION TO STUDY

1.1 Background

On 7th October 2020, *Graphic Online* reported that a 97-year-old man had married a 35-year-old woman after 14 years of cohabiting and having four children together, the youngest child being just three years. This was after the woman granted an interview and tried to disabuse the minds of people who thought her husband was a ‘spent force’ as it relates to sex. The story headline reads ‘35-year-old wife speaks about 97-year-old husband’s sexual prowess’. The background to the story is that the two ‘love birds’ met in 2006 when the young woman, Akua Asabea, then aged 21, had just had her first child with a younger man who refused to take responsibility and eventually abandoned her and the child. Akua Asabea had gone to Agya Adukrom to visit her sick sister who was receiving herbal treatment from Akwasi Gyan, also known as Agyaba, who later became her husband. It was during this visit that Akwasi Gyan and Akua Asabea first met, which eventually led to their marriage.

The report was greeted with a lot of furores as evidenced in lots of comments such as:

“I hope she won’t be too demanding in bed, else this old boy will die quickest, haha.”

“This lady will cheat because the man won’t be able to satisfy her in bed.”

These outbursts reflect the perception of the Ghanaian populace that people’s sexuality is affected by age. This perception is captured by clichés in local expressions like “wò ‘matches’ la dɔ tsi” in Ewe (translated as ‘*your match stick is wet*’, referring to a man’s inability to have an erection and sustain it); ‘aban agye ne tuo’ in Akan (which translates as ‘*Government has*

seized his gun’, with the gun symbolising the male sexual organ, thus insinuating male impotency);

‘odo brenda’ also in Akan (which translates as ‘**he weeds on Tuesdays**’). All these expressions point to a man’s inability to have an erection. These popular sayings, coupled with the myriads of aphrodisiacs in the form of herbal concoctions or drinks, are usually displayed in markets across Ghana. Such formulations often bear names such as ‘power’, ‘atemuda’, ‘long journey’, etc. which suggest that there is an endemic problem with sexual prowess among Ghanaians, and the aged cannot be excluded. Previous studies by Agbeve et al. (2022) and Kanwetuu et al. (2018) have overemphasised the sexuality of younger adults because of the misperceptions and misconceptions that surround older people’s sexuality. It is therefore imperative to interrogate these underlying issues (Kotta et al., 2013; Manortey et al., 2018).

Furthermore, on 9th May 2023, Graphic Online reported that a former Minister of Education, Professor Dominic Fobih, had married a 31-year-old woman at the age of 80. In his response to the public clamour about the age difference, he stated, “I married for myself and not anyone else”, and added that, “I am a very strong-willed person, and I’m always convinced about what I decide to do and what is best for me. I know why I’m doing this and so they can say all sorts of things. I didn’t marry for anybody; I married for myself”. Even though he made such strong statements regarding his decision to marry a younger woman, the public outcry was mainly due to the vast difference in their ages, which could indirectly be linked to doubts about his ability to perform his conjugal obligations, especially sexual intimacy with his younger wife.

Although the expression of sexual desire is a basic human instinct, discussions about sexuality in Ghana and most African countries are often shrouded in secrecy (Anarfi & Owusu, 2010; Heidari, 2016). Foucault (1997) argued that in our day-to-day conversations, society indeed sets the boundaries about accepted or prohibited sexual behaviours based on social beliefs and norms regarding whom, where, when, and how intimacy should be engaged within a specific cultural milieu. Globally, open discussions about sex at home or school hardly occur. This is because, the topic is often seen as taboo and people who openly have discussions about sex are deemed as, spoilt' or promiscuous (Aboderin, 2014; Timberlake & Carpenter, 1990).

Yet, sexuality is an important aspect of human life. The World Health Organisation (WHO) recognises sexuality as a concept that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (World Health Organisation, 2006, p. 5). However, sexuality in later life has not received much attention in terms of both policy and research (DeLamater, 2012). For instance, DeLamater (2012) notes that two reports issued by the WHO in 2010 (Developing Sexual Health Programmes: A Framework for Action and Measuring Sexual Health: Conceptual and Practical Considerations and Related Indicators) made no mention of sexual health and functioning in later life. Similarly, the Ghanaian National Aging Policy (Ministry of Employment and Social Welfare, 2010) includes policies and strategies for addressing nutrition issues and poverty but fails to mention sexual health and functioning.

Sex is deemed to be for the young and beautiful in society (Træen et al., 2017; Hinchliff & Gott, 2008). It is perceived as appalling, repulsive, preposterous and unreal among older persons and this can result in internalised stigma. As with other stereotypes, cultural ageism

influences one's sense of what is socially acceptable, with the potential to create unpleasant emotions regarding ageing and sexuality which have dire consequences on sexual experiences and relationships (Syme & Cohn, 2016; Hinchliff & Gott, 2008). The attitudes and beliefs of older people towards sex are becoming more liberal in some parts of the world, especially in Western countries (Syme & Cohn, 2016; Hinchliff & Gott, 2008). For instance, Syme and Cohn (2016) observed a moderately permissive attitude towards ageing and sexuality in a study conducted in the United States of America (USA). Similarly, in a Danish sample of adults, 90% regarded sex to be of great importance to them (Graugaard et al., 2012). In addition, the inability of older adults to maintain a sex life was viewed as a significant threat to health, akin to the loss of hearing.

The changing attitudes and beliefs of older people towards sex have resulted in more interest in investigating adult sex life through various studies. This has been necessitated by improvements in health and increasing longevity. People across the world are living longer than before, which therefore extends the number of years for sexual activity in later life. The global life expectancy between 2010 and 2015 was 71 years and is expected to reach 77 years between 2045 and 2050 (United Nations, 2017). There are an estimated 962 million older persons (aged 60 years or over), representing 13 percent of the global population. Europe has the highest proportion of its population being 60 years or above (25%) whereas Africa has the lowest (5%).

Data reveal that older adults are sexual beings who are sexually active and have an interest in sex and intimate behaviours. However, there is a shift in the type of sexual and intimate behaviours in later life, changing from intercourse to fondling, external stimulation and kissing

(Hinchliff & Gott, 2008). The probable cause of this shift in sexual behaviour in old age include a decreased appetite for sex compared to earlier years when one is young, ill-health, lack of a partner and physical weakness or a situation that van der Geest refers to as “diminishing strength” (Van der Geest, 2001, p. 1383). As people age, their interest in penetrative sex wanes and they tend to develop an affinity towards other forms of sexual manifestations to satisfy their sexual needs. According to Van der Geest (2001), some elderly people consider penetrative sex as tiring and burdensome and would prefer to substitute it with fondling, external stimulation and kissing. Nevertheless, the literature points to older persons being sexually active, which promotes excellent physical and mental health (Van der Geest, 2001; Foster et al, 2011; DeLamater, 2012. p. 125).

More importantly, the benefits of engaging in sexual activity for mental and physical health in later life call for more attention to research on sexuality. There are significant benefits associated with sexual expression across the lifespan, including improved cardiovascular health, enhanced relaxation, reduced pain sensitivity, decreased depression and greater self-esteem (Cyranski, Bromberger, Youk, Matthews, Kravitz & Powell, 2004; Levin, 2007; Jannini, Fischer, Bitzer & McMahon, 2009). In one study conducted by Smith et al. (2019), it was found that sexual activity among older men and women is associated with greater enjoyment of life compared to those who are sexually inactive.

1.2 Problem Statement

The twenty-first century has witnessed numerous scientific breakthroughs, particularly in healthcare delivery, resulting in outcomes which have led to older adults living healthier and

longer beyond 60 years, compared to past decades. Both Western and Asian countries have had their fair share of the rapid changes in the age distribution of their population without enough time for them to prepare for it (Mba, 2010; Haesler et al., 2016). The African continent is literally at a crossroads, as it is now at the initial stage of this process. This, therefore, calls for attention to understand the current trend in the age distribution of the population, the multifaceted nature of their needs and how life is at this stage to ensure healthy ageing. A review of literature reveals that while there has been growing research on old age and sexuality elsewhere, there is limited research on the lives of the elderly in Africa most importantly, regarding their sexual life and how they navigate the changes in sexual function at old age.

Currently, knowledge about the sexual wellbeing of the elderly is very scant even in other parts of the world. The situation is worse in Africa where discussions about sex is regarded as a taboo from childhood to adulthood (Van der Geest, 2001). Given the rapid change in the demographic characteristics of the world's population (from a youthful to an ageing population) due to the decline in fertility and mortality, there is the need to conduct in-depth research to gain insight into every aspect of elderly life. Given the individual's awareness of the importance of healthy living and good lifestyle choices to enjoy a long life.

More so, research into the sexual lives of older people began in the 1950s. Over the next 50 years, studies have repeatedly demonstrated that older persons typically maintain sexual attraction and remain sexually capable into their 90s (Bauer, McAuliffe & Nay, 2007; Gott, 2005). Recent studies conducted in Europe (Gott & Hinchliff, 2003a), the USA (Nusbaum et al., 2004), Australia (Minichiello et al., 2004) and Asia (Guan, 2004) have confirmed that many

elderly adults still view sexual interest and engagement as vital. Much of the extant literature on the sexuality of older persons is dominated by research on sexual problems.

Findings from these limited perspective studies indicate bio-psychosocial factors such as physical and mental health, attitudes towards sex and availability of a partner as key in shaping the sexual lives of older adults (DeLamater & Sill, 2005; Field et al., 2013). Such studies feed into the stereotype that (healthy) older adults are asexual (Laumann et al., 2005; DeLamater, 2012; Træen et al., 2016; Træen et al., 2017).

This problematising view of sexuality in later life limits the understanding of sexuality among older adults and impinges on our knowledge of sexual relationships and functioning in later life. Consequently, it affects the capacity to provide accurate information and support for those who wish to remain sexually active. However, there is limited research exploring and comparing how older adults navigate their sexual lives.

In the African context, the existing body of literature on sexuality in later life is scant. Quantitative studies on sexuality in this context have mainly examined the prevalence and correlates of sexual functioning among older adults (Freeman & Anglewicz, 2012; Negin, Geddes, Brennan-Ing, Kuteesa, Karpiak & Seeley, 2016). Qualitative studies in this area have also explored socio-cultural norms and their influence on sexuality in later life (Van der Geest, 2001; Nyanzi, 2011). However, studies on the sexual experiences of older persons in the Ghanaian context are limited.

The sexual lives of older persons in Ghana have received little attention, leaving several important questions unaddressed. Key among these are inquiries into the meaning and purpose of sex for older adults, the changes that may occur in their sexual experiences as they age, and the underlying causes of these changes. Additionally, it is crucial to explore how older individuals understand and navigate these shifts in their sexual lives. Without focused research and discussion, these aspects of aging remain poorly understood and often overlooked. Because of the foregoing, this research seeks to address the knowledge gap concerning sexual life across the life span and how it is experienced by older people.

1.3 Research Question

Sexuality is recognised as one of the basic human needs that does not cease until the individual draws their last breath. The issue of an active sexual life across the life span is a critical phenomenon for scientific inquiry, particularly in the twenty-first century, where the world's population is gradually shifting towards an aged demographic. The decision to remain sexually active in old age has become an issue of concern and is often difficult to discuss due to myriad intra- and interpersonal issues. This has multifaceted implications for the individuals involved. DeLamater and Moorman (2007), for example, indicate that active sexual life in old age offers both physical and psychological benefits to the elderly. It has been established in the literature that an active sexual life in old age is important for the health and wellbeing of older persons (Haesler et al., 2016). In Ghana, as in other parts of Africa, although active sexual life across the life span has always existed among older persons, it is largely not an accepted way of life expected from an older person, either at the family or societal level.

An active sexual life in old age has hitherto remained a taboo, to the extent that even though an elderly person may be willing and, in a position, to engage in it, they must be circumspect due to the fear of being branded as a 'he- or she-goat'. This has, therefore, placed a burden on the individual to either adjust and conform to the expectations of the family and society or find an alternative means of controlling or handling their sexual needs. Consequently, there is far too much hush-hush about the issue. Following this discourse, the principal research question that this study aims to answer is: What are the experiences of sexuality among older people?

The three specific questions inferred from the main research questions are:

- (i) What is the purpose of sex for older people?
- (ii) What are the changes, if any, that occur among older people in terms of their sexual lives and the causes/reasons for these changes?
- (iii) How do older people navigate changes in their sexual lives?

1.4 Research Objectives

Based on the research questions, the overall objective of the study is to explore and understand the experience of sexuality among older people in Ho. More specifically, the study aims to:

1. investigate the purpose of sex for older people;
2. explore the changes, if any, that occur among older people in terms of their sexual lives and the causes/reasons for these changes; and
3. investigate how older people navigate changes in their sexual lives.

1.5 Significance of the study

Sexual desire and experience form the foundation for pleasure and, most often, serve to express one's love and affection to a loved one be it in a union or not and regardless of age. Yet, one

of the most neglected aspects of human life is sexuality, especially that of the elderly. Over time, elderly individuals tend to accept this neglect as their fate and become entangled in the web of asexuality imposed on them by society, often without being fully aware of it. The way sexuality is expressed and experienced says a lot about the culture and social values of a particular society or nation.

It is estimated that the elderly population will more than quadruple by 2050, rising from 2.5 percent of the global population in 2010 to 14 percent (GSS, 2013; WHO, 2020). Currently, Ghana's elderly population stands at 6 percent of the total population, and in line with the world's population projections, it is expected to more than quadruple by 2050, owing to the decline in fertility and mortality. With this sky-rocketing projection of the elderly population, issues concerning the lives of older people must now be treated with more seriousness than in the past. It is, therefore, expedient to conduct rigorous and scientific research into underexplored areas of elderly life, such as the sexual lives of older people, especially within the African subregion and more specifically, within the Ghanaian context.

Much of the existing knowledge about the sexual lives of the elderly has remained speculative, without much evidence informing policies on their sexual welfare. Information on sexuality among the elderly in Ghana leaves much to be desired, as literature relating to the lives of older people especially their sexual lives is rare. The current body of knowledge on the phenomenon has focused mainly on adolescent sexual engagement and experiences, with little or no attention given to that of older people, whether deliberate or not. This study, with its focus on the meaning of sex and the experiences of sexuality among both partnered and non-partnered older people, offers insight and knowledge on sexual experiences of this demographic. The findings

from this study are expected to shed more light on the phenomenon in both urban and peri-urban areas of Ho. Additionally, Ghana has ratified many international protocols which hinge on the total wellbeing of older people in Ghana, including their sexual lives. Hence, the knowledge gained from this study will contribute to discussions about sexuality among older persons in existing literature and help direct policy interventions and support aimed at the welfare of older persons.

Furthermore, most studies about sexuality in late adulthood are based in Western context. Sexual experiences there (i.e., in Western countries) may differ from the Ghanaian context, given cultural difference. For example, attitudes towards sex in general, tend to be more liberal in Western societies than in African settings, which may in turn shape different sexual experiences of individuals.

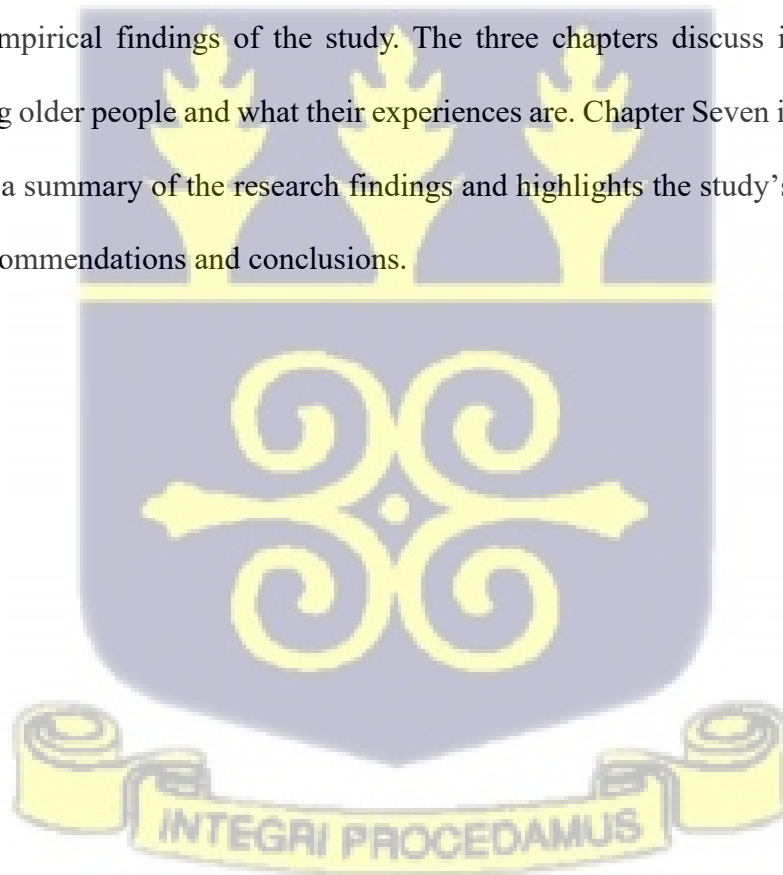
Given that there is not much literature on how older people aged 60 and above have fared with sex at this stage of their lives, there may be significant implications for their wellbeing. Until there is targeted research to gain insight into this important but neglected aspect of older people's lives, the struggle for recognition will continue, a situation that may worsen as life expectancy continues to increase. It is, therefore, appropriate that their sexual life span is also recognised and studied. The findings obtained will provide insights for health professionals, policymakers and other relevant stakeholders.

1.6 Organisation of Chapters

This thesis comprises seven chapters. The first chapter on the introduction gives the background to the study as well as the research problem. In addition, the chapter includes

research questions and objectives and concludes with the significance of the study. A review of the literature on sexuality among older people takes centre stage in Chapter Two. It defines sexuality, perceptions about sexuality in older people, stereotypes and the influence of cultural ageism, among others. Furthermore, it gives a brief overview of the theoretical framework on which the research is centred, based on which the research findings are interpreted.

The methodological approach adopted is captured in Chapter Three. Chapter Three, therefore, provides the philosophical backbone of the research approach, the study area, the sampling procedure, data collection and methods of analysis as well as ethical considerations during the entire research process. The succeeding three chapters, which are chapters four, five and six, focus on the empirical findings of the study. The three chapters discuss issues relating to sexuality among older people and what their experiences are. Chapter Seven is the last chapter, and it provides a summary of the research findings and highlights the study's contributions to knowledge, recommendations and conclusions.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

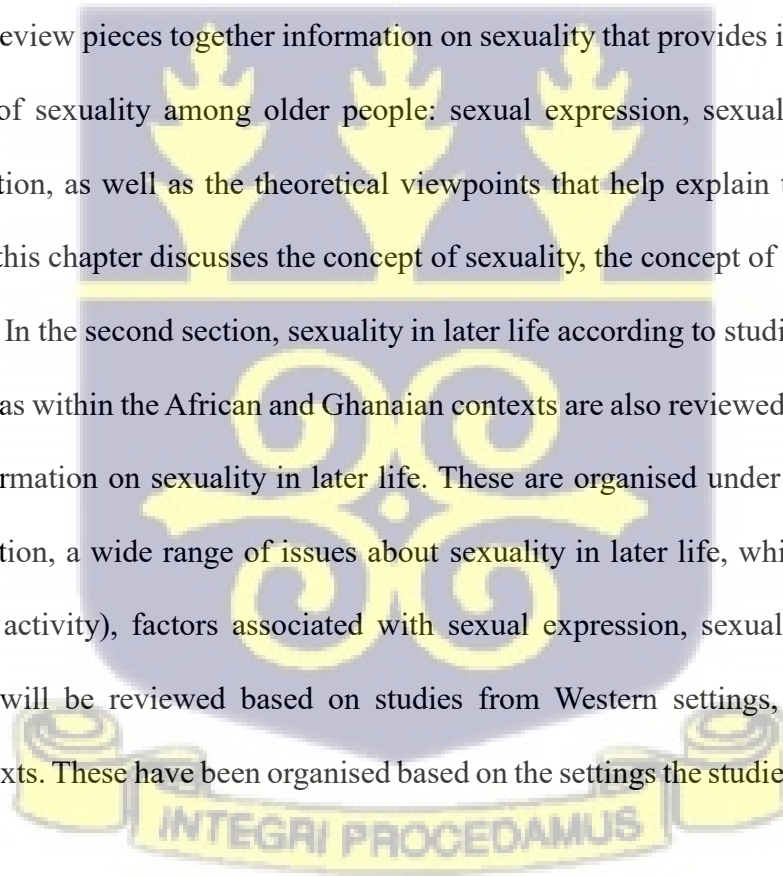
Since the beginning of life so many millennia ago, *homo sapiens*, as humans are scientifically termed, now live longer than at any time in recorded history. Even though a yawning gap still exists between countries in terms of the shortest and longest life expectancies, life expectancy has generally seen a dramatic increase since the 1900s. This is against the backdrop of decreasing birth rates, which culminates in a sizable number of people living longer within the older age bracket of the population. This trend is supported by improved access to medical care. Arguably, we are dealing with a demographic explosion. In his foreword to the WHO Baseline Report on the Decade of Healthy Aging, Dr Tedros Adhanom Ghebreyesus (the Director General of WHO) noted:

„ adding more years to life can be a mixed blessing if it is not accompanied by adding more life to years “ (WHO, vi).

It is, therefore, pertinent to employ evidence-based research approaches to studying the ageing population to realise the dividends of longevity and sexuality in late adulthood (old age). Older adults herein refer to persons (male or female) 60 years and above. The ages of 60 or 65 are considered the age of retirement in both advanced and developing countries. This is the age at which persons engaged in formal sector economic activity retire. Because of this, these two ages have been accepted as marking the beginning of old age (and, in biological terms, the acceleration of senescence). Hence, the selection of persons 60 years and above (GSS, 2013).

So far, literature surveys concerning the sexuality of the elderly in Africa have concentrated on adolescents and adults. Before the 1900s, research on sexual expression among older people tended to focus on partnered sexual activity (Karraker, DeLamater & Schwartz, 2011). This, therefore, limits the scope of sexual activity in later life, making the findings not representative enough. New developments have emerged in the frontiers of knowledge, particularly in areas such as non-partnered sexual activity among older adults and other means of sexual gratification. However, sexuality among older adults has not been the central theme in much of the intellectual discourse on sexual activity in later life. As such, different sources of literature have been consulted to shed more light on the sexual lives of the elderly.

This literature review pieces together information on sexuality that provides insights into three major aspects of sexuality among older people: sexual expression, sexual satisfaction and sexual dysfunction, as well as the theoretical viewpoints that help explain these trends. The first section of this chapter discusses the concept of sexuality, the concept of sex as well as the purpose of sex. In the second section, sexuality in later life according to studies in the Western context as well as within the African and Ghanaian contexts are also reviewed to bring together pockets of information on sexuality in later life. These are organised under relevant themes. Within this section, a wide range of issues about sexuality in later life, which covers sexual expression (or activity), factors associated with sexual expression, sexual satisfaction and sexual health, will be reviewed based on studies from Western settings, African and the Ghanaian contexts. These have been organised based on the settings the studies were conducted.



The final segment of this chapter concentrates on the theoretical framework within which this study is situated and explains how the theory is relevant to the research. This segment, therefore, discusses the Sexual Script Theory and the Socio-Ecological Theory as they present a sound theoretical grounding for the study. These are the relevant theories underpinning the research.

2.2 Sexuality as a Concept

Sexuality has been described or posited as one's capacity or ability to experience sexual feelings and it incorporates one's sexual orientation, gender identity, affection, eroticism and the social facets of sex (Bretschneider & McCoy, 1988; Omole et al., 2014). The term is more than a bodily function, and the perceptions, meanings, and attitudes attached to sexuality are not just shaped by individual preferences but by prevailing social, cultural and legal norms within a society.

Throughout human civilisation, societies have constantly regulated sexuality and viewed it according to various dimensions, with different meanings ascribed to it, which are appraised and given value judgements (Chepngeno-Langat & Hosegood, 2012, p. 94).

There are acceptable behaviours and conduct expected from individuals within a particular society, and these are usually enshrined in both the legal and socio-cultural norms of such societies (Hilman, 2012). The universal rule is that, since the inception of human existence, society has always endeavoured to regulate sexuality in accordance with the moral standards of the specific societies in question.

2.2.1 Defining Sex

Sex is the subjective construction of the individual, which is mostly in accordance with the prescribed, accepted conduct of the society he/she finds him/herself (Parker, 2009). This

encompasses the expression of erotic emotions, feelings and attachment towards another person, especially a person of the opposite gender, including intimacy or any activity that produces sexual pleasure or satisfaction for the individual.

Sexuality, on the other hand, refers to one's capacity or ability to experience sexual feelings. It incorporates one's sexual orientation, gender identity, affection, eroticism and the social facets of sex (Bretschneider & McCoy, 1988; Omole et al., 2014).

Sexuality experience relates to the experiences associated with sexual activities, expression, encounters and manifestations. It, therefore, refers to the means and ways by which a person satisfies his or her sexual desires and needs (Fiaveh & Okyerefo, 2019).

The meaning of sex is subject to the individual's construction, which should generally align with the prescribed, accepted conduct of the society he/she finds himself/herself (Parker, 2009). According to the WHO (2014), sex basically refers to the biological differences that identify a male from a female, present at birth. It may also describe the physical acts or behaviour that produce sexual pleasure and reproduction, with penile-vaginal activity being the most common form of sexual expression. This definition of sex that limits the activity to penile penetration of the vagina is normally championed by heterosexual couples (Lodge & Umberson, 2012).

Fileborn et al. (2017) observe that this accepted definition of sexual activity by various studies as the penetration of a penis into a vagina presents sexual activity in a very narrow way. Hence, there is the need for a broader definition. For instance, some scholars such as DeLamater and Koepsel (2015) argue that masturbation, which does not involve the penetration of a penis into a vagina, should be listed as a sexual activity. The same applies to other activities like kissing,

fondling and caressing which produce sexual pleasure. For the purposes of this study, “sex” or “sexual activity”, wherever mentioned or used, refers to any activity that produces sexual pleasure or satisfaction for an individual.

2.2.2 The Purpose of Sex

Just as there are differences in what may be accepted or prohibited in relation to sex, the purpose of sex may also vary from one society to another, even though there may exist some similarities, one of which is procreation (Van Der Geest, 2001; Nyanzi, 2011; Okiria, 2014). That notwithstanding, there are other reasons why people will want to engage in sex. Leigh (1989) stated that some of the reasons include sexual pleasure, expression of emotional closeness, conquest and the relief of sexual tension. Fiaveh et al. (2014) also assert that sexual gratification, companionship, masculinity, affection and affirmation are reasons why an individual, whether male or female, may yearn for sex.

This does not mean that all individuals around the world would agree on these reasons, although there may be an emphasis on certain motivations in specific cultures and even among individuals from across the world. The existence of various theoretical perspectives suggests that there may be even more complex and diverse reasons why people engage in sexual activities (Meston & Buss, 2007). For instance, in a study involving 444 participants between the ages of 17 to 52 in the USA, participants were asked to state as many reasons as possible for engaging in sexual activities. A total of 741 reasons were gathered, with 241 distinct reasons found after the compilation, sorting and deletion of similar reasons (Meston & Buss, 2007).

It can be argued that the concept of sex and its purpose is socially and culturally defined, and that specific societies have norms that determine what is accepted and prohibited regarding

sexual engagement/activities. The culture, values and norms surrounding sexuality vary across cultures even though there may be commonalities or similarities which are part of our day-to-day lives (Foucault, 1997; Tamale, 2005; Parker, 2009). For instance, in some contexts, couples or individuals may just want to have sex for gratification and not necessarily for procreation as compared to other settings. In the African context, childbearing supersedes any other motive for couples or individuals engaging in sex (Okiria, 2014). The fact that what sex is and its purpose for an individual are enshrined in the societal and cultural values of a particular society (Foucault, 1997) explains why there may be different and numerous reasons people engage in sexual activities beyond those found in existing research.

2.3 Findings from the Western World on Sexuality Among Older Persons

The subject of sexuality among older persons has gained increasing attention in recent years, particularly within Western societies where ageing populations are expanding at unprecedented rates. As longevity improves and life expectancy increases, the sexual health and wellbeing of older adults have emerged as essential yet underexplored components of ageing. Historically, research and public discourse have focused heavily on adolescent and adult sexuality, often neglecting or overlooking the experiences of older individuals. This neglect has been further reinforced by pervasive stereotypes that portray older adults as asexual or devoid of sexual desire. However, evolving evidence from the Western world challenges these assumptions, highlighting the complexity and variability of sexual expression, satisfaction, and health in later life. This section explores key findings from Western literature, beginning with an examination of how older people express their sexuality, followed by an analysis of the factors

2.3.1 Sexual Expression Among Older People

As established earlier, the elderly population across the world is experiencing an exponential increase, to the extent that issues concerning this segment of the population can no longer be ignored. Many studies have been carried out on adolescent and adult sexuality (Chao et al., 2011), but when it comes to sexuality among older persons, there are deep-rooted stereotypes. Even though, there have been attitudinal changes concerning sex and sexual expression among older persons in recent times, it is still believed that older adults do not have sexual desire. Based on this premise, it is also conceived that elderly adults should have nothing to do with any sexual behaviour. These concepts run counter to the age-old belief (Chao et al., 2011) that it is natural for human beings to have a sex life.

A study undertaken by Lindau et al. (2007) revealed that many older adults aged between 57 and 85 years in the USA were sexually active. In comparative terms, women were less likely than men to be sexually active (Lindau et al., 2007). But, overall, the findings showed that over 75% of the respondents who were somewhat physically in good health, admitted to having a continuing sexual interest.

There are two common narratives about sexual activity among older people. On the one hand, it is said that sexual activity declines in later life; on the other hand, it is suggested that for some older people, sexual activity is frequent. However, there is a shift in the kind of sexual activity that older people engage in due to health-related issues, complications and access to sexual partners thereby altering the form, but not the function of sexual activities (DeLamater, 2012). Indeed, majority of older people now view sex as an important activity for maintaining a good relationship as well as for quality of life (Fisher, 2010). Again, it has been revealed that,

even though there is a decline in the desire for sexual intercourse among the elderly, there is an increase in the enjoyment and happiness associated with intimacy and emotional closeness as age advances (Graugaard et al., 2012).

The above notwithstanding, it is evident that research on sexuality in later life appears to support the first view of a decline in sexual activity in later life (Fields et al., 2013). With a sample size of 2,507 from two datasets obtained from non-institutionalised Americans, Karraker, DeLamater and Schwartz (2011) conducted a study in which they examined the decline in partnered sexual frequency per month for both men and women between the ages of 44 and 72. The datasets were obtained from the National Health and Social Life Survey (NHSL) in 1992 and the National Social Life, Health and Aging Project (NSHAP) in 2005-2006. The results showed that for both men and women, the frequency of sexual activity declined from mid-life (44-59 years) to later life (57-72 years). In addition, although gender differences were not statistically tested, it is worth noting that for both mid-life and later life, the mean score for sexual activity was higher for men than women.

The decline in sexual activity among adults is found to increase with age (Thompson et al., 2011; Field et al., 2013). In effect, as people age, the decline in sexual activities also increases. This is evident in a study conducted based on data from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) which investigated the relationship between health and sexual lifestyles in Britain (Field et al., 2013). Data was collected between 2010 and 2012 from a sample of 15,162 (6,293 men and 8,869 women), with participants between the ages of 16 and 74. Participants were asked about their recent sexual activity in the past four weeks, including heterosexual and homosexual activities such as vaginal, oral and anal sex. The results

showed that sexual activity declined with age for both men and women. For men, the decline started after 45 years while for women, the decline started after 35 years. However, the study failed to provide scientific evidence in support of this particular observation. Thompson et al. (2011) also examined the level of sexual activity among 1,237 community-dwelling women between the ages of 60 and 89 sampled from San Diego, USA, and found that both partnered and non-partnered sex in the past 6 months declined with age. Specifically, 51.7% of those in the youngest age group (60-69 years) reported having sex in the past 6 months compared to the 32.6% and 13.5% in the 70-79 and 80-89 age categories, respectively.

The various studies that support the assertion that sexual activities decline among the elderly are not without limitations. For instance, most of the research on sexuality in late life tends to focus largely on partnered sexual activity (Karraker, DeLamater & Schwartz, 2011), thus limiting the scope of sexual activity in later life. Also, masturbation, which is gratifying for most non-partnered people, is not included as a sexual activity in most of these studies. This inadvertently limits the scope of sexual activities. Although a study by DeLamater and Koepsel (2015) supports the inclusion of masturbation as a sexual activity in research into sexuality, there is evidence of the existence of cross-cultural and ethnic differences in the reporting of masturbation (Das, 2007).

In a review conducted by DeLamater & Koepsel (2015), it was found that solo masturbation was the most common sexual behaviour for older adults across three selected age categories (50-59, 60-69 and 70+). As reported by the British National Survey of Sexual Attitudes and Lifestyles (Natsal-3), within the period of the previous four weeks, one-third of men and one in every ten women between the ages of 65 and 74 had masturbated (Mercer et al., 2013),

indicating that masturbation is a sexual activity among older adults, hence the need to incorporate it as a sexual activity when conducting studies on such topics.

Another limitation is that a substantial number of studies sampled older adults with medical problems, including diabetes and other chronic conditions. Thus, estimates of sexual activity may be underestimated as healthy older people are not represented in these studies. There is, therefore, the need for scholars to concentrate more on studies that look at the estimates of sexual activity in both healthy and unhealthy samples. In addition, studies that include estimates of both partnered and non-partnered sexual activity among older adults will be discussed in this current study.

2.3.2 Factors Associated with Sexual Expression

The previously highlighted issues of samples used for studies that support the decline in sexual activities among the elderly (Thompson, Charo, Vahia, Depp, Allison & Jeste, 2011; Karraker, DeLamater & Schwartz, 2011; Field et al., 2013) are also limited in explaining the decline in sexual activity in later life, hence leading to various studies concentrating on the diverse factors that account for the decline in sexual activities among the elderly. Until recently, most of the literature on sexuality in later life had focused on a biomedical view of sexuality, wherein the prevalence of sexual dysfunctions as well as pharmaceutical treatment for sexual problems had been of interest. Research based on the biomedical approach takes the view that sexual functioning declines in later life (Tiefer, 1996; Tiefer, 2007; Syme et al., 2012; Štulhofer et al., 2018), mostly assigning biological factors such as physical changes associated with ageing as the cause of the decline.

However, it is not entirely factual that physical changes associated with ageing (e.g., vaginal dryness) result in a decline in sexual activity in later life (DeLamater, 2012). Rather, the meanings which are underpinned by social values of these physical changes are more influential on sexual activity or functioning (DeLamater & Koepsel, 2015). Multiple perspectives for explaining sexual functioning in later life are therefore advantageous, hence a critical look at studies that concentrate on the bio-psychosocial model of sexual functioning will be the focus of this section of the study.

2.3.2.1 Biological/physical factors

As already mentioned, physical changes that accompany ageing have been studied concerning sexual functioning. In addition, physical health and mental health as well as the usage of medication have been studied. Concerning physical changes associated with ageing, men experience a slow decline in the production of testosterone. This hormonal decline may pose risks to sexual functioning in many ways, including increasing erectile dysfunction.

For women, the decline in the levels of oestrogen is not uncommon and may lead to the experience of dryness in the vagina and atrophy, but these consequences are not that common (Howard, O'Neill, & Travers, 2006). Despite the presence of these and other symptoms, there is little evidence to support their impact on sexual functioning among older adults (Dillaway, 2012). For instance, the impact of menopause on sexual functioning has been studied and the results have been mixed. Whereas some studies have observed less frequent sexual activity among postmenopausal women, others have found no such decline (American Association of Retired Persons, 1999; Hinchcliff & Gott, 2008).

Unlike the physical changes accompanying ageing, both physical and mental health have a strong impact on sexual activity. Physical and mental health are often assessed using subjective measures (i.e., self-reported health). For instance, Field et al. (2013) used a large sample of 15,162 participants living in Britain and aged between 16 and 74 years for their study. They found that recent sexual activity (in the past four weeks) was less common among participants who reported bad or very bad health compared to those who indicated that their health was very good. In another study with an exclusively older sample (57-85 years) of Americans drawn from the National Social Life, Health and Aging Project (NSHAP), it was found that participants who indicated that their health was fair or poor had a lower likelihood of being sexually active and a higher likelihood of reporting sexual problems (Lindau et al., 2007).

Self-rating of mental health has been shown to influence sexual functioning while the reduction in sexual activities among older adults is associated with depressive symptoms (Field et al., 2013, Jackson et al., 2019). A higher number of symptoms of depression leads to a decline in erectile function in men and reduced ability to become sexually aroused among women (Jackson et al., 2019). A cross-sectional study of 807 older American women (non-Hispanic white and African American) between the ages of 61 and 89 showed that depressive symptoms and lower satisfaction with life were associated with a higher likelihood of sexual dysfunction (Hughes, Rostant & Pelon, 2015).

Considering the increasing risk of experiencing losses and declines in multiple domains with age, especially in the physical health domain, older adults are likely to use medications to deal with their health problems. In a survey of 1,106 participants aged at least 50 years, it was found that participants took various medications, including those for blood pressure, reducing cholesterol levels, relieving pain and inducing sleep. About 47% of participants reported taking

medication for blood pressure while 47% of men and 36% of women indicated they took medication to lower cholesterol levels (American Association of Retired Persons, 2010). It is worthy of note that medication use among older adults is, however, not a strong predictor of sexual activity, as observed by DeLamater and Moorman (2007).

2.3.2.2 Psychosocial factors

Biomedical factors are limited in explaining sexual functioning in later life. As noted previously, the meanings of biological/physical changes appear to be more important than the physical changes themselves (Laumann, Das & Waite, 2008). Psychosocial factors that have been studied in relation to sexual functioning include attitudes towards sex, relationship status and satisfaction as well as sexual desire. Research indicates that people's attitudes towards sexuality play an important role in the frequency of sexual activity. Men and women who indicate that sex is important to them in their relationship are more likely to report greater sexual desire and activity (DeLamater & Sill, 2005). In a Finnish study of individuals across all age groups, it was found that those who rated sex as important engaged in more frequent sexual activity (Kontula, 2009).

The availability of a partner with whom to engage in sexual activity is critical and is a common problem that older people are likely to encounter as a barrier to satisfying their sexual needs (DeLamater & Sill, 2005; Hinchliff et al., 2010). The relationship status of a person is one of the important determinants of sexual expression and satisfaction among older adults. In a study conducted by Træen et al. (2018), it was revealed that men and women who are partnered or live with their spouses are more likely to be sexually satisfied compared to their non-partnered

counterparts. It is, therefore, obvious that when a partner is unavailable, sexual activity among older adults will decline.

A number of these elderly men and women may lose their spouses and sexual partners through death, divorce, or even devastating sicknesses in old age which may end their sexual lives/activities. Lack of a partner (spouse) is common for women, partly because women tend to marry upwards (men older than them) whereas men tend to marry downwards (women younger than them). This claim is supported by a study which found that, for men, living with a partner was stable across all age groups whereas for women, it declined steadily across all age groups (Lindau & Gavrilova, 2010). For example, in one study based on a large representative sample of Americans, it was found that between 70% and 80% of men in all age groups had a partner while 67.5% of women between the ages of 25 and 54 and 40% of women 75 years and over reported having a partner (Lindau et al., 2007).

In addition to the unavailability of a partner, the health of an available partner is said to have implications for sexual activity. In a qualitative study that explored women's experiences of changes in sexuality in later life, the women (aged 50-80 years) attributed the decline of their sexual desire, in part, to the health problems of their partners (DeLamater, Koepsel & Johnson, 2017). However, only a few of them reported a decline in the frequency of sexual activity. Some reported stability in frequency while others reported an increase due to entering new relationships. The question, therefore, remains whether there is a correlation between mental health, wellbeing and sexuality. In a study conducted by Sarah et al. (2019), data collected from 2,614 men and 3,217 women suggested that there is a decline in sexual activities among older adults with poor wellbeing compared to those who are healthier. There is, therefore, a relationship between sexuality and the health problems of older adults, since older adults with

a higher number of depressive symptoms, lower quality of life or generally poor health are reported to experience a decline in the frequency of sexual activity (Sarah et al., 2019).

It is also argued that the quality of the relationship with a sexual partner impacts sexual functioning. Mitchell et al. (2013) used data from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) involving 15,162 participants (aged 16-74 years) living in Britain and found that low sexual function was associated with the lack of a steady relationship as well as unhappiness in relationships. Similarly, Laumann, Das and Waite (2008) found that among women and men between the ages of 57 and 85, satisfaction in a relationship was associated with sex being pleasurable. That is to say, people who are satisfied in their relationships are more likely to have an active sexual life, leading to greater sexual satisfaction.

The need to consider sexual desire as an important factor in the literature on sexuality cannot be overemphasised. Existing studies on the prevalence of sexual desire have not provided consistent results. While some studies have found declines in sexual desire with age (American Association of Retired Persons, 1999; Kontula & Haavio-Mannila, 2009), others have found no variation with age (Moreira, Glasser, King, Duarte & Gingell, 2008). It must be reiterated that although sexual desire is a motivator of sexual activity, a decline in sexual desire does not necessarily result in a decline in sexual activity. This paradox was observed in a study of older women's experiences (n = 24) of sexuality which revealed that, although the women reported a decline in sexual desire for reasons including their partners' health problems, dissatisfaction with their physical appearance and other physical changes, only a few reported a decline in the frequency of sexual activity (DeLamater, Koepsel & Johnson, 2017). Stability or an increase

in engagement in sexual activity was influenced by the sexual desire of their husbands, entering new relationships and the value of sexual intimacy to their relationship.

2.3.3 Sexual Satisfaction among Older People

Sexual satisfaction, according to Kwame and Byers (1995), can be defined as “an effective response arising from one’s subjective evaluation of the positive and negative dimensions associated with one’s sexual relationship” (p. 268). Sexual satisfaction has to do with two individuals exploring each other’s physical desires with dignity and reciprocation. It can also be said to be the evaluation of both the physical and non-physical aspects of one’s sexual life. Although a happy sex life forms an integral part of a fulfilling life, what a happy sex life really means is subjective, since sexual desires and expectations differ from one person to another (Wiederman, 2005). Therefore, the subjectivity of sexual satisfaction is an important consideration in research. Empirical studies have shown that sexual satisfaction is associated with a wide range of positive outcomes, including psychological health, happiness and relationship quality (Chao et al., 2011; Wang et al., 2014; Zarpellon, Mazo & Cardoso, 2011), just to mention a few.

Studies show that the frequency of sexual activity is heavily implicated in the sexual satisfaction of individuals (Heiman et al., 2011; Kim & Jeon, 2013), and given that population-based studies report a decline in sexual activity in later life (Karakar, DeLamater & Schwartz, 2011; Field et al., 2013), it can be suggested that sexual satisfaction may also decline in later life. This suggestion is supported by several studies that have observed that sexual satisfaction (or sexual wellbeing) diminishes with increasing age (Chao et al., 2011; Field et al., 2013) whilst findings from other studies do not support this view (Neto & Pinto, 2012; Thompson et al., 2011). This suggests that some factors underlie the relationship between age and sexual

satisfaction which need to be explored. There is, however, limited research on self-perceived reasons for the decline in sexual satisfaction and some of these studies must be examined. Review of 57 articles on sexual satisfaction by Shahhosseini et al. (2014), categorises factors affecting sexual satisfaction among women as demographic, pathophysiological, psychosocial and sociocultural. Factors such as marital status, age gap, educational level, occupation, and number of children and the duration of marriage are some of the demographic factors that affect sexual satisfaction among women (Shahhosseini et al., 2014). The study also identified conditions such as diabetes, rheumatism, obesity and infertility as pathophysiological factors while mental disorders such as depression and anxiety belong to the third category of factors affecting sexual satisfaction among women. The last category, referred to as the sociocultural factors, includes interpersonal communication skills, beliefs and attitudes, economical status and substance abuse (Shahhosseini et al, 2014). In a different study conducted among 33 participants including married men and women, marriage counsellors and family court judges, Koluri (2015) found four categories of obstacles to sexual satisfaction among couples: lack of sexual education courses, sexual dysfunction, mental and physical diseases, incorrect religious beliefs and other cultural factors.

Although the study conducted by Shahhosseini et al., 2014 provided a link between these factors and how they affect sexual satisfaction among women, for instance, it was found that sexual satisfaction is at its greatest for women when there is an age gap of 5 to 7 years between a couple. However, the study concentrated on the general sexual satisfaction among women without considering any age limitations or doing the same for men. Hence, its findings may not necessarily represent factors affecting sexual satisfaction among older people.

In some instances, religion, love and marital status are seen as factors contributing to sexual satisfaction among older people. For instance, a study by Neto and Pinto (2013) that sought to investigate satisfaction with sex life across the adult life span and explore the correlation between satisfaction, sex life and age as well as other relational constructs among the population (aged 20 to 80 years), reveals that religious attachment, marital status and love impacted sexual satisfaction.

Love was the strongest predictor of sexual satisfaction among adults across the life course. Although the study established that religion plays an important role in sexual satisfaction, no further analysis was done to determine which religious affiliations were positively correlated with sexual satisfaction, presenting a significant limitation.

In another investigation, qualitative research was conducted among heterosexual women in the United Kingdom. It was revealed that menopausal women experience biologically related changes that impact their sexual function (Hinchliff & Gott, 2010). A major challenge that women go through during menopause, which is the decline in the oestrogen hormone which can cause vaginal dryness, was found to have the ability to affect their sexual satisfaction. The participants indicated that vaginal dryness lowered their level of sexual functioning and satisfaction. Nonetheless, it is worth noting that in as much as these changes may occur in menopausal women, there are instances where women at this stage of their lives experience a positive change, leading to different outcomes concerning their sexual satisfaction. It is evident from the above studies that although age may be seen as a barrier to sexual satisfaction, certain factors like communication between a couple (Freihart, Sears, & Meston, 2020), lack of sexual

education (Koluri, 2015) as well as the lack of intimacy and affection (Fisher et al., 2015) can lead to sexual dissatisfaction.

It is interesting to note that studies specifically focused on the factors associated with sexual satisfaction among older people found similar variables to those identified among the general population regarding factors that obstruct sexual satisfaction. Based on extant research, factors associated with sexual satisfaction among older people can be categorised as person-based, interpersonal and cultural (Træen et al., 2017). Person-based factors are similar to those reviewed for sexual activity in later life. These factors include physical and mental health (DeLamater et al., 2008; De Vries, 2015; Dundon & Rellini, 2010), attitudes towards sex (Graf & Patrick, 2014) and impaired sexual function (Field et al., 2013). Interpersonal factors highlighted include the frequency of sexual encounters (Heiman et al., 2011), the availability of a partner and the partner's health status (Syme et al., 2013), the sexual desire of the partner (DeLamater et al., 2008) and the quality of the relationship (Dundon & Rellini, 2010). Cultural-level factors have not been widely studied and represent a major gap in the literature on sexuality (Træen et al., 2017).

It must be emphasised that there is a dichotomy between happiness in a relationship and sexual satisfaction for older women and men, and this goes beyond sexual intercourse to include physical intimacy like kissing, cuddling and caressing (Stulhofer et al, 2019). Research findings have established a decline in sexual interest among older men and women. (DeLamater, 2012; Traen et al., 2017). On the contrary, sexual satisfaction does not follow the same line (Traen et al., 2017), demonstrating that sexual satisfaction for both older men and

women may not decline even in the face of changes in sexual activity, whether in frequency or type (Hinchliff & Gott, 2004).

Not much study has been conducted on sexual desire in men and, for that matter, women as they grow older. It is imperative that this area is studied since sexual activity is known to have a direct correlation with one's health (Addis et al., 2006). It therefore stands to reason that ill health may impact negatively on sexual health (Schover, 2000) while age and poor health have a harmful effect on various aspects of sexuality, especially among older persons (Laumann et al., 2005). There is no dispute over the fact that, as people advance in age, there tends to be less intimate contact, culminating in decreased sexual activity with their counterparts. Bearing in mind that sex is a vital ingredient in the quality of life, then sexual satisfaction does not necessarily experience a downturn with advancing age. In this respect, sexual behaviour should not be restricted to sexual intercourse. Juxtaposing this stance with the earlier assertion, the definition of sexuality should encompass touching, caressing, fantasy, masturbation, physical closeness with a partner and so on. It can be surmised that there is more to sexual satisfaction than previously thought; thus, it is not necessarily affected by a person's age but rather, by their health.

2.3.4 Sex and Health Implications for Older Adults

There is little known about sex among older persons. Consequently, this population continues to be tagged as asexual based on stereotypical perceptions and with no scientific basis in both developed and developing societies (Burnside, 1975; Hinchliff, 2016). Existing literature, however, points to the fact that sexual activity in later life is possible and that older persons are sexually active (Thompson et al., 2011). Furthermore, previous research on this phenomenon

has included participants whose age falls below 60, even though the sexual experiences of older persons may be significantly differed due to age and other biological, psychological, health and emotional conditions (Gott & Hinchliff, 2003). A study of sex in later life (60 years and above) is worth reviewing to gain insight into the unique experiences of older persons regarding this phenomenon and its relation to overall wellbeing and how these sexual needs are met.

Studies by Gott & Hinchliff (2003) sought the views of older people on the importance of sex in later life. The study recruited 21 men and 23 women from the age/sex register of general practice in Sheffield in the UK and used both a quantitative questionnaire and in-depth interviews with 69 participants aged between 50 and 92. Two quality-of-life measures (WHOQOL-100 and WHOQOL Importance Scale) were completed by the participants and based on the results obtained, in-depth interviews were conducted to explore the basis of the prioritisation indicated by the participants.

The findings showed that participants without any current sexual partners or engagements did not attach any importance to sex. On the other hand, participants who were sexually active, either married or having sexual partners, attributed some importance to sex by rating sex as very or extremely important. Nevertheless, when faced with life situations such as health problems or widowhood, they preferred to keep a low level of sexual activity due to the challenges they are likely to encounter if they remain sexually active.

The pervasive stereotype of older persons as asexual has always been more pronounced across societies, despite lacking any scientific basis. This misconception about older persons' sexuality has permeated social policy programmes and informed how certain social interventions are carried out. As pointed out in this study, two policies rolled out by the

Department of Health (DoH) Directives namely, the National Service Framework (NSF) for older people (DoH, 2001a) and the National Sexual Health Strategy (DoH, 2001b) conspicuously excluded the sexual lives of older persons, even though there is scientific evidence that sexuality in old age enhances wellbeing.

Additionally, researchers have contributed to this social labelling by limiting the age cut-offs for most studies conducted about older persons and their sexual issues, in particular. They either set the lower age limit at 44 and the upper age limit on relatively younger ages, between 50 and 80 years. Consequently, the findings of such studies fail to reflect the realities of older persons. Even within the domain of gerontology, not much attention is paid to older persons' sexuality and sexually related issues.

Furthermore, most often than not, the voices of older persons are almost missing in studies done on them. It is therefore important that the voices of older persons are amplified in the current discourse by projecting their perspectives, feelings and lived experiences. Concerning methodology, participants completed a quality-of-life questionnaire, and an in-depth semi-structured interview was carried out among 69 participants between the ages of 30 and 92 years. This was aimed at exploring the phenomenon qualitatively and quantitatively.

A possible limitation of this method, specifically with the mode of recruiting participants, is that it may reflect the experiences of individuals from certain demographic backgrounds who access healthcare in a particular health facility. Therefore, the findings may not be generalisable to the entire UK population, let alone populations outside the UK. Moreover, the age variation

among male and female participants may introduce a certain level of bias which may skew the results of the study in favour of the dominant age group.

Another important revelation from the literature has to do with the feeling of sexual satisfaction by touching and fondling, which in most cases, has replaced sexual intercourse among older persons mostly due to ill health or a reduction in physical strength (Flynn & Gow, 2015). In rare cases, the absence of sex leads to emotional and psychological frustration as well as anger and misunderstanding. Furthermore, the opinions, feelings and perspectives of participants between the ages of 50 and above are relatively different compared to those aged between 70 and 80 years, in that, the former group express a stronger desire for sex than those of the latter group (Heidari, 2016). This study did not explore whether participants engaged in other forms of sexual activity when experiencing challenges with intercourse.

The result of the quantitative study using the quality-of-life measure necessitated further exploration through a qualitative approach. Gott and Hinchliff (2003) used a sequential design in their study, where the quantitative aspect was carried out first and the results precipitated the qualitative aspect to help further explore what the quantitative revealed to gain more insight. Many studies conducted on sexuality among older adults conceptualise the phenomenon from a health perspective. They often overlook how the cultural norms of a society or community have evolved with sex and sexuality among older persons over time. Stereotypical notions about asexuality in old age are not only spreading fast across the research field but are also shaping popular images of older people as well as policy agenda. Demystifying the notion is more difficult to do because the attitudes of the elderly themselves towards the role and value of sex have not been explored much. Curiously, this age-related stereotyping has remained

unchallenged by researchers to the extent that many of them (the researchers) have put a cut-off limit regarding age categories when researching sexually related issues.

Two prominent surveys illustrate this pattern: the National Survey of Sexual Attitudes and Lifestyles and a study of adult sexual behaviour in the USA. While the former recruited participants who were 44 years and below (Johnson et al., 2001), the latter imposed an upper age limit of 59 years (Laumann, Paik & Rosen, 1999, p. 538). By placing emphasis on the age bracket of 44 or 59 years and below and completely excluding the elderly in surveys on sexuality and sexual health issues only corroborate the notion that sex is not relevant to older people. This exclusion is also pervasive in gerontology, where little attention is paid to sexually related issues in research.

Many studies that have been carried out in this area have a narrow focus and only attempt to understand sexuality by quantifying it in terms of specific sexual acts and their regularity and/or frequency. Consequently, rather than confirming that people can remain sexually interested and active in old age, all they succeed in doing is affirming the contrary view. It is no wonder that studies that employ a more multi-dimensional view of sexuality and ageing are deemed very rare. A case in point is Van der Geest's (2001) study on sex and old age in Ghana. Because of that, earlier assumptions about the value and importance of sex in old age are being interrogated. MacNab (1994, p. 141) asserts that both sexes, as they reach their elderly years, rarely use sexual interest as a factor in their appearance and behaviour, without any conscious awareness that what they are doing is denying or repressing a large part of what it is to be a living being.

A thorough overview of this statement tends to fashion a new myth about ageing sexuality, which does not help in dispelling the stereotype it hitherto seeks to deconstruct.

Of all the studies that have been carried out, those that support and those that challenge stereotypes of sexuality in old age, the voices of older people themselves remain absent. Given the foregoing, there is a need to capture the voices of older people to feed them into the current discourse. Hence, it is important to collate older peoples' views regarding the role and value of sex in later life. This is an area identified by Vincent, Riddell and Shmueli (2000) as a major gap in current knowledge. Attempting to fill this research gap requires a two-pronged approach, combining quantitative and qualitative methods.

2.4 Sexuality among the Elderly in an African Context

The prevalence of sexual activity in later life has also been studied in the African context, though these studies are scant. In Africa, men tend to engage in sexual activities more frequently at an older age compared to women a pattern found in most African literature on sexuality among older adults. For instance, in a study on sexuality across different age groups in four African communities namely, Masaka (Uganda), Umkhanyakude (South Africa), Manicaland (Zimbabwe) and Rakai (Uganda), it was found that 90% of men aged at least 50 years reported sexual activity in the past year in all three communities except Masaka (Todd et al., 2009). In Masaka, the proportion was 75% for those who were 50 years or above. The proportion of the sexually active was lower among women with less than 50% of women aged 50 or above reporting being sexually active in the studied sites. This could be because the main purpose of sex among women in the African context is for procreation (Okiria, 2014), and since, at menopause, women may not procreate again, sex loses its importance for them.

To support the claim above, a study conducted by Negin et al. (2016) on the sexual behaviour of older adults living with HIV in Uganda confirms the disparity in the importance of sex to men as compared to women. The study revealed that sex was not at all important for 79.7% of women compared to 39.0% of men. There were 101 participants (42 men and 59 women) who were at least 50 years of age. It was observed that reported sexual inactivity in the past year was higher among women (84.5%) than men (46.3%). As found in studies in the Western context, living with a partner and physical function (health) were significant predictors of engagement in sexual activity; these were also significant predictors of the importance of sex for older Ugandans living with HIV.

It is also established that in some African contexts, the importance of sexual activities to the bodies of older adults is well understood and acknowledged. However, old age impedes access to sexual activities among the elderly. In a study conducted by Freeman and Coast (2013) among older a sample of older men and women in rural Malawi between the ages of 50 and 90, it was revealed that sex was understood to be beneficial to older people's bodies but is not accessible to some of them. From the narratives of the participants, it was discovered that sex impacted self-identity in later life, and that sex was a way of endorsing the identity of an adult by asserting one's physical strength and productivity. Again, through the explanations given by the participants, the study also reframed the adult identity that is underpinned by physical strength by asserting that refraining from sex in later life reflected wisdom, self-control and respect.

As to what influences sexual activities among older adults in Africa, it has been found that cultural scripting is a major determinant. In a study conducted by Okiria (2014) among 80 men

and women between the ages of 40 and 80 years in Uganda, it was revealed that sexuality was influenced by societal norms. The study found out, for instance, that sexuality among women was strongly linked to reproduction—a pronatalist view. Hence, when women surpass the reproductive stage, sexual activity becomes unnecessary and shameful. This view was shared by both men and women in the study. For men, however, sexual activity is normal in later life but over time, as men become very old, they are expected to exercise self-restraint and respect, as expected of them in society.

Although societal norms govern sexual activities among older adults in the African context, it must be emphasised that there exist different scripts for both older males and females, and certain evidence points to the fact that these scripts favour older males compared to their female counterparts. Nyanzi (2011) conducted a study among elderly widows in the urban city of Kampala in Uganda regarding the ambivalence surrounding elderly widows' sexuality. The findings revealed that the sexual life of the elderly within this heteronormative and highly patriarchal society is shrouded in contradictions. That is to say, the sexual lives of the elderly are rooted in cultural contestations. Within this context, sexual expressions of the elderly are dependent on several vital cultural issues such as restrictions on remarrying after the loss of one's husband, denial of access to a late husband's property, feelings of loneliness and levirate marriage.

Additionally, elderly women are discriminated against based on ageism regarding an active sexual life.

For the older male in Africa, sex can be seen as a manifestation of masculinity, power and authority, and the inability to perform well sexually puts the older male's masculinity in disrepute. In a study conducted by Rutagumirwa and Bailey (2017) in Tanzania among older

men aged 60-82 years to understand their perceptions of sexuality and its implications for mental and sexual health, it was revealed that societal expectations about older men's sexuality cause anxiety and emotional distress, forcing male adults to resort to sexual enhancers to regain sexual power and authority. Rutagumirwal and Bailey (2017) employed the theory of sexual scripting to gain insight into the phenomenon. The findings of the study revealed that *jando* (male initiation rite) exists as a script for male sexuality and further defines the boundaries of expectations and rewards for male sexuality. The researchers argued that the observance of masculine sexual scripts as prescribed by the *jando* initiations has negative consequences on the sexual lives of older men in later years. They concluded by suggesting age-related interventions designed to suit specific cultural needs as well as the involvement of trained health professionals in mental health to provide appropriate counselling to help older men appreciate the variance between the ideal male sexuality and the nuances related to sexuality in old age.

Within the Ugandan setting, the only means for a woman to resume sexual engagement after the loss of a spouse or sexual partner, according to Nyanzi (2011), is through remarriage for both the young and the old. However, older persons who wish to remarry are deprived of this opportunity due to ageism, making age an impediment to sexual engagement. The elderly widow, as it were, faces a double burden as sexual expression is closely tied to reproduction. Thus, whereas a younger widow has a greater chance of remarrying and re-engaging in sexual intercourse, an older widow faces a tougher challenge of attaining the same, since she is perceived to have passed the reproductive age, thereby making it culturally unacceptable to remarry. This finding complements Okiria's (2014) discovery that reproduction is perceived as the main purpose of sexual engagement among older women in the African context.

According to Nyanzi (2011), the only culturally accepted form of remarriage for elderly widows is through levirate marriage that is, marrying the brother of their late husband. This arrangement allows her children and herself to be cared for by the late husband's brother. However, with the advent of the HIV menace, widows are now able to negotiate their way out of this custom by citing the risk of infection with HIV/AIDS, due to the high probability that the late husband's brother may have other sexual partners.

Conversely, not much restriction is placed on the resumption of sexual activity for elderly widowers. Regarding elderly widowers, it is even welcome for their adult children to arrange a younger wife for them on utilitarian grounds, such as to provide care and companionship in times of ill health. This is in sharp contrast to what happens to elderly widows, who are left to their fate in times of ill health or must be taken care of by their children.

Furthermore, the voices of the elderly in the study echoed loneliness, poverty and a sense of condemnation to a perpetual prison of asexuality, with the only permitted route to remarriage being through culturally approved customs (Van der Geest, 2004; Nyanzi, 2011). Among other challenges, cost and distance are some of the major difficulties the elderly are likely to face whenever they wish to seek redress from the judicial services in cases where their social rights, such as sexual rights, are infringed upon. The findings of this study reflect the views of elderly widows and widowers and therefore, represent the perspective of just a segment of the elderly population which may not represent the general view of the age cohort.

As established in studies in the Western context, the decline or otherwise of sexual activity among older adults might not necessarily lead to a lack of sexual dissatisfaction. Similarly, the

existence of sexual activity among older men and women in the African context (Todd et al., 2009) cannot be evidence of sexual satisfaction among the elderly in Africa. There is, therefore, a need to explore the issue of sexual satisfaction among the elderly in the African context. In a study conducted by Zegeye et al. (2020) among 397 married women in Northern Ethiopia, about half of the participants (50.4%) expressed moderate sexual satisfaction as against 39% who reported greater sexual satisfaction.

According to Zegeye et al. (2020), factors associated with sexual satisfaction or otherwise among married women in Northern Ethiopia include poor partner communication, poor sexual self-esteem, absence of social responsibility, poor sexual function, lack of previous information on sexuality, as well as the brandishing of sexual talk as taboo. It must be noted that, although most of the reasons attributed to the lack of sexual satisfaction among older women in Northern Ethiopia match those of their Western counterparts, Zegeye et al. (2020) present a new dynamic to sexuality among older adults in the differences between how talks about sexuality or sex education are viewed in the Western and African contexts. The issue of sexual discussions being classified as taboo is not found in the literature on sexuality in the Western context, as noted by Zegeye et al. (2020). It is, therefore, not surprising majority of the participants in the study conducted by Zegeye et al. (2020) reported that they had no information on sexuality.

2.5 Findings from the Ghanaian Context

It is worth mentioning that until the late 1990s, no study had been conducted on the sexuality and sexual lives of the elderly in Ghana (Van der Geest, 2001). However, the first ever attempt at studying sexuality among the elderly in Ghana was an ethnographic study by Van der Geest. This study was conducted to gain insight into sexual desires and practices in a Ghanaian

context through a qualitative approach by recording people's views on the phenomenon. The findings of the study were analysed considering the Ghanaian culture, particularly with specific references to gender differences.

The study was conducted among thirty-five elderly participants residing in Kwahu in the Eastern Region of Ghana between 1994 and 2000. The findings, among others, revealed that the elderly are sexually active, contrary to the age-old misconception of asexual old age. However, there were variations in sexual desires and wants among elderly men and women. Elderly men showed more interest in sex in old age compared to their female counterparts, who were less keen or, in some instances, not interested at all. It is also worth mentioning that the findings from Uganda (Nyanzi, 2011) and America (Waite, 2010; Lodge & Umberson, 2012) conform to the findings from Van der Geest (2001). Furthermore, it was also observed that Ghanaian society frowns upon the open display of romance by elderly persons. Any such act from an older person earns him or her a negative public image and may even cost them their role as heads of the family or clan.

Nonetheless, other studies on sexuality, such as that conducted by Fiaveh et al. (2015) focused on how women and men experience sexual pleasures in a Ghanaian context. The study specifically explored women and men's expressions of sexual pleasure, with a particular emphasis on the female manifestation of the phenomenon from the views of thirty-six participants: twenty females and sixteen males. Two main themes that emerged from this study are, first, what men and women consider to be sexual pleasure and second, their understanding and feelings of erotic factors associated with intercourse. The study found that both men and women understood ejaculation and other gestures, such as facial expressions and screaming

during sexual intercourse, to signify pleasure. Besides, an act of courtesy after sex from a partner was also seen as affirming sexual satisfaction and a show of romantic love.

In exploratory research conducted in the Wa Municipality of the Upper West Region of Ghana on the views of sexual identities among urban Ghanaian families, Dery and Fiaveh (2019) observed that sexuality in this patriarchal and heteronormative society is understood as God-given and should be adhered to as such. Though a few participants contended that they would prefer to choose their sexual identities, they admitted that this would come at a cost in some cases, as there was clear disagreement between parents and wards over this assertion. However, it was clear from the responses of participants that the current culture of gender and sexual binary in society could be challenged by the up-and-coming youth of the society in the future. The study participants, however, were aged between 30 and 50 years and did not include those above 60 years of age.

2.6 Information Gaps

Although research on sexuality among older people in Africa is gradually growing, the literature remains limited. Much of the extant research has attempted to uncover how socio-cultural contexts influence the sexual behaviours of older people (Nyanzi, 2011; Okira, 2014; Van der Geest, 2001). Except for a few (Freeman & Coast, 2013), most of these studies have not adequately explored the meanings of sex and sexuality. For example, Van der Geest's (2001) study among older adults in a rural community in Ghana was impressionistic; there was no in-depth exploration of both the experiences and meanings of sexuality.

The literature on sexuality among older people, in general, focuses mostly on sexual desire and activity, with sexual satisfaction or sexual wellbeing receiving less attention. Existing research on sexual satisfaction shows that it is influenced by sexual activity (Heiman et al., 2011) and that, both sexual activity and satisfaction decline with age (Chao et al., 2011). However, other studies have failed to find support for this claim (Neto & Pinto, 2012). One area that has received little attention in this line of research is the self-perceived reasons for sexual satisfaction or the lack thereof among older people (Træen et al., 2017). That notwithstanding, the factors identified in the existing literature on sexual satisfaction mostly concentrated less on older adults even less so within the African or Ghanaian contexts, hence the need for further exploration in the African context, and for that matter, the Ghanaian context. This is necessary and important since religion and its permeating influence on the lives of Ghanaians may have an impact on sexual satisfaction and sexuality in general (Fiaveh et al., 2015; Van der Geest, 2001).

Numerous studies have shown that the availability of a partner has a significant impact on sexual expression in later life (DeLamater & Sill, 2005; Hinchliff et al., 2010). Few studies have examined sexuality among non-partnered older people (i.e., widows and widowers) in the African context (Nyanzi, 2011). The sexual lives of such individuals may be impacted differently by socio-cultural norms compared to those who are partnered. There is, however, no research, to the knowledge of the researcher that qualitatively explores differences in the sexuality of partnered and non-partnered older people in both the Ghanaian and African contexts. Based on the identified gaps, the study explored understandings the meanings of sexuality for both partnered and non-partnered older people in the Ghanaian context.

2.7 Theoretical Framework

The general objective of the study is to explore and understand the experiences of sexuality among older people in Ghana. The study, therefore, adopts the Sexual Script Theory, together with the Socio-ecological Theory as its theoretical foundation. In the following sections, the Sexual Script Theory, the Socio-ecological Theory as well as their relevance to the study are explored and discussed.

2.7.1 Sexual Script Theory

Among the two different approaches to ‘scripts’, one based on cognitive psychology and the other on sociology, it is the latter that deals unequivocally with issues of sexuality (Frith & Kitzinger, 2001). The Social Script Theory, as explained by Simon and Gagnon, is essentially a metaphor for conceptualising the production of behaviour in social life (Simon & Gagnon, 1986, p. 98). These are mostly communicated through the examples displayed by members of a particular culture who have already adopted the scripts seen as appropriate for guiding the social behaviour of individuals within that culture (Wiederman, 2005). In other words, what Social Script Theory means is that there are certain laid-down functional arrangements that guide most social life, and these guides determine the occurrence of certain social behaviours at three distinct levels: cultural scenarios, interpersonal scripts and intrapsychic scripts (Simon & Gagnon, 1986).

In cultural scenarios, there exist certain guides prescribed by institutions to direct the behaviour of individuals belonging to a particular culture or institution. These are done through the definition of specific roles for members of the institution. Hence, members are expected to exhibit social behaviours that conform to or reflect the contents of the appropriate’ cultural

scenarios (Simon & Gagnon, 1986). Interpersonal scripts refer to instances where individuals adopt, modify and apply specific cultural scenarios in a specific cultural context to suit themselves whilst intrapsychic scripts refer to the management of desires as experienced by the individual when there is a need to script his or her behaviour in case of a conflict between cultural scenarios and interpersonal scripts (Simon & Gagnon, 1986).

Applying the view that every social behaviour involves the above three levels of scripting to human sexuality, Gagnon and Simon (1973) developed what became known as the Sexual Script Theory. From the scripting perspective of sexual behaviour, it means that sex is not to be seen as an intrinsically significant aspect of human behaviour but gains its significance or value based on how society or an individual defines or attributes a certain value to it (Simon & Gagnon, 1986). Gagnon and Simon (1986) hold the view that human sexuality should be conceptualised to include both what they call sociogenic (societal definition) and ontogenic (individual understanding) significance.

By Sexual Script Theory, Gagnon and Simon (1986) mean that human sexual behaviour must be understood from the point of view of how the society in which a particular person lives defines sexual behaviour, or as an intrapsychic map (Wiederman, 2005). Such definitions of sexual behaviour are shaped by the very structure of collective life as well as certain established institutions within a particular culture, such as marriage laws, vows and laws against certain sexual behaviours (Wiederman, 2005). In simple terms, how a person feels, thinks and behaves sexually is rooted in the culturally available messages on sex (Masters, Casey, Wells & Morrison, 2013). It has been argued that having sexual scripts provides justifications that make it acceptable to exhibit certain sexual behaviours. This, therefore, has the potential to influence

individuals to engage in specific sexual behaviours without fear of any undesirable consequences and hence, has the tendency to control sexual behaviours and reduce anxiety, especially when exploring new sexual behaviours (Frith & Kitzinger, 2001; Wiederman, 2005). It must be emphasised that just as the three levels of scripting are not identical across all societies or individuals in any given setting (Simon & Gagnon, 1986), there is also no universal script applicable to every society or culture in the world. Different sexual scripts exist for different societies or groups of people, and even for different individuals within the same culture, due to the existence of interpersonal scripts. In effect, there may be some common elements of social scripts shared by most members of a particular culture. That notwithstanding, sexual scripts differ in degrees across individuals, since an individual's personal experiences and social learning influence his or her construction of sexual scripts (Wiederman, 2005). Even at the cultural scenario level, different scripts may guide different genders in a particular setting, mostly based on anatomical differences and the gender roles that society assigns to each sex (Wiederman, 2005). For instance, in North America, men are expected to be the sexual aggressors while women are expected to be sexually passive, serve as gatekeepers and prioritise emotions over sex (Kim et al., 2007).

2.7.2 The Socio-ecological theory

To provide a framework to conceptualise the development of a child, Urie Bronfenbrenner introduced the Socio-ecological Theory in the 1970s, which was later formalised as a theory in the 1980s (Härkönen, 2007). Bronfenbrenner (1974) illustrated the concept with nesting circles which positioned the individual at the centre, surrounded by various systems. He labelled these systems as the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Bronfenbrenner, 1977).

The microsystem consists of factors that are closest to the individual, which interact directly with him or her and have the strongest influence. Churches, schools, workplaces and neighbourhoods, among others, which do not interact immediately with the individual, but have direct contact with them make up the mesosystem. The exosystem refers to systems such as the community and social contexts that do not directly interact with the individual but exert both positive and negative influences. The macrosystem is made up of societal, religious and cultural values that influence the individual while certain internal and external elements of time make up the chronosystem. In other words, what Bronfenbrenner (1979) proposes is that the five stages of the Socio-ecological Theory that determine a child's development are the individual, the interpersonal, the organisational, the community and public policy. Hence, the individual's knowledge about any social issue, what he/she learns from relationships such as family and friends, influences from organisations like schools and churches, norms and values of the community and the various legal and public frameworks all guide his/her actions and inactions. Therefore, these must be taken into consideration when studying the behaviour of the individual.

Bronfenbrenner's (1979) Socio-ecological Theory, also known as the Bio-ecological Theory, seems to focus on the development of the individual from childhood into a fully grown competent member of society. It thus serves as a description of socialisation as the process of becoming accepted and recognised by society as a member (Härkönen, 2007). The Socio-ecological Theory, therefore, seeks to explain human behaviour by considering the individual in relation to their affiliations with people, organisations and the community they reside. This means that, an individual's behaviour must not be viewed solely because biological influence

but must also be assessed in relation to the various environmental influences surrounding the person and the behaviours they exhibit.

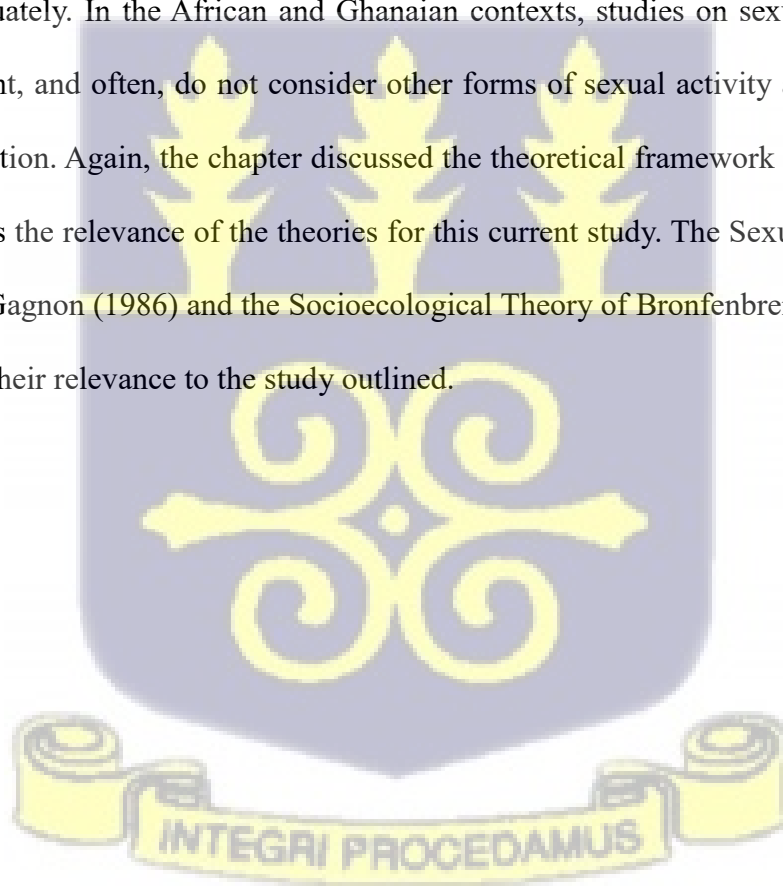
2.7.3 Relevance of the Theories to the Study

Sexual Script Theory is pertinent to understanding sexual behaviour among individuals. Since the aim and objectives of the study is to find out how older adults in Ghana understand or perceive what sex means to them and their lived experiences, the Sexual Script Theory is useful in the sense that it helps to explain how the society within which these older adults live define sexual behaviour, which eventually forms their understanding of sexual activities. Again, the theory goes on to explain how the various cultural norms and values establish acceptable and unacceptable behaviours regarding sexuality, thereby dictating the way and manner the individual behaves sexually. As recognised by the Sexual Script Theory that, even within the same cultural setting, there could be different scripts for individuals or groups of people, the study also draws on the Socio-ecological Theory to understand how, through the development of the individual, his/her behaviour is influenced at the microsystem, mesosystem, exosystem, macrosystem and the chronosystem levels which may also influence their decisions to alter existing sexual scripts.

Again, the study seeks to find out whether there are certain changes in the sexual experiences of older adults as well as the factors that affect or contribute to these changes. In trying to understand these issues, the Socio-ecological Theory helps to understand how individual knowledge, interpersonal relationships, organisations, community and society, influence the development of older adults' sexual experiences and the various changes that occur as they age.

2.8 Conclusion

The goal of the initial literature search was to have an overview of sex and sexuality and how they are affected by age. Different academic and research perspectives were provided to determine what had already been done that was relevant to the study. Hence, the chapter reviewed and discussed various literature that is pertinent to the current study. The chapter examined various studies conducted on sexuality among older adults in the Western, African and Ghanaian contexts. Most of the studies conducted on sexuality among older adults are found in the Western context, many of which concentrate on sexual activities and expressions among partnered older adults. However, most of the studies failed to explore the meaning of sexuality adequately. In the African and Ghanaian contexts, studies on sexuality among the elderly are scant, and often, do not consider other forms of sexual activity aside from peno-vaginal penetration. Again, the chapter discussed the theoretical framework underpinning the study as well as the relevance of the theories for this current study. The Sexual Script Theory of Simon and Gagnon (1986) and the Socioecological Theory of Bronfenbrenner (1979) were discussed and their relevance to the study outlined.



CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter throws light on the philosophical underpinnings that guided the conduct of this research and provides a justification for the choice of qualitative paradigm employed. The chapter describes the research settings and study areas, sampling techniques and recruitment of participants as well as tools for data collection and data analysis. Issues about methodological rigour and reflexivity are covered. Furthermore, the challenges encountered during the research and the ethical considerations involved are described in the chapter.

3.2 Philosophical Underpinnings and Justification for the Study Design

The main purpose of this study is to explore and gain insight into the sexual lived experiences of older adults (60 years and above), the changes they experience in their sexual lives and how they navigate these changes. The study included participants from four (4) suburbs in the Ho Municipality of the Volta Region of Ghana. To achieve this objective, the study adopted a qualitative design and approach rooted in phenomenology, using the interpretative philosophical underpinning that focuses on exploring and understanding participants lived experiences.

Phenomenology, as developed by Edmund Husserl and later expanded by scholars such as Heidegger, Merleau-Ponty and Moustakas, focuses on the essence of human experiences. It aims to reveal how individuals perceive, interpret and make sense of their world, emphasising their subjective realities and the meanings they attribute to their experiences (Moustakas, 1994).

Husserl's transcendental phenomenology emphasised the need to bracket preconceived notions to assess the essence of lived experiences while Heidegger introduced a more interpretative approach that acknowledged the role of context, including historical and cultural influences (Willig, 2008). These foundational ideas are particularly relevant to this study, which seeks to explore the deeply personal and contextually embedded sexual experiences of elderly individuals. Phenomenology's focus on the life world, the everyday lived reality of participants, makes it an ideal framework for understanding their perspectives on sexual functioning and the socio-cultural contexts shaping these experiences (Merleau-Ponty, 1962).

3.2.1 Study Design

The study employs a qualitative exploratory design guided by phenomenology. This design was chosen to provide a flexible, in-depth examination of subjective experiences, which quantitative methods or more rigid qualitative designs may fail to capture (Marvasti, 2004). Qualitative exploratory research is particularly valuable in areas with limited prior research or theoretical frameworks, allowing the researcher to generate rich, nuanced insights into complex and understudied phenomena.

The aim of this study to understand changes in sexual functioning among elderly individuals requires a methodology that prioritises participants' voices and experiences. In-depth interviews were employed as the primary data collection method. This aligns with phenomenological inquiry which values participant narratives as a way of uncovering the essence of lived experiences (Moustakas, 1994; Willig, 2013). The open-ended nature of interviews provided participants with the space to articulate their thoughts, emotions and responses to changes in their sexual functioning on their own terms.

3.2.2 Phenomenological approach

Phenomenology, as an epistemological stance, asserts that knowledge is constructed through lived experiences, emphasising subjectivity over objectivity. In this study, phenomenology informed every stage of the research process, from formulating research questions to data analysis. The research was driven by a commitment to understanding the texture and essence of participants' experiences with sexual functioning, focusing on the meanings they ascribe to these experiences. Reflexivity was integral, requiring the researcher to remain critically aware of their positionality and its potential influence on data interpretation.

This phenomenological perspective aligns with the study's objectives by situating participants' experiences within the broader socio-cultural and psychological contexts that shape them. For example, gender norms, societal expectations and personal histories were explored not as external influences but as integral to participants' subjective realities.

3.2.3 Application of Phenomenology in the Current Study

The phenomenological approach allowed for deep engagement with participants' lived experiences, emphasising their quality and essence rather than reducing them to mere outcomes. The study drew on descriptive phenomenology to remain close to participants' narratives while integrating interpretative phenomenology to situate these experiences within broader sociocultural and psychological frameworks (Giorgi, 1992; Larkin et al., 2006).

For instance, participants' reactions to changes in sexual functioning were not analysed solely as individual responses but as experiences influenced by contextual factors such as cultural norms around ageing and sexuality. The interpretative lens enabled the researcher to explore

how participants navigated societal expectations and personal challenges, providing a richer understanding of their lived realities.

By adopting this dual focus, the study captures both the immediacy of participants' experiences and the broader contexts in which these experiences are embedded. This approach ensures that the findings contribute not only to understanding individual perspectives but also to addressing larger social and cultural questions about ageing, sexuality and wellbeing.

3.3 Study Area

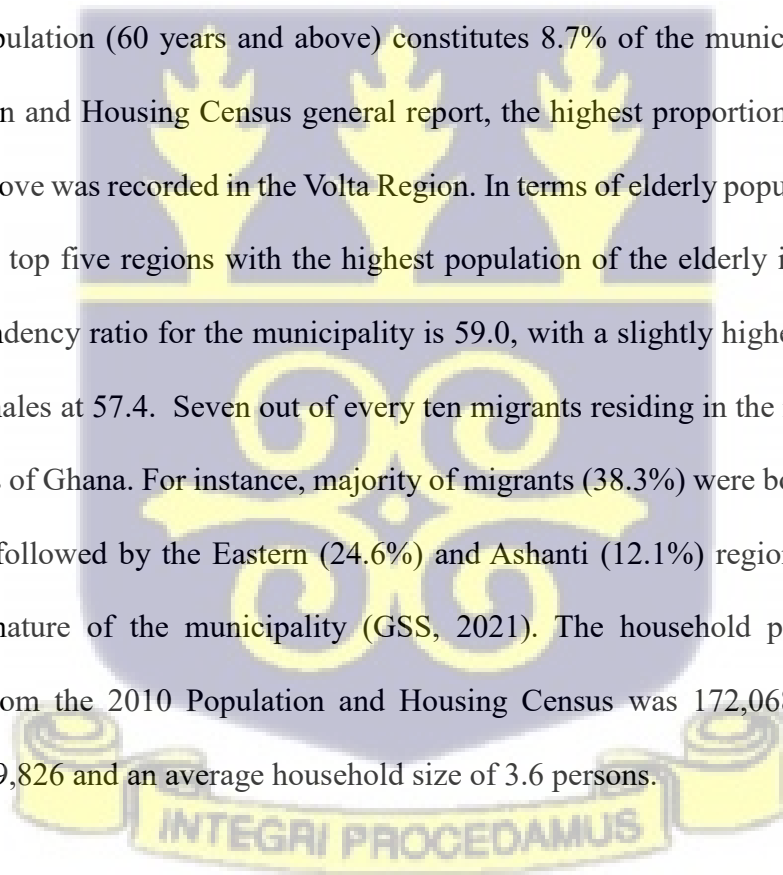
The study was carried out in the Ho Municipality of the Volta Region of Ghana. The researcher was interested in gaining first-hand information from the elderly. Generally, among the elderly in Ghana, the literacy rate is low (Ghana Statistical Service, 2012) and therefore, the Ghanaian language is an important medium for generating knowledge. In the Volta Region, Ewe is the most widely spoken language, and the researcher is fluent in it, making the selection of the study area appropriate.

In terms of household size, the total number of households recorded in Ho Municipality was 59,498. The distribution of households by size reveals that single-person households are the most common, accounting for 21,390 households (about 36%). This is followed by two-person households (11,224) and three-person households (8,545). Larger households are progressively fewer, with only 506 households having ten or more members.

The selection of the study area is also informed by the literature. Studies on the sexual experiences of the elderly in Ghana are scarce, with one of these studies conducted in Kwahu in the Eastern Region of Ghana by Van der Geest (2001). Regarding studies on sexuality among younger people, urban cities (most specifically, the Greater Accra Region) have dominated as

research settings (Fiaveh et al, 2015; Fiaveh, 2017; Fiaveh & Okyerefo, 2019; Fiaveh et al., 2011; Fiaveh, 2020). The Volta Region has been largely underrepresented in this body of knowledge. While there may be commonalities in the understanding of sexuality across different ethnic groups, there may also be important differences. For instance, the inheritance system in the Eastern Region is matrilineal while the Volta Region adopts a patrilineal system. Regional differences may, therefore, play a significant role in sexual experiences but the discovery of such potential differences has been impinged by the dearth of research. In this regard, the exploration of the perspectives of the elderly in the Volta Region will contribute to the body of knowledge.

The ageing population (60 years and above) constitutes 8.7% of the municipality. From the 2021 Population and Housing Census general report, the highest proportion of persons aged 65 years and above was recorded in the Volta Region. In terms of elderly population, the region was among the top five regions with the highest population of the elderly in Ghana (6.8%). The total dependency ratio for the municipality is 59.0, with a slightly higher ratio for males at 60.7 and females at 57.4. Seven out of every ten migrants residing in the region were born in other regions of Ghana. For instance, majority of migrants (38.3%) were born in the Greater Accra Region followed by the Eastern (24.6%) and Ashanti (12.1%) regions, reflecting the cosmopolitan nature of the municipality (GSS, 2021). The household population of the municipality from the 2010 Population and Housing Census was 172,068 with an actual household of 49,826 and an average household size of 3.6 persons.



The 2021 census data shows that in general, more women are married than men, regardless of whether the marriage was registered or not. In terms of real numbers, 4.4 million women were married compared to 3.9 million men. This figure pertains to the population of 15 years and older. The never-married category also had more males (4.5 million) than females (3.4 million). More than half of these men (5.2 million; 65.8%) reside in urban areas. However, more women were widowed, separated or divorced than men in both urban and rural areas in Ghana. In the urban areas, 8.0%, 3.5% and 2.5% of females were widowed, divorced and separated, respectively. For males, 1.3%, 1.7% and 1.4% were widowed, divorced and separated, respectively. In rural areas, 10.2%, 3.6% and 2.4% of females were widowed, divorced and separated, respectively. For males, 1.6%, 2.4% and 1.8% were widowed, divorced and separated, respectively (GSS, 2022).

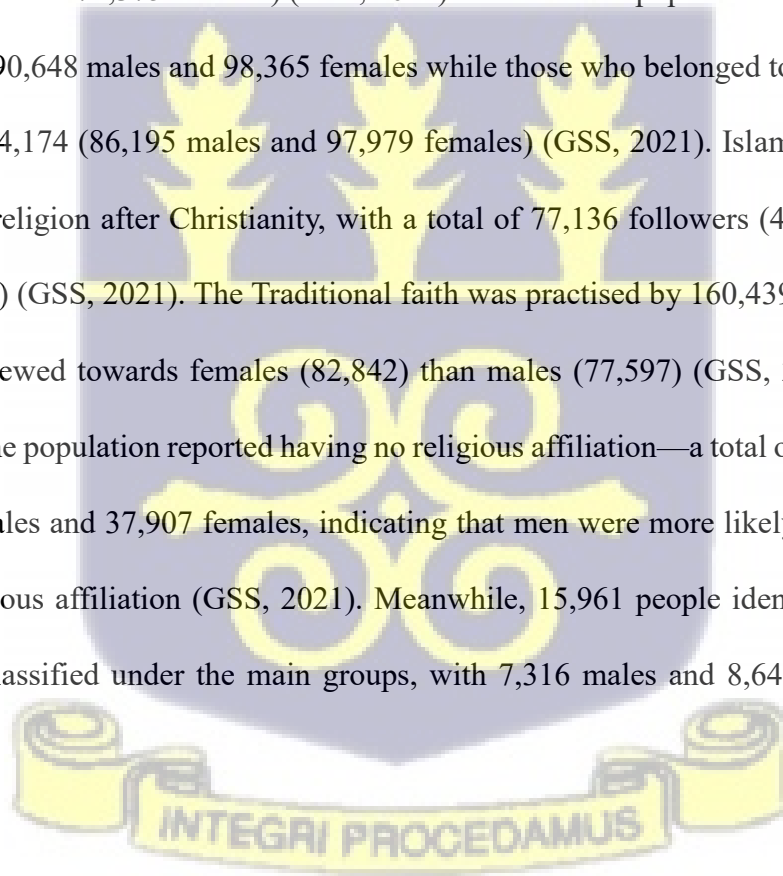
In the Volta Region, the total number of married people stood at 182,140, comprising 83,712 males and 98,428 females (GSS, 2021). In contrast, 27,884 individuals were separated, 42,035 were divorced and 42,707 were widowed (GSS, 2021). As observed nationally, fewer men compared to women were married while women were disproportionately represented among those separated, divorced and widowed (GSS, 2021). Specifically, among those widowed, 29,908 were females and 12,799 were males, pointing to a significant gender gap (GSS, 2021). Similarly, of the 42,035 divorced persons, 28,138 were females compared to 13,897 males (GSS, 2021). Among the 27,884 separated individuals, 17,272 were females and 10,612 were males, reaffirming the higher incidence of marital dissolution among women in the region (GSS, 2021).

With respect to age, widowhood, separation and divorce were more prevalent among older age groups. For instance, among persons aged 60-64 years, there were 13,391 widowed individuals, with 9,546 being females and 3,845 males (GSS, 2021). In this age group, 3,788 individuals were divorced (2,230 females and 1,558 males) and 3,988 were separated (2,308 females and 1,680 males) (GSS, 2021). Among the population aged 65 years and older, the number of widowed individuals increased significantly to 34,408, comprising of 25,362 females and 9,046 males. Additionally, there were 11,877 divorced persons (8,331 females and 3,546 males) and 12,160 separated persons (8,151 females and 4,009 males) (GSS, 2021). These figures suggest that marital dissolution and widowhood are increasingly concentrated among older women, reflecting demographic trends such as longer female life expectancy and gendered patterns in remarriage.

In terms of gender distribution for these age groups as it pertains to marriage, 69.6% and 62.3% of men were married in the 60-64 and 65+ age groups, respectively. For women, the percentages were significantly lower, with 42.2% and 23.6% for the 60-64 and 65+ age groups, respectively. The percentage of those separated, divorced and widowed was higher among females than males in both age groups. For women aged 60-64 years, 6.9% were separated, 12.3% divorced and 32.6% widowed. Similarly, in the 65+ age group, 6.9%, 12.3% and 32.6% of women were separated, divorced and widowed, respectively. Among men aged 60-64, 6.3% were separated, 6.9% divorced and 5.4% widowed while in the 65+ age group, the percentages were 7.3%, 7.8% and 13.9%. These differences in marital status as a function of old age may reflect the tendency for women to marry upwards (i.e., women marrying men who are older than them). This reasoning is supported by the researcher's observation at the time of the data

collection. The researcher noticed a 5–15-year gap among couples, with a considerable number of the women being widowed compared to the men in the study.

According to the 2021 Population and Housing Census report, most of the population in the Volta Region identified as Christians, totalling 1,301,612 individuals (601,654 males and 699,958 females) (GSS, 2021). Within the Christian community, Pentecostal/Charismatic denominations accounted for the largest subgroup, with 606,714 followers, comprising 275,475 males and 331,239 females (GSS, 2021). This was followed by the Protestant tradition, including Anglicans, Lutherans, Presbyterians and Methodists, totalling 321,711 persons (149,336 males and 172,375 females) (GSS, 2021). The Catholic population stood at 189,013, consisting of 90,648 males and 98,365 females while those who belonged to Other Christian sects were 184,174 (86,195 males and 97,979 females) (GSS, 2021). Islam was the second most reported religion after Christianity, with a total of 77,136 followers (40,354 males and 36,782 females) (GSS, 2021). The Traditional faith was practised by 160,439 individuals and was slightly skewed towards females (82,842) than males (77,597) (GSS, 2021). A notable proportion of the population reported having no religious affiliation—a total of 99,502 persons with 61,595 males and 37,907 females, indicating that men were more likely than women to report no religious affiliation (GSS, 2021). Meanwhile, 15,961 people identified with other religions not classified under the main groups, with 7,316 males and 8,645 females (GSS, 2021).



3.4 Sampling Procedure

The study adopted an exploratory qualitative design, focusing on the lived experiences of older adults. This approach is well-suited to uncovering nuanced, context-specific insights into the sexual experiences of elderly individuals. Guided by this design, the study employed purposive and snowball sampling techniques to recruit participants who met specific criteria, ensuring the collection of rich and meaningful data (Patton, 2002).

Purposive sampling was employed as the primary method for selecting participants. This technique involved the deliberate recruitment of individuals based on specific eligibility criteria to ensure that the sample could provide rich and meaningful insights into the research topic. Participants were required to meet three key criteria: they had to be at least 60 years of age, have a history of sexual activity and be willing to participate in the study.

These criteria ensured that the study targeted individuals with relevant experiences, thereby enhancing the depth and relevance of the findings. Within this sample, "non-partnered" participants included older adults who were unmarried and those who were divorced, separated or widowed.

The snowball sampling was also employed to complement the purposive sampling strategy. This secondary approach involved asking initial participants and trusted community members to suggest other individuals who met the inclusion criteria. Once potential participants were identified, the researcher reached out to them to assess their willingness to participate in the study. Some agreed to be interviewed while others declined due to reasons such as time constraints or a lack of interest in the research.

The combination of purposive and snowball sampling facilitated the recruitment of a diverse and information-rich participant pool. Purposive sampling ensured that the study targeted individuals with relevant experiences while snowball sampling expanded the pool of participants by leveraging social networks to identify additional participants. Together, these techniques provided a robust framework for gathering in-depth, contextually grounded data essential to understanding the study topic.

3.5 Data Collection Procedure

Data collection for this study took place between November 2020 and July 2021. The process began with community entry, where the researcher engaged community leaders including chiefs and assemblymen, who acted as gatekeepers to facilitate access to participants. During these engagements, the researcher explained that the study was an academic exercise focused on the wellbeing and sexual lives of older adults. Concerns raised by the community leaders, such as the tangible benefits of the research, were addressed promptly. It was clarified that while there were no immediate material benefits, the findings could serve as a foundation for interventions aimed at improving the welfare of older adults in Ghana.

3.5.1 Data Collection

The study employed in-depth interviews as the primary data collection method, guided by a semi structured-interview guide. This tool was designed to provide flexibility, allowing participants to share their experiences openly while ensuring consistency in addressing key topics across interviews. The interview guide consisted of broad, open-ended questions covering themes such as general wellbeing, perceptions of ageing and sexual experiences. For example, questions began with topics related to ageing and health before gradually

transitioning to more sensitive discussions on sexual lives. The interview guide also included probing questions to clarify or expand on participants' responses.

The interviews were conducted in the local languages most familiar to participants, namely Akan, Ga and Ewe. These were later translated into English during transcription. Using local languages helped create a comfortable environment for participants, particularly when discussing sensitive topics. The researcher adopted a conversational approach, starting with neutral topics such as the sexual behaviour of younger people in Ghana, before transitioning to participants' own experiences. This strategy was informed by the findings of a pilot study which revealed that beginning with direct questions about sexual experiences made participants, particularly women, uncomfortable (Fiaveh & Okyerefo, 2019).

Participants were recruited using multiple approaches. The initial method involved home visits, where the researcher enquired about household members who met the inclusion criteria. While effective, this approach was labour-intensive, prompting the researcher to adopt complementary strategies. These included asking community members for referrals and employing snowball sampling, where participants recommended other potential respondents. This approach broadened the participant pool. However, not all referred individuals agreed to participate, with some citing time constraints or a lack of interest.

Participants were selected based on predetermined criteria, including being at least 60 years old, having been sexually active at some point and providing informed consent. The criterion regarding past sexual activity was not directly queried before interviews to avoid discomfort, as it was assumed that the selected age group would naturally meet this requirement.

As data collection progressed, the researcher noted patterns in the demographic composition of participants. For instance, the majority of early interviews were conducted with individuals aged 60 to 66 years. To ensure a more representative sample of older age groups, deliberate efforts were made to recruit participants aged 67 and above. Additionally, there was a notable difficulty in recruiting non-partnered men, as they were less common in the study communities. This aligns with previous research indicating that older men are less likely to be widowed or remain unmarried compared to older women, who often face cultural constraints against remarriage (Ghana Statistical Service, 2012; Nyanzi, 2011).

3.6 Pilot Study

A pilot study was conducted to check the quality of the questions asked as well as the eligibility of the interviews. The pilot study was conducted at Tema New Town, as majority of residents there are predominantly Ewes and therefore, share a similar worldview of sexuality with the study area. A total of eight (8) participants were interviewed, including four (4) males and four (4) females. An equal number of males and females were selected to ensure a balanced gender perspective in the responses. This provided insights into how males and females experience sexuality in old age. The pilot study helped identify questions that needed to be reframed as well as the flow of the questions and contributed to the overall revision of the interview guide. Additionally, the pilot informed the idea of not asking questions about participants' sexual life from the onset but rather starting with questions about sexuality among the youth. This approach aroused participants' interest and made them more comfortable to contribute to the discussions. Lastly, the pilot also provided insights into the length of the interviews, which helped guide the timing of interviews in the main study.

3.7 Ensuring Rigour

Rigour and trustworthiness are vital in qualitative research, and various efforts were made to achieve these in the study. Although not typically mentioned, the trustworthiness of transcripts is important for establishing rigour. As such, the researcher, who is proficient in both English and Ewe, transcribed the interviews with the help of a research assistant (a graduate student) possessing similar language competencies. This enabled them to understand the interviews and transcribe them verbatim. Quality checks of the transcripts were conducted by exchanging transcripts between the researcher and the assistant. Here, both the researcher and the research assistant read through the transcripts, translating words and phrases that had not been appropriately rendered to accurately reflect the accounts of the participants.

The researcher conducted intra-coder reliability by having the same person code the same transcript twice. This helped the researcher identify data that were missed during the initial coding, allowing an accurate and complete representation participants' accounts. In addition, the researcher employed peer examination or debriefing to enhance the validity and reliability of the study. The transcripts and final report were peer-reviewed and some missing links in the themes were detected. Recommendations were given to refine the report. The progress report was also presented at a departmental seminar, where both faculty members and colleagues provided useful input for improving the interpretation of findings. For example, the Sexual Script Theory was suggested as a theoretical lens for making sense of the findings.

3.8 Data Analysis

The recorded interviews were transcribed using Microsoft Word 2013, and the resulting transcripts were coded with NVivo 11 to set out the various themes present in the data. The study, therefore, adopted thematic analysis as the analytical method for processing the data retrieved from participants. This method involves identifying and analysing patterns or themes

within data (Braun & Clarke, 2006). One of the appeals of thematic analysis is its flexibility, which in this case made it adaptable to the two epistemological positions of this study: critical realism and phenomenology. Braun and Clarke (2006) proposed six steps for conducting thematic analysis, which formed the basis for the analysis in this study.

The first step is the researcher's familiarisation with the data. This involved transcribing the data, which allowed the researcher to mentally replay the interviews. The researcher then read and reread the transcripts. At this point, initial ideas were noted. Ideas that were interesting and relevant to the research questions were highlighted in the Word document. In addition, initial ideas generated during the data collection phase were noted.

This first step segued into the second step: the generation of initial codes. To identify these codes, the researcher read through eight transcripts (four males and four females) and coded interesting features that were relevant to the research questions. For example, codes such as 'like sleeping tablets' and 'enjoyment' related to the research question about the purpose of sex, while 'low sexual desire' and 'rounds have gone down' are related to the research question on the changes in sexual functioning. For the question on the causes of changes in sexual functioning, sample codes included 'no partner' and 'other activities take prominence'. Finally, in response to the question on how participants react to and manage changes in sexual functioning, codes such as 'read books' and 'seeing the positive' were generated. The identified codes and associated extracts were copied into tables created in Word, which formed the coding framework for the rest of the analysis. Over time, new codes were added to this framework as they emerged.

The codes generated in the second stage were collated into themes and sub-themes. At this stage, an important decision was made about the level at which themes were to be identified whether at a semantic or explicit level, or at a latent or interpretative level (Boyatzis, 1998). For themes identified at the semantic level, the focus is on the surface meaning conveyed by participants while latent-level themes go beyond the surface meaning by identifying underlying ideas and assumptions that inform what participants say. Generally, thematic analysis focuses primarily on one level. However, both the critical realist and phenomenological approaches involve interpretation and thus, the level of theme identification used in this study was more latent than semantic.

The next step involves reviewing and refining the themes. Here, there were two levels of activity. First, the collated extracts for the individual themes were read to determine whether these extracts formed a coherent pattern. There was no problem in this regard and thus, the processes for the second level followed. The themes were examined to determine how connected they were to the data set. The other activity was to identify and code additional data within themes that were missed in the initial coding. However, this was not necessary, as no such cases were found. Thematic maps for each research question were produced following this activity.

The themes were named and defined, as will be seen in the presentation of the findings in the next chapter. Specifically, there was a presentation of what each theme captured. For example, the theme Harmony in a relationship was defined as the use of sex to preserve harmony in marital relationships. The fourth and final stage was to write reports of the thematic analysis conducted to tell interesting and compelling stories about the data. In the presentation of the

findings in the write-up, the guiding principle is to present consensus (themes) that emerged as well as negative cases that is, instances that contradict the themes that emerged. The themes are presented in a manner that allows the narratives to flow or cohere, rather than in the order of dominance.

3.9 Socio-demographics Background of Participants

The socio-demographic characteristics of the participants are presented in Table 3.1. The names presented in the table are pseudonyms. Therefore, participants' identities have not been compromised in any way. Overall, twenty-four (24) participants were recruited from both rural and urban settings. Nine of the participants were from a rural setting and the rest were from urban settings. In terms of gender, there were ten (10) female and fourteen (14) male participants. The average age of the participants was 70 years. The average age for the female participants (67.6 years) was lower than that of the male participants (71.71 years). The youngest female participant was 60 years while the oldest was 74 years. Of the male participants, the youngest was 61 years and the oldest was 84 years.

Most of the participants had middle school-level education ($n = 14$). Participants with primary school education were six (6) and those with tertiary level education were four (4). Four out of the six participants with primary school education were female while one out of the four with tertiary education was a female participant. There were three kinds of marital status: married, separated and widowed. Fifteen (15) participants were married, six (6) were widowed and three (3) were separated.



The proportion of married female participants was lower than that of the male participants. Specifically, four (4) out of ten (10) female participants were married compared to eleven (11) out of fourteen (14) male participants. Among the widowed, females were overrepresented. Specifically, four (4) out of ten (10) females were widowed compared to two (2) out of fourteen (14) male participants. From this data, it can be surmised that there were more partnered than non-partnered participants. Partnered participants in this study refer to elderly persons in a union, whether legal or consensual, at the time of data collection whereas non-partnered participants refer to elderly persons not in any consensual union at the time of collecting data. Indeed, there were thirteen (13) partnered participants compared to eleven (11) non-partnered participants.

In Ghana, the retirement age for most formal sector workers is 60 years. From then on, many become economically inactive, although others may continue to work in areas such as, agriculture. Economically active refers to older adults engaged in any economic activity (GSS, 2013; Kpessa. Whyte, 2017) while economically non-active refers to older adults who are currently not working (GSS, 2013). In the present study, there were thirteen (13) non-active and eleven (11) active participants. Six (6) of the female participants were non-active while four (4) were active. Although not shown in Table 3.1 only one of the participants lived alone; the rest of the participants lived with at least one relative.

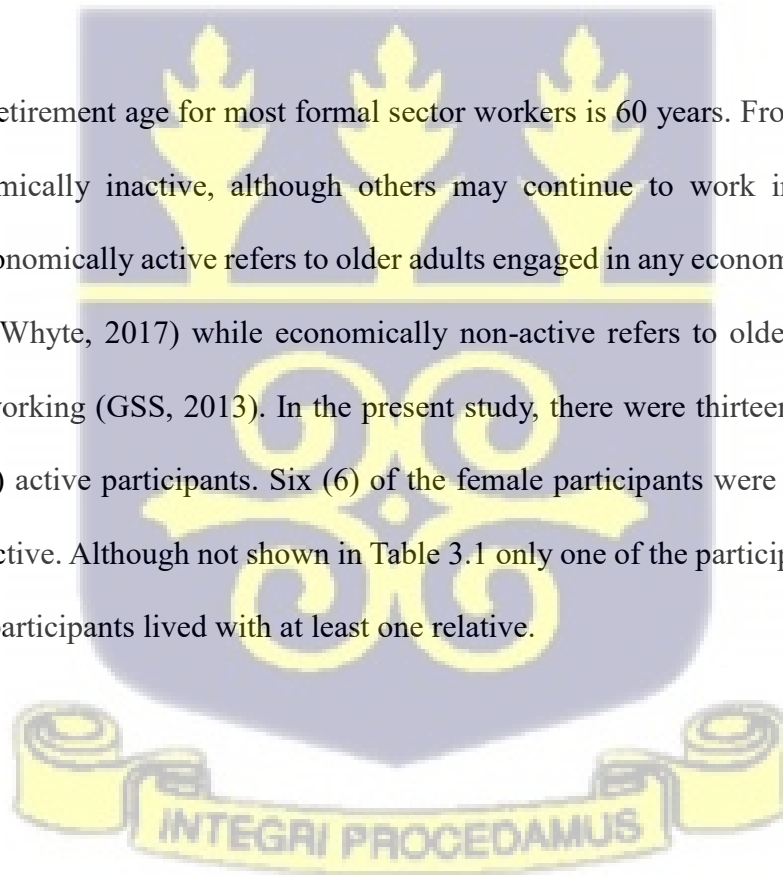


Table 3.1 Socio-demographic characteristics

Pseudonym	Age	Gender	Education	Marital status	Partner status	Occupation
Selorm	69	Female	Middle School	Widowed	Non-partnered	Non-active
Aku	68	Female	Tertiary Level	Married	Partnered	Non-active
Kwashie	72	Male	Middle School	Widowed	Non-partnered	Active
Kofi	75	Male	Middle School	Married	Partnered	Non-active
Mensah	68	Male	Tertiary Level	Married	Partnered	Non-active
Kwame	61	Male	Middle School	Married	Lives separately	Active
Dogbey	65	Male	Middle School	Married	Partnered	Active
Kobla	66	Male	Middle School	Separated	Non-partnered	Active
Enyonam	72	Female	Primary School	Widowed	Non-partnered	Non-active
Yao	78	Male	Middle School	Married	Partnered	Non-active
Senam	62	Female	Middle School	Widowed	Non-partnered	Active
Mawufemor	66	Female	Middle School	Married	Lives separately	Active
Esinam	70	Female	Middle School	Widowed	Non-partnered	Non-active
Seth	69	Male	Middle School	Widowed	Non-partnered	Active
Edem	71	Male	Middle School	Married	Partnered	Active

Mawusi	65	Female	Primary School	Married	Partnered	Non-active
Komla	80	Male	Primary School	Married	Partnered	Non-active
Senyo	73	Male	Tertiary Level	Married	Partnered	Non-active
Elorm	84	Male	Primary School	Married	Partnered	Non-active
Dzidzor	70	Female	Primary School	Separated	Non-partnered	Non-active
Dela	60	Female	Primary School	Separated	Non-partnered	Active
Nutifafa	65	Male	Middle School	Married	Partnered	Active
Selinam	77	Male	Tertiary Level	Married	Partnered	Non-active
Davi	74	Female	Middle School	Married	Partnered	Active

Source: Field data, 2021

3.10 Ethical Consideration

The issues concerning how results are obtained have been a subject of discussion among scholars and practitioners. There have been growing concerns about how things should be done to produce a justified result all of which relate to ethical issues. Therefore, the research commenced with an application for ethical clearance from the Ethics Committee for the Humanities (ECH) at the University of Ghana. On 15th of September 2020, ethical clearance was obtained from the ECH with the reference number ECH 022/20-21. Following this, the pilot and main studies were conducted.

As part of the ethical procedures, the researcher sought informed consent from the participants before the interviews were conducted. In seeking their informed consent, the researcher provided information on the focus of the study. At the end of the study, it was explained to the participants why the researcher decided to focus on sexuality in late adulthood. In fact, some of the participants were curious about this and asked the researcher at the end of the interview. Participants were also provided with information on the procedures involved in the study, which mainly entailed participating in an interview. It was explained to the participants that their participation was voluntary and that, they could opt out of the study at any point, even after initially consenting to participate. Additionally, they were informed that there would be no penalty should they decide to do so.

Privacy and confidentiality issues were also addressed. The researcher informed the participants that the information provided would be treated confidentially and that, the audio recordings would be discarded after transcription. Additionally, they were informed that no identifying information, such as their names, would be collected. Participants gave oral consent to be interviewed. All those approached by the researcher agreed to participate in the research, except for five individuals. Given the sensitive nature of the phenomenon under investigation (i.e., sexuality), participants could potentially experience discomfort, especially those who may have experienced sexual abuse. Therefore, the researcher went to the field with a psychologist who also served as the research assistant. However, there was no need to engage the services of the psychologist as none of the participants required it.

After the interviews, participants were compensated with soap. Specifically, the researcher gave each participant a bar of Geisha soap and two small sachets of “So Klin” washing powder,

considering that the research was conducted during the COVID-19 pandemic, a time when hygiene was especially important.

3.11 Reflexivity

Reflexivity is a consciousness of the researcher's responsibility in conducting the research and how this is guided by the purpose of the research. It allows the researcher to come to terms with the ways they affect the research process and its outcomes. This is often described as 'the process by which research turns back upon and takes account of itself' (Alvesson et al., 2008; Weick, 2002). While reflection and reflexivity are sometimes used interchangeably, it is important to recognise that reflexivity is a more complex process, seeking to integrate multiple layers of reflection within the research. These layers include the intricate relationships involving epistemology (production of knowledge), methodology (the process of knowledge production) and ontology (the involvement and impact of the researcher/knowledge producer).

My interest in studying the sexual lives of older persons deepened over the years for several reasons. First, growing up in a large family with numerous uncles and aunties who were aged, welcoming and ready to share family, personal and community histories, I became endeared to older people and always stayed close to them to learn more. However, the real test was when I chanced on childless older people who were not necessarily family members and had no one (neither human capital nor social support) to care for them. I felt saddened and tried to do everything in my power to put smiles on their faces.

My close association with the elderly, combined with a review of the literature over the years, revealed contestations surrounding their sexual lives which called for more depth and understanding. Before engaging with the literature, I believed that elderly people had a low interest in sex. Indeed, hearing about elderly men in sexual relationships, especially with

younger women, seemed inappropriate to me. However, engagement with the literature has changed my perception, leading to a more open view of elderly sexuality.

Another issue pertains to what is considered and accepted as sex and how to define the concept of sex and sexuality to reflect the African and more specifically, the Ghanaian context. Sex, sexual manifestations and engagement are reflections of the norms and values of specific cultures (Cypress, 2017; Fiaveh et al., 2019). That notwithstanding, religion clearly underpins the cultural and moral stance on what is acceptable in Ghana. Given that the researcher is both Christian and Ghanaian, her perspectives may have been implicitly and explicitly influenced by this background. In Ghana, sexual intercourse outside a heterosexual relationship is considered unacceptable. This attitude was reflected in the interviews with the participants. The researcher tried to maintain an open attitude in her interviews, and this was reflected in the nature of the questions asked.

Identifying participants was not without challenges. One of the key issues was obtaining informed consent, due in part to being personally unfamiliar with potential participants and the sensitive nature of the topic. Generally, people are uncomfortable discussing sexuality with strangers. Moreover, talking about sexuality with someone younger presents another challenge. These factors may have accounted for the hesitancy of some potential participants. Although the researcher provided the research information on the research purpose, procedures and confidentiality, some still chose not to participate. This sometimes prolonged the search for potential participants and by implication, the data collection period. For other potential participants, however, the mention of the researcher's academic credentials, particularly being a PhD candidate, ostensibly eased their concerns, whatever they may be. Some were also

interested in knowing how the research would benefit them, especially after participating in previous research without receiving any form of benefit.

The researcher's emotions were not spared the stress that often accompanies discussions on sensitive topics such as sex. For instance, emotional distress arose when interviewing participants who considered sex to be important but were unable to be sexually active. One such case involved a male participant recovering from a stroke, who narrated his frustration with unmet sexual needs. From his account, his wife had refused intimacy because of concerns about his health. The frustration led him to enquire whether there were any repercussions for not being sexually active. As he shared his experience, he was sad and almost burst into tears.

The researcher became sad too. This and other similar situations were psychologically and emotionally taxing for the researcher. However, the researcher navigated these challenges by building good rapport with the participants from the onset. She approached the topic from a broader perspective and gradually transitioned to the participants' own sexual experiences which helped them feel comfortable enough to discuss their experiences without hesitation.

It was observed during the interviews that male participants were more willing and open to discuss their sexual experiences than their female counterparts. However, this finding contrasts with the study by Bauer et al. (2016), whose research on sexuality and ageing indicated that females were, in fact, more open to discussing their sexuality than males.

As someone with a background in Sociology and currently pursuing a doctorate in the field, my interpretation of the data is not unlikely to be influenced by this background. In particular, sociological theories of sexuality emphasise the powerful influence of socio-cultural norms on sexual experiences. The emphasis on socio-cultural norms is reflected in the coding and

generation of themes. For example, the theme demonstration of potency highlights the value placed on sexual performance among men an aspect rooted in the traditional conceptions of masculinity in Ghana.

3.12 Conclusion

The chapter presented the philosophical underpinnings that undergird the methodological approach adopted for this study. It also shed light on the research design and the processes of ensuring rigour as well as the challenges encountered during the data collection and how they were navigated. Furthermore, the socio-demographic characteristics of the research participants were also presented. In addition, the process of data gathering and handling has been discussed in this chapter. In the ensuing chapters, the focus will be on the presentation of the findings of the study.



CHAPTER FOUR

THE MEANING AND PURPOSE OF SEX

4.1 Introduction

In this chapter, the meaning of sex and the various reasons for engaging in sexual activities as expressed by the participants are discussed. The chapter also discusses issues concerning the understanding of sex and the various activities considered as sex by the participants in this study. Analysis of the data gathered from the participants revealed that the consideration of an activity as sex or otherwise, as well as the various reasons given for why we have sex, are culturally defined. In the analysis presented in this chapter, Gagnon and Simon's (1986) Sexual Script Theory is drawn upon. The theory is used to explain how the societal and cultural norms and values of the participants regarding sexuality inform their sexual behaviour, thereby determining the meaning they ascribe to sex as a concept.

4.2 What is Sex?

The interpretation of sexuality is derived from shared knowledge and beliefs within a particular social group (DeLamater & Hyde, 1998). Although sexual scripts are not amenable, it is plausible to argue that differences in historical and cultural contexts may have translated into the variations observed in sexual scripts across cohorts. The pursuit of sexual pleasure occurs in many forms, in both solitary and/or partnered contexts. Solitary or non-partnered activities include masturbation and sexual fantasy while partnered activities include touching, kissing, anal sex and penis-in-vagina intercourse.

To assess what sex means to the participants involved in the current study, they were asked a straightforward question: "What do you understand by sex?" Analysis of the various responses gathered revealed that sex, for at least eleven of the participants (seven males and four females),

is a biological trait that comes with human life. For example, just to mention a few, in the views of Kobla, Edem, Esinam, Dogbey, Nutifafa and Aku, sex is an activity that is part of their nature, thus giving it a biological connotation. The following extracts illustrate what sex means to these participants:

“Sex to me, is something that God has made for humans to enjoy and as a means of reproducing. But for me, I think that although Sex is enjoyable at certain times, it doesn’t mean that, in the absence of sexual activities, one cannot live.” (Kobla, 66 Years)

“Sex, God made it since creation, from the days of Adam and Eve. Sex is also part of life. If you are there, excuse me, as a man who is not impotent, surely you need to have sex with your woman, only if you are in good health.” (Edem, 71 years)

“It is just something of life. If it is not in your life, it is not good. But for me, I think it is good because, it brings happiness into the house too and it is also like exercise. (Esinam, 69 years)

From these assertions, sex is understood as a necessity in life. This finding corroborates a study conducted in Finland, where the analysis of the autobiographies of about 200 people’s love and sexual lives led to four groupings of the meaning of sexuality. One of these meanings is that sexuality is a basic feature of life, a constant tension, or simply the most important thing in life (Haavio-Mannila, Kontula & Rotkirch 2002, p. 175). The responses of the participants about the meaning of sex seem to reflect participants’ religious backgrounds as Christians. It can be inferred that their understanding of sex has been shaped by their cultural milieu.

It must be emphasised that, when participants used the word sex, they often referred to penis-in-vagina intercourse. In other words, to seventeen participants (ten males and seven females), the only activity that can be classified as sex is when the penis of a man enters the vagina of a woman. It is only in such instances that one can say sex has taken place. This view is captured

in the words of 65-year-old Nutifafa. According to Nutifafa, *“If the penis and vagina do not meet, then you haven’t had sex. This is what results in childbearing”*. Nutifafa’s definition of sex was linked to the knowledge of the purpose of sex. As far as Nutifafa is concerned, the main purpose of sex is procreation. To him, childbearing happens only through peno-vaginal interaction. Given this view, he felt that any other sexual activity aside penetration of the vagina by the penis cannot be classified as sex since it won’t lead to pregnancy. Deducing from Nutifafa’s claim, sexual activities like masturbation, oral sex and playing with sex toys cannot be considered as sex. Indeed, other participants including Kwame and Dela, expressed their disapproval of other sexual activities like oral sex which they do not regard as sex. The excerpts below buttress this assertion:

“No! As for me, that part [referring to oral sex] I don’t consider it as sex. When you read the Bible, God didn’t say in the Bible that you should have sex with the woman in the mouth.” (Dela, 60 years)

“For me, if you are my wife, I can suck your breast, kiss you and do all those things but I cannot lick your vagina. Hehehe...hehehe...As for that one, it is not good.”

Interviewer: Why is it not good?

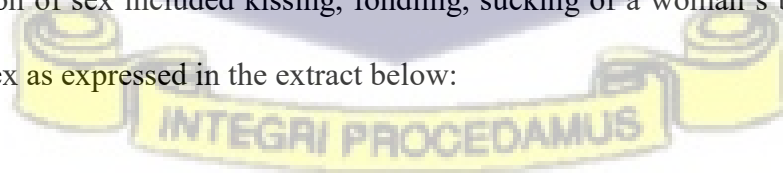
“God didn’t say that, and my father and my brothers, none of them has ever told me they did that before.” (Kwame, 60 years)

Based on the opinions shared by Dela, Kwame and fifteen other participants, sexual activities such as oral sex are not encouraged. Their reasoning stems from how their society and religious beliefs have scripted sexual behaviour by prescribing what is morally right. The cultural-level scenario scripting, as proposed by Simon and Gagnon (1986), provides an explanation for the rejection of oral sex. The idea of oral sex not being acceptable, as expressed by these participants, cannot be conceptualised as intrinsic but because of how the society within which they live have defined sexual behaviour (Wiederman, 2005) through culturally or religiously

available messages on sex (Masters, Casey, Wells & Morrison, 2013). An example is Dela's assertion that, *"God didn't say that it in the Bible that you should have sex with the woman in the mouth"*.

Other sexual activities, such as kissing and touching that lead up to intercourse were also mentioned, although there were individual differences how participants viewed these forms of foreplay. For instance, Kwame admitted to indulging in activities like kissing, fondling or sucking of his wife's breasts. However, further enquiry revealed that, like other participants such as Nutifafa and Dela, he does not consider these activities as sex. For Kwame, kissing and foreplay cannot be seen as sex unless they are complemented by penis-in-vagina intercourse, as he puts it: *"No! When a man's manhood [penis] doesn't enter the woman's woman [vagina], that is not sex"*. Universally, kissing is not always considered as erotic (Harvey, 2005). In North American societies where kissing is considered erotic, it is often a precursor to petting and sexual intercourse, although, the relation could be in the other direction (Rye & Meaney, 2007). Whether there is cultural support for kissing as erotic in Ghana is unclear. However, as expressed by the participants involved in this current study, kissing cannot be seen as sensual for them.

In contrast to the views expressed by some of the participants, 71-year-old Esinam's conceptualisation of sex included kissing, fondling, sucking of a woman's breasts and other forms of oral sex as expressed in the extract below:



Interviewer: What about a man kissing your lips or hugging you? Do you think when you do those things without the man's penis entering your vagina, it is sex?

Esinam: Eiih, your statements are heavy ooh. For me, so far as you have done those things, then we have had sex with each other already.

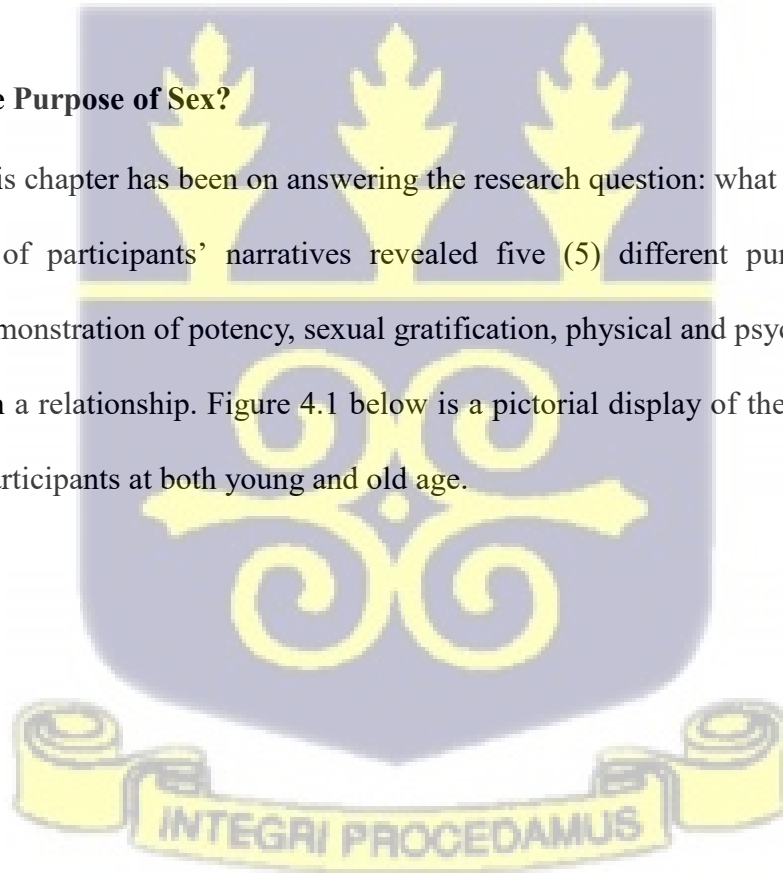
It is clear from the conversation above that, Esinam believes that sex should not be construed only as penis-in-vagina intercourse. For her, who is also a Christian like the other participants, kissing and other sexual activities like fondling all count as sex. To Esinam, bodily contact with the opposite sex is not the only form of sex. She revealed that a mere look at the opposite sex in a way that makes you desire the person amounts to having sex with them. She asserted, *“Hmm, the thing is that, even if you merely look at the person in a romantic way, you have already had sex with the person, mmmm, when you see it and have the arousal within you, you have had sex already”*.

Considering the religious background of Esinam, this idea of hers can be understood from her religious point of view. Indeed, the holy book (the Bible) attributes a similar assertion to Jesus Christ when he likened looking at a woman lustfully to committing adultery in the Book of Matthew, Chapter 5 Verse 28. However, when juxtaposed with the views of the other participants, who share the same culture and religion as Esinam, the differences in opinions about kissing, fondling and breast sucking as sex or not could not be explained in the context of cultural scenarios, since they are not good predictors of behaviour. Instead, intrapsychic scripts, which are complex interplays of influences and representations of the particulars of the unique sexuality of individuals, are perhaps influential and may explain individual differences in sexual behaviour.

Esinam's divergent opinion that kissing, fondling and breast sucking counts as sex demonstrates the view that sexual scripts differ in degrees across individuals since an individual's personal experiences and social learning and leaning influence his or her own construction of sexual scripts (Wiederman, 2005). Irrespective of the fact that there exists a common sexual script for the participants, at least at the religious level, where looking at a woman lustfully amounts to having sex with her, Esinam's social learning through her upbringing in a staunch Christian home and her marriage to a church elder with whom she used to share morning devotion based on scriptures, had a great influence on her construction of sexual scripts, as understood within the intrapsychic scenarios of sexual scripts (Simon & Gagnon, 1986).

4.3 What is the Purpose of Sex?

The focus of this chapter has been on answering the research question: what is the purpose of sex? Analysis of participants' narratives revealed five (5) different purposes including procreation, demonstration of potency, sexual gratification, physical and psychological health and harmony in a relationship. Figure 4.1 below is a pictorial display of the purposes of sex attributed by participants at both young and old age.



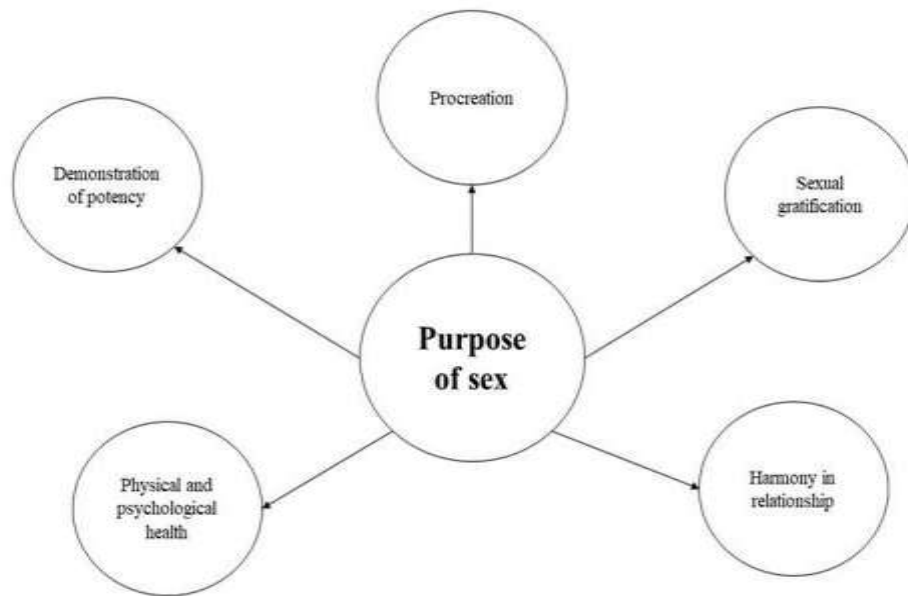


Figure 4.1: Thematic network of the purpose of sex

Source: Fieldwork, 2021

4.3.1 Procreation

Within the African context, the quest for individuals to bring forth children is identified as the paramount reason or motive for engaging in sexual intercourse (Okiria, 2014). Similarly, as seen in Figure 4.1 above, procreation was mentioned as one of the purposes of sex by the participants in the study, regardless of their gender and partnership status. Participants spoke about the purpose of sex in general, emphasising how procreation was important to them as younger adults. In their view, childbearing was the fundamental desire and responsibility of both the man and woman one that is grounded in culture and religion. Specifically, fourteen participants (nine males and five females) expressed the importance of having children as one

enters the later phase of life when one's capacity to generate income and maintain good health may be in decline. The following quotes illustrate the value of children for older people:

“So probably, it is not only for enjoyment but also because of childbearing. If you are in this world and, excuse me, you don't have any child, when you get to a certain stage you will suffer for it.” (Kwame, 61 years, partnered)

“... that is why I say that childbearing is the most important reason for engaging in sex.” (Gifty, 65 years, partnered)

From the responses by Kwame and Gifty, procreation could be construed as an investment which yields benefits in the future. The value of having children is exemplified in the African saying, “there is no wealth where there are no children” (Gyekye, 2003). Having more children in the Ghanaian culture is a sign of prestige, since children at a young age can be of help in trading and farming and can support financially when they grow (Fisher, 2002). Indeed, in ‘traditional’ societies like Ghana, as explained by Cardwell's ‘wealth flow’ theory, net wealth flow is from the younger generation to the older generation. Hence, it is not surprising that the participants insisted on the beneficial value of childbirth at an old age since it impacts positively on a parent's wealth, security as well as social and political wellbeing (Kwagghga, Tahav, Andrew & Tersoo, 2019).

Gifty, a 65-year-old woman, was a farmer and trader who used to go to nearby towns to buy foodstuffs to sell for profit in her town. Unfortunately, she could no longer do this due to old age and ill health. She had been battling a stroke for the past three years at the time of the interview. The illness had therefore got her stuck at one place, as she stated during the interview. What this meant was that she had become economically inactive and needed to depend on others for support. Given the nature of her work, which is trading in the informal

sector, she had no pension to support herself. Her husband who was a teacher had also retired. Had it not been for her children, she would not have received any support now that she is incapacitated. It is, therefore, not surprising that to Gifty, childbearing is the most important reason for engaging in sex.

Through childbearing, individuals secure care and support in their old age (Apt, 2013; Van der Geest, 2002). This point was widely asserted by both the male and female participants in the current study. Traditional support is especially important mechanism to shore up the inadequate support for the elderly through pensions (Aboderin, 2004; Adei et al., 2015) which is non-existent for the elderly in informal sectors, where contributions to pension schemes are voluntary (Doh et al., 2014). Given this reality, it is important for parents to invest in their children, for example through the provision of education, so that when they are old and economically inactive, the care and support would be reciprocated by their adult children (Aboderin, 2004; Van der Geest, 2002). The idea of procreation being construed as the most important purpose of sex, which was commonly mentioned by both male and female participants, appears to be both biological and cultural. From an evolutionary perspective, sexuality has been regarded as driven by the imperative of reproduction (Benagiano, Carrara & Filippi, 2010). At the gene level, the perpetuation of genes across generations is paramount. Reproduction as the fundamental purpose of sexuality is also grounded in Ghanaian culture, as pointed out above.

Participants' prioritisation of procreation as the most important reason for engaging in sex is explained by the Sexual Script Theory. According to the theory, there are three levels of scripts that help in making sense of sexual behaviour: cultural scenarios, interpersonal scripts and

intrapsychic scripts. At the abstract level of sexual scripting are cultural scenarios which provide context for sexual roles and behaviour (Simon & Gagnon, 1986; 2003). In the case of the participants, the cultural emphasis on procreation determined their sexual roles and behaviour. Ghanaian culture (or cultures) can be described as pro-natalist that is, highly encouraging of childbearing, with childbirth seen as an important marker of womanhood (Nyinah, 1997). This cultural importance placed on childbirth may explain the desire for most Ghanaian women to give birth. Indeed, a survey conducted by the Ghana Statistical Service and the Ghana Health Service in 2017 to monitor maternal health in Ghana revealed a total fertility rate of 3.9 children per woman, with an even higher of 4.7 in rural areas (GSS, GHS & ICF, 2018).

The strong pro-natalist orientation in Ghana suggests that women who have children are highly regarded while those deemed as barren are stigmatised, embarrassed and even abused (Fledderjoann, 2012). It is, therefore, not surprising that pregnant women seek divine protection for their unborn children (Aziato et al., 2016) a situation that may also stem from a lack of confidence in Ghana's healthcare system. The emphasis on procreation applies to men as well.

The concept of phallic competence expresses this importance, signifying a man's ability to reproduce (Adomako Ampofo et al., 2009). The existence of certain conditions can be said to be influential factors making the African context particularly friendly toward pro-natalism. The extended family, which often provides care and support to mothers and their babies, has implications for the fertility rate. Although the extended family system is eroding, it still plays

a major role in Africa by offering relatively affordable assistance to mothers (Korotayev et al., 2016). This is particularly important given that family sizes in Africa historically been larger compared to other regions (Bongaarts & Casterline, 2012).

Despite the role that Ghana's pro-natalist culture plays in shaping participants' attitudes toward the purpose of sex, it is important to note how women and men differed in their reasons. For five of the ten women (Gifty, Mawufemor, Esinam, Dela and Selorm), procreation was the dominant reason for sex. When asked about the purpose of sex, these female participants first cited childbearing before giving other reasons. For instance, Selorm, a 60-year-old widow with five children had this to say:

Interviewer: What is the purpose of sex to you that makes you want to have sex? Selorm: Hmm... sex, the main purpose is for childbearing or? The biggest aspect is childbearing or? That is the main purpose [of engaging in sex].

Interviewer: The main purpose of sex for you.

Respondent: That is the main purpose.

Interviewer: Please is there any other purpose?

Respondent: It is also that you won't stay/live alone (companionship).

In contrast, the reasons cited by men varied, extending beyond procreation. This raises an interesting possibility that this reflects differential cultural constraints based on gender, at least one that pertains to the generation of the interviewed participants. It is in this regard that the interpersonal script, which is rooted in the roles and general circumstances learned by individuals from their cultural environment becomes relevant. The organisation of shared conventions, particularly those about sex, impacts the relationships among actors.

In terms of the research question, sharing knowledge about the value of childbearing guides the interaction between men and women. Therefore, in marriages where the woman is unable

to bear a child or children, tension may ensue. This tension may lead to poor mental health and marital instability (Fledderjohann, 2012). Poor mental health outcomes, including depression, stress and anxiety, have indeed been reported by infertile women in Ghana (Donkor & Sandall, 2009; Alhassan et al., 2014). In situations where childbearing becomes a problem in a marriage, both men and women may be subjected to social discrimination, but women tend to be disproportionately affected, as men could apportion blame to them (Fledderjohann, 2012). It is, therefore, not surprising that the idea of procreation being the purpose of having sex is predominantly supported by the female participants compared to the male participants.

As mentioned previously, procreation as the purpose of sex is grounded in Christianity. Some participants referred to the scriptural injunction in Genesis 1:28 which says, “Be fruitful and multiply...” This was understood in the context of marriage which made sex appropriate. Outside of marriage, sex is sinful. However, some male adults admitted to engaging in premarital sex and extramarital affairs, particularly older men. As they enter the advanced stages of life, they recognise that one must depart from such acts to maintain dignity, which is grounded in the culture where an elderly person is expected to live an exemplary life for the young ones to emulate (Van der Geest, 2001).

Obviously, at the advanced phase of life, procreation becomes virtually needless for older adults, especially given the potentially-diminished capacity to cater for children during this period. However, it does not signify the end of sexual engagement for the participants, at least for the male and partnered participants. The emphasis on procreation for women does appear to impinge on postmenopausal women’s engagement in sexual activities. In fact, one study found that sexuality among women in Uganda is closely linked with reproduction and thus,

when women pass their reproductive stage, sexual activity becomes both unnecessary and shameful (Okira, 2014). For men, however, sexual activity remains normal as they age until they become very old and unable to care for themselves.

4.3.2 Demonstration of Potency

Another theme that emerged from the analysis of the data collected, as seen in Figure 4.1 above, is the use of sex to demonstrate one's potency. According to some of the participants, and exclusively expressed by nine male participants, another reason for the involvement in sex among older men and women is the desire to enact one's manliness through sexual performance. In other words, majority of the male participants suggested that one of the purposes of indulging in a particular sexual activity is to demonstrate how potent they are.

Masculinity ideology differs depending on developmental stage, social class, time and place (Levant, 1996). Despite this, there are similarities across different cultures in the standards and expectations associated with the male role (Gilmore, 1990). Sexual potency is one area in which there appears to be this kind of universal similarity. In Ghana, sexual potency is a core aspect of traditional conceptions of masculinity; deviation from this leads to social ridicule and loss of respect (Adomako-Ampofo et al., 2009; Fiaveh et al., 2015). It is, therefore, consistent and understandable that some of the participants expressed their opinions on why they believe sex can be used as a medium to express one's potency. For instance, Kwashie noted:

"Yes, after having sex then you see yourself that you are a man, you are active. Anytime you feel like doing it, you do it."

As also expressed by Kofi:

"So that no one will call you that you are impotent and you are so, so, and so!"

In the first two quotes, the participants talked about their sexual experiences before getting married a period in which they were young and filled with energy and vigour. This, as a demonstration of their sexual potency (which is a valued masculine ideal in the country), is heightened. The second quote speaks to the matter of loss of respect that accompanies failure to demonstrate one's sexual potency that is, by 'sleeping' with one's partner. The findings about the demonstration of potency aligns with past studies on the construction of masculinity in the Ghanaian setting (Adomako-Ampofo et al., 2009; Diabah & Amfo, 2018; Fiaveh et al., 2015).

The theme was predominantly articulated by elderly male participants who highlighted the repercussions of not meeting this masculine ideal of sexual performance, particularly the expectation to satisfy one's female partner. In a study conducted by Asante (2020) which included young, middle-aged and elderly participants, the value of prolonged sexual intercourse and delayed ejaculation in service of satisfying one's partner was emphasised. Sexual weakness in men engenders severe social stigma a situation that could potentially undermine a man's self-esteem (Adomako-Ampofo et al., 2009).

On the contrary, a man's ability to sexually satisfying his partner garners respect and creates a conducive atmosphere for him to assert his authority in the home another aspect of traditional masculinity. This demonstration of potency is not limited to sexually satisfying one's partner. Successful procreation with a partner which is a demonstration of the vitality of one's sperm is another demonstration of the masculine ideal (Asante, 2020). However, infertility is typically gendered in terms of blame, with women bearing the brunt socially (Fledderjohann,

2012). Thus, the threat to masculinity posed by infertility is less severe compared to the failure to sexually satisfy one's partner.

As mentioned earlier, the theme of sexual potency or power was exclusive to the male participants. The Sexual Scripts Theory posits that, even at the cultural scenario level, different gender-specific scripts does guide behaviour exist in a particular setting, mostly based on anatomical differences and socially assigned gender roles (Wiederman, 2005). Compared to their female counterparts, male children are brought up to be strong (Gyan, 2018), a trait that will likely be translated into every aspect of their lives, including sexuality. Indeed, what an individual learns from relationships within his environment, such as family and friends, influences from organisations like schools and church, norms and values of his community as well as various legal and public frameworks guide his actions (Bronfenbrenner, 1979). It is, therefore, not surprising that the demonstration of potency was exclusive to the male participants, given that sexual performance is not recognised traditionally as one of the expectations of women.

Pellow (as cited in Van der Geest, 2001) references a newspaper report on the passive role of married women in their sexual lives. Instead of being active participants, women are supposed to be available to satisfy the sexual needs of men. That notwithstanding, the demonstration of potency as a theme, as depicted in Figure 4.1 above, was articulated by a few women in relation to men, not themselves. It seems plausible to claim sexual scripting is gendered, but this may be limited to the cohort studied. The passive involvement of women in sexual encounters may have been characteristic of sexuality within this older cohort (see Pellow, as cited in Van der Geest, 2001). In contemporary times, however, there have been attempts to encourage

women's active involvement in sexual encounters. This can be commonly seen in sex education programmes on television stations in Ghana like *The Red-Light Show* on UTV, "*Odo nkomopa*" on TV Africa and "*Odo Ahoma So*" on Adom TV which are in many cases hosted by women.

Although sexual potency is expected of men at younger stages, expectations tend to decline once an individual enters the later stages of life. As men grow older, emphasis on their sexual prowess and potency diminishes. Past research has revealed that, during late adulthood, this is usually the case (Freeman & Coast, 2014; Van der Geest, 2001). For example, the elderly in Kwahu constructed sex as a matter of strength which diminishes over time. To them, sexual activities should be restrained in old age. Similarly, the elderly men in the study cautioned against overexerting themselves in pursuit of sexual pleasure. Persistence in demonstrating sexual vitality may result in older persons using sexual enhancement medicines (aphrodisiacs) (Van der Geest, 2001). The use of sexual enhancement medicine was mentioned by some of the men in the study but none of them admitted to using such drugs themselves. The man in the excerpt below makes this point:

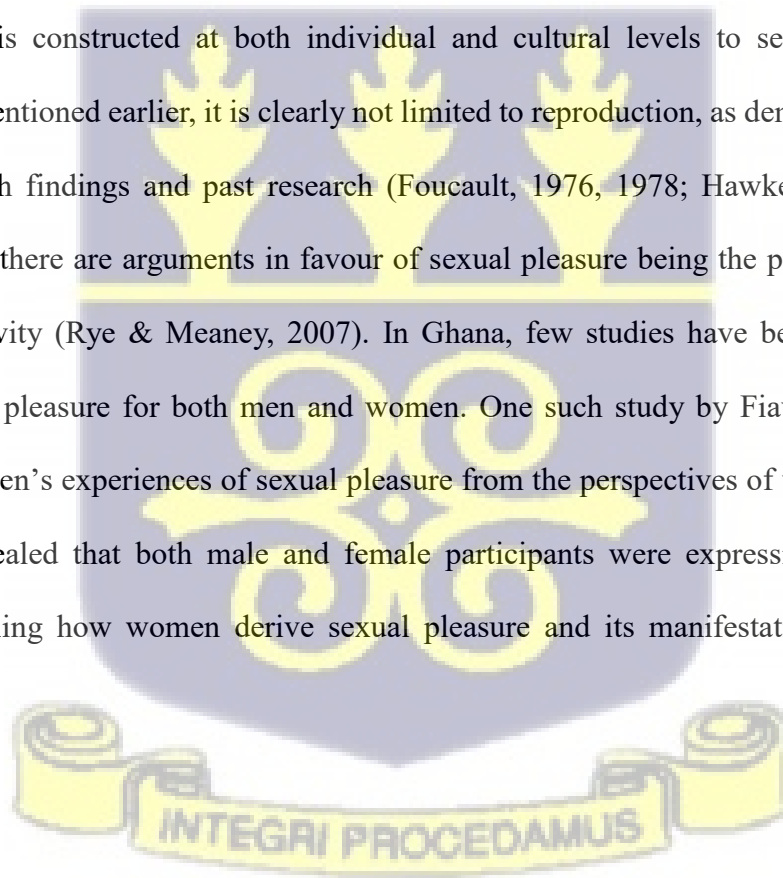
As a young man, you jump from one woman to another. Yes, you can do it. But when you grow up, even having sex once is a problem, very difficult. That is why people are now beginning to use these aphrodisiac drugs. That is why even the young ones are also using it. (Senyo, 73 years, partnered)

4.3.3 Sexual Gratification

Another major reason that emerged as the purpose of sex was sexual gratification the idea that individuals engage in sex to satisfy their desire and experience sexual pleasure. Seventeen of the participants noted that sex is a biological need common to all humans and that, at certain life stages this need becomes overpowering due to biological and physical changes that occurs

in the body. The participants were mostly referring to young and middle adulthood when these sexual needs are accentuated. For example, 75-year-old Kofi said, *“Oh yes, when I was a young person, I had sex with different, different women, especially when I have the desire, that’s all”*. Two other male participants made an interesting observation that people engage in sex without being taught how, thereby suggesting that sex is a biological need that must be satisfied when the need arises. About sexual gratification, 65-year-old Dogbey had this to say: *“Mmm, sex is part of humans. To satisfy a desire. And that during your early ages that you misuse it”*. This implies that sex is to satisfy one’s desire but could have implications at the older stage if abused during one’s younger years.

Although sex is constructed at both individual and cultural levels to serve reproduction purposes, as mentioned earlier, it is clearly not limited to reproduction, as demonstrated by the current research findings and past research (Foucault, 1976, 1978; Hawkes, 1996; Weeks, 1981). Indeed, there are arguments in favour of sexual pleasure being the primary motivator for sexual activity (Rye & Meaney, 2007). In Ghana, few studies have been conducted to explore sexual pleasure for both men and women. One such study by Fiaveh et al. (2015) examined women’s experiences of sexual pleasure from the perspectives of women and men. The study revealed that both male and female participants were expressive about sexual pleasure, detailing how women derive sexual pleasure and its manifestation, directly and indirectly.



In the current study, it was also revealed that sexual gratification was an important reason for engaging in sex as expressed by Kwame and two other participants. The following excerpts illustrate the importance of sexual gratification for the participants. 61-year-old Kwame remarked, *“Once you are done and you’ve enjoyed it, then you are satisfied”*. Similarly, 68-year-old Aku stated, *“There is no reason for sex, is it not only the desire? It is only to satisfy the desire”*. The same idea was shared by Seth when he said, *“Secondly, [the purpose of sex is] happiness. You enjoy yourself.”*

While a direct comparison between the participants in this study and those in Fiaveh et al., (2015) is not possible, some inferences about cohort differences could be made. Cultural changes in the domain of sexual attitudes have been documented in many regions of the world. For example, research indicates that sexual permissiveness has increased over time, with older cohorts reporting lower permissiveness compared to younger cohorts (Sprecher et al., 2012). The average age of participants in the present study was 70 years, with the youngest participant being 60 years a much older age group than the one in Fiaveh et al. (2015).

Importantly, there were gender differences in participants’ emphasis on sexual gratification or pleasure as the purpose of sex. This is not surprising. Even though discussions about sexuality are generally disconcerting for Ghanaians, men are less likely than women to experience inhibition and, possibly, discomfort. For men, sexual prowess, which is in part demonstrated by giving and receiving sexual pleasure, is an integral part of being a —manll (Asante, 2020). Their expressions about sexual gratification may be a way of enacting their manliness. For women, however, speaking openly about sexual pleasure may be deemed as improper or even disrespectful, especially among those who are unmarried (Bochow, 2012). This may account

for the reasons why the female participants in the current study were a bit reluctant to discuss sexual gratification as a purpose of sexual activity. It could also be that the older women derived little sexual pleasure from their marriages a situation that may have been heightened by the deeply conservative attitude towards sex at the time these older adults were born.

In a 1977 publication by Pellow (as cited in Van der Geest, 2001), the author suggested that sexual experience was often a disappointment for women. Pellow referenced a newspaper publication which spoke about how women were passive in bed, merely lying on the bed for the pleasure of men but not themselves. Despite their disappointment, many women lie about enjoying sex (Jackson & Scott, 2007). It seems that the older women in this study had little motivation to embellish their enjoyment of sex and thus, sexual pleasure and gratification were not prominent in their narratives. However, when the researcher asked the male participants about who makes sexual advances in their relationships, the answers varied. Many indicated that it was usually they themselves, and that women were subtle with their sexual interests. Others also mentioned that some women were direct with their interests, especially when they have lived with the man for a considerable amount of time.

Although most of the women (seven out of ten) seemed passive when talking about their sexual lives, there were instances where a few of them described how they exercised agency to derive sexual pleasure. For example, one of the women recounted how she taught her husband to give her pleasure. The excerpt below illustrates her sexual agency, albeit with the help of alcohol:

One day, I took a drink and told him that, you don't just jump on a woman and have sex. You play romance with her to put her in the mood before you have sex with her. Then he said, "Is that so? He doesn't know anything like that ooh". Then I said, "Village person"

So, I have been talking to him and changing things and before I realise ooooh, Obama style. So, when he goes out and returns, then I will say, "Look, I have taught you how

to have sex and now you have taken the experience outside”. Then he will say, “Erhh, it’s only someone that will teach you”. So, that was how we were managing till we gave birth to the first child, second, third and fourth. (Senam, 62 years, non-partnered)

Despite the apparent gender and possibly, cohort differences in the expression of sexual pleasure, it remains a significant motivator and function of sex for the older adults in this study. However, most of the participants, especially the women, chose not to articulate it unlike the older adults in the Malawi study who were more expressive about sexual pleasure, with both men and women viewing it as natural and God-given (Freeman & Coast, 2014). Regardless, sexual pleasure is not perpetually accessible as individuals age. Older adults often experience a decline in physical capacity, which can significantly affect their sexual activity (Freeman & Coast, 2014; Van der Geest, 2001).

It is also important to note that when participants in this study spoke about sexual gratification, they largely referred to gratification from heterosexual, vaginal intercourse. To most of them, other forms of sexual activity, including oral and anal sex, were inappropriate and unhealthy. However, this view was not shared by two participants who admitted to having engaged in oral sex before; they did not see anything wrong with the practice. For instance, one female participant, Senam (62 years), described how she performed and received oral sex with her late husband. She noted:

“The man will be licking between your thighs, and you will also be sucking his penis. But there is an after-infection with that, but we didn’t know at first”.

In another case in which oral sex was mentioned, it was performed outside of Ghana, specifically in Lagos (Seth, 69 years, non-partnered) and Germany (Kofi, 75 years, partnered) and involved non-Ghanaian partners. During the interview, Seth recalled, *“She held and*

inserted my penis into her mouth and sucked. I released already". Similarly, Kofi noted: "*While in Germany, one of the girls I moved with enjoyed sucking my penis*".

It is obvious that, although other forms of sexual activity like oral sex, kissing and masturbation are not accepted or counted as sex by most of the participants (due to cultural and religious reasons), a few individuals like Senam, Seth and Kofi, see nothing wrong with engaging in them. As posited by the Socio-ecological Theory, individual behaviour can be explained by looking at the individual and their affiliations with people, organisations and the community. (Bronfenbrenner, 1979). Although Senam shares the same sexual script with other participants, her different opinion about oral sex could be attributed to her affiliation with her late husband who introduced her to the practice. Similarly, Seth and Kofi, though born in Ghana, had encounters with different societies (Lagos and Germany) during their formative years, which may have introduced them to sexual scripts from different cultures that recognise and accept oral sex, hence influencing their later sexual behaviours.

Touching and fondling also emerged as other means participants derived sexual pleasure.

Interestingly, nine participants (seven males and two females) felt that kissing was foreign to Ghanaian culture. One participant (Peter, 74 years, partnered) mentioned that he had never kissed his wife after their wedding day. The exchange below demonstrates this point.

Interviewer: Are there any other sexual activities you would like to talk about? For instance, kissing?

Respondent: Oh, for that, nobody... even my wife knows, we have never kissed before. No.

Interviewer: Why?

Respondent: As I told you, strictly Africans, this thing, so when we went for [inaudible; traditional and wedding], then when our pastor said kiss... there was noise in the room. Hahaha. We did that then. Since then, till we are talking now, I have not kissed my wife again. Yes.

4.3.4 Harmony in Relationship

Another theme that emerged from the analysis of the data collected, as shown in Figure 4.1 above, is the assurance of harmony in relationships as a purpose of having sex. Beyond serving purposes such as procreation, sexual gratification and demonstrating potency, sex is a means to foster harmony and intimate bonding with one's partner, as stated by the participants. They suggested that sex helps to preserve the harmony in marital relationships by preventing potential infidelity and ensuring happiness between partners.

4.3.4.1 Preventing potential infidelity concerns

Nine (9) of the male participants indicated that engaging in sexual intercourse helps to prevent or reduce allegations of partner infidelity or cheating behaviour which is not uncommon in marriages. Some researchers have suggested that men are more likely than women to engage in infidelity (Allen & Baucom, 2004, Atkins et al. 2001) and tend to possess more sexually permissive attitudes (Petersen & Hyde, 2010), although others have indicated that the gender difference is narrowing (Oliver & Hyde, 1993).

For these male participants, not sleeping with one's wife may serve as a cue for infidelity. As mentioned previously, sexual performance is integral to the traditional conception of masculinity. Therefore, not only do men's non-performance potentially lead to social stigma and disrespect but could also lead to allegations of infidelity by their partners. The idea is that,

at a time when strength is low, extramarital affairs or cheating by a male partner could deplete their strength, leading to underperformance or a lack of interest in sex with their female partner. Specifically, not agreeing to a wife's demand for sex, whether made subtly or directly, is an indication that the husband is getting sexual gratification from other women. Indeed, because men are seen to be eager for sex in most cases, refusing a request for sex may seem strange. The quote that follows illustrates how refusing a wife's sexual request may result in an allegation of infidelity by the wife.

“That’s why I said as a man, you are careful not to deny your partner sex whenever they make subtle advances. Maybe she needs it. If you don’t do it, she will be thinking otherwise, that you have gone behind her.” (Kwame, 61 years, partnered)

Although not widely expressed by the female participants, the reverse of the situation could occur. Two women asserted that refusing a man's (mostly referring to a husband) sexual request may push him to cheat, which in turn, becomes a concern for the woman. This concern has been expressed in the quotes that follow, even though one acknowledges that either party could cheat.

“Well, you can lead the man to other women when you are refusing him sex. It is even in the Bible... The Bible said we should not deny our husbands' sex. The day he desires, and I don't desire, we argue before I agree. I finally give in to him. But whenever I am angry with him and he asks me, I don't give myself to him.” (Mawufemor, 66, partnered)

“Maybe the man just wants to kiss you and leave you or the woman also wants to kiss him and leave him. At that moment, you may not desire sex. However, he wants it. When you don't give in to him, it does not make him happy. So maybe that can push one side to go out and have sex.” (Dela, 60 years, partnered)

The participant cited in the first quote later spoke about how she sometimes withholds sex because of her man's refusal to give her something she desires. In other words, she uses sex as a means of negotiating her wants and needs. Sex, therefore, becomes a bargaining chip, as it were.

Naturally, ageing is accompanied by decline/degeneration and the sexual domain is no exception.

Sexual performance may decline as men age, and this decline may raise concerns about their fidelity. A few of the male participants talked about how reduction in the frequency of sex and sexual performance may be misconstrued as the consequence of satisfying oneself outside of marriage, as indicated by the quote below.

“...even if you find it difficult to get your penis erected, when it is not erect you cannot have sex. So out of that, what happens is the woman sometimes flimsily begins to think that you are jumping from one woman to the other. That is when you are not satisfying her in the house and then you see that it is beginning to be a problem in the house. Meanwhile, it is not like that.” (Senyo, 73 years, partnered)

To prevent such accusations, the man would have to fulfil his marital responsibility by sleeping with his partner, especially at a time when the woman is old and may see herself as less attractive compared to her younger self. Perhaps, the woman may be threatened by the possibility of her partner cheating on her with a younger woman who is more attractive and perhaps, sexually vibrant. Transactional sex involving younger women sleeping with older men (otherwise known as sugar daddies) is not an uncommon occurrence in Ghana and other African countries (Ajayi & Somefun, 2019; Amo-Adjei et al., 2014). The excerpt that follows alludes to the fear of a husband cheating with a younger woman, although this is from the perspective of an older man.

“What I know is that, right now, if you don't have anywhere paining you, you are a strong person and like my age, if you live with your wife and you are not having sex with her, there will be problems because it will occur to her like...now as I am here, I am for day [rotation], my colleague will come and I will go home. Aha, now if I come back from work and my wife and I don't have sex, it will occur to her that when I closed from work, I took a young woman to a hotel or I have gone to have sex with a woman, and I am not minding her.” (Edem, 71 years, partnered)

Sexual double standards in terms of infidelity are common across the world (Bordini & Sperb, 2013; Haavio-Mannila & Kontula, 2003). Men's infidelity is relatively easier to excuse compared to the same behaviour by women. Therefore, perceptions of infidelity are likely to be heightened among women. For some older men, one strategy to prove their fidelity is to remain at home, which is not always possible. One therefore, must provide optimum sexual performance, which may be detrimental to an ageing man's health.

4.3.4.2 Happiness of couple

Closely related to the above issue is the idea that sexual activity brings joy and happiness between partners, especially within the marital context. The performance of sexual duties by either partner not only prevents allegations of infidelity but segues into the happiness of the couple. This purpose of sex is expressed by Seth when he says "*sex, I have seen that it heals the man. When the man and woman live together and there's no such thing between them, you will see that there is no happiness in the house*". On her part, this is what 68-year-old Aku also had to say, "*But for me, I think it is good because it brings happiness into the house too*".

The participants spoke effusively about the importance of sex in promoting happiness in a marital home, the lack of which may give rise to the occurrence of infidelity or suspicion of it. In this context, they spoke about how sex is used to express love and happiness. To Dela and one other participant, sex has reparative value; it helps resolve problems in relationships. Mawusi, 65, had this to say about sex serving as a means to express happiness and possessing reparative value: "*If you don't go anywhere, you and your partner enter the room in the evening, that is what [you do] Hahaha. That is one thing that you can use to express your happiness to each other. 60-year-old Dela also stated, "If there is anger in the house, sex quenches it. It quenches highly intense anger; it brings happiness to the home between man and woman."*

It must be emphasised that when participants indicate that they engage in sexual activity to ensure harmony in their relationships, there is an interpersonal sexual script element at play. Interpersonal scripts refer to the representations of self and the implied mirroring of the other that facilitates the occurrence of a sexual exchange (Simon & Gagnon, 1986 p. 106). As mentioned by some participants, their engagement in sexual activity is sometimes necessitated by their desire to prevent the misunderstanding that they are having extramarital affairs. Hence, their engagement in sexual intercourse with their partners at that stage is a result of the implied consequences of their refusal.

4.3.5 Physical and Psychological Health

The final purpose of indulging in sex, as revealed by participants, is to ensure their own physical and psychological wellbeing. In this regard, participants spoke about how engaging in sexual activity positively impacts their physical and psychological health. Both the male and female participants admitted that sex had stress-relieving properties. They described the deep sleep that follows sex in a very positive manner. In fact, some of the men compared this sleep to when someone takes a sleeping tablet, indicating the depth of the sleep. Kwame, 61 years, shared with the researcher that, *“Oh, after you are done having sex, it’s like a sleeping tablet. I enjoy myself because my body becomes weak and all that, then I go back to sleep like how they take a sleeping tablet”*. Similarly, 65-year-old Dogbey mentioned that:

“We do it for a purpose, but in old age, it helps with stress. Like, I am back from the farm and tired, in the night if I try and do one, then I just feel relieved. You will think you have taken a sleeping tablet, then you will sleep well”

Aside from the psychological benefit, a few of the participants (5 of them), spoke about the salutary effects of sex on physical health. To these participants, it is a form of physical exercise.

In one case, a participant mentioned how sex ostensibly ‘repaired’ a woman’s waist problem, as described in the quote that follows:

“It is like exercise. Let me give you an example. There was a certain lady in this house, she had a serious waist problem and because of that, when she was walking and you see her, you will realise she is bent on one side but when she went for a boyfriend, it stopped.

As she went for a boyfriend, it was like exercise and so it straightens up now”. (Aku, 68 years, partnered)

In addition to this supposedly reparative function of sex, the lack of sex in old age, according to a few of the participants, could result in illness. One of the older women intimated that she had been falling sick frequently and suspects that it may be due to her non-existent sexual life. Another woman spoke about how a doctor jokingly asked her to remarry and enjoy sex because she was becoming ill frequently. Davi tells me that, “...and people say because I don’t have sex, then I will get ill. I have been getting ill too, so I don’t know”. The same view was expressed by 72yearold Enyonam, who has left her husband:

“I get sick often and when I went to the hospital, the doctor asked me whether I have a husband and I said, “Oh, I have a husband, but I have left him. It’s been a long time, but he later died too”. Then he said he will marry for me [interviewer and respondent laughed together] and I said “no”. (Enyonam, 72 years, non-partnered)

Although the health concerns stemming from the lack of sex were raised by women, one man expressed worry about his sexual life, which grudgingly ended due to his partner’s unwillingness to have sex. He mentioned in the interview that he enquired from a doctor about the side effects of not engaging in sex. To him, the answer he received was not satisfactory.

The findings about physical and psychological health as a purpose and consequence of sexual intimacy across one’s lifespan are consistent with past studies (Brody, 2010; Davidson et al., 2009; Heiman et al., 2011). For example, sexual engagement has been linked to positive outcomes such as increased cardiovascular health, increased relaxation, decreased pain

sensitivity, decreased depression and increased self-esteem (Cyranski et al., 2004; Jannini et al., 2009; Levin, 2007). Most of the participants in this study (especially the male participants), mentioned sleep quality as a benefit of sex. It is important to note that, although the participants stressed the implications of sex as both physical and psychological, they were not necessarily deliberate on these benefits. Rather, it is more accurately understood as an epiphenomenon or a by-product of engaging in sex. Regardless, it appeared that deriving sexual pleasure and gratification was central to their engagement in sex.

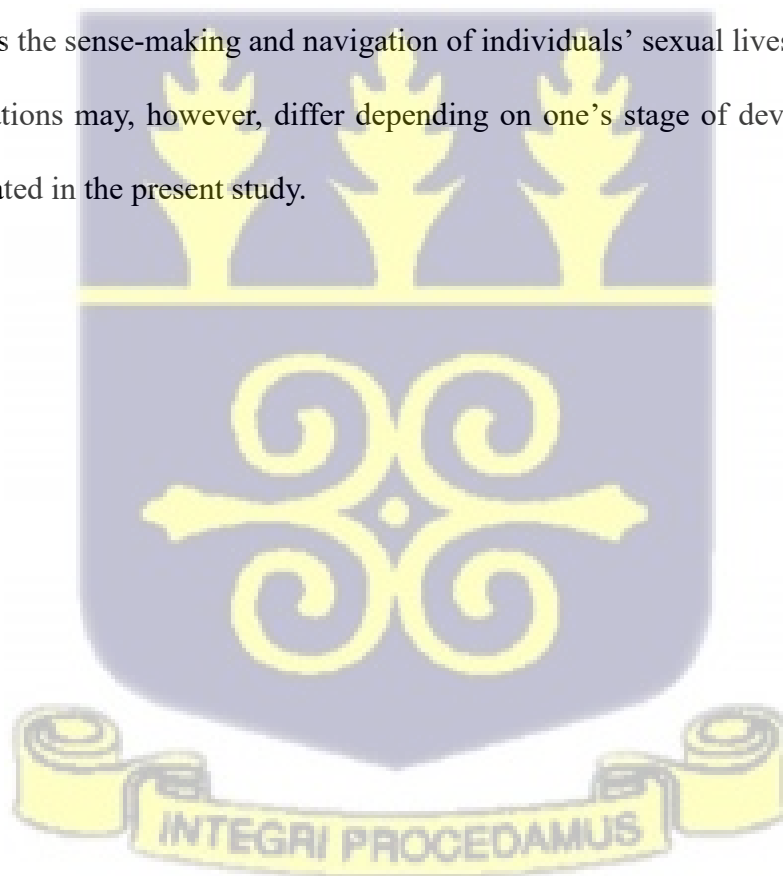
4.4 Conclusion

The meanings and purposes individuals ascribe to sex vary. Sex serves biological, social and psychological purposes. The emphasis placed on the nature of the function of sex across different stages of development differ. Older adults are less likely to emphasise biological or reproductive reasons for sex, especially at a time when their physiological, physical, psychological and financial capacities are limited. Physiologically, the capacity to procreate which diminishes earlier in women impacts their sexual lives later in life.

It must be emphasised that some of the purposes of sex at old age, as discussed by the participants, were gendered while others were not. For instance, the desire to demonstrate sexual potency as a reason for engaging in sex is strongly asserted by the male participants (as expressed by seven male participants). In contrast, the ideas of procreation, sexual gratification, the promotion of harmony in relationships as well as physical and psychological enhancement, were not gendered. To most of the women, both partnered and non-partnered, the post-menopausal period leads to a decline in sexual interest. It is, therefore, unsurprising that compared to the male participants, the female participants' responses centred on reproduction

while the male participants, who do not face such a constraint, provided more varied responses which included demonstrating their potency and promoting their psychological and physical health.

The gendered nature of the reasons participants gave as the purposes of sex, as well as their understanding of what activities count as sex or otherwise, was found to have roots in their life development. The systems in which they find themselves shape their understanding at both the microsystem and macrosystem levels of developments, as explained by the Socio-ecological Theory propounded by Urie Bronfenbrenner (1979). These gender differences also invite interrogation grounded in cultural and societal norms. Cultural knowledge about sex and sexuality guides the sense-making and navigation of individuals' sexual lives, including older adults. Expectations may, however, differ depending on one's stage of development, as has been demonstrated in the present study.



CHAPTER FIVE

CHANGES IN SEXUAL LIFE AT OLDER AGE

5.1 Introduction

In the preceding chapter, the meaning and purpose of sex, as articulated by the participants were discussed. It was found that seventeen participants defined sex as encompassing penis-in-vagina intercourse. Other forms of sexual activity like masturbation, oral sex, kissing and fondling are frowned upon by most of the respondents based on their religious and cultural backgrounds. In cases where these acts are not condemned, they are not classified as sex. It was also revealed that procreation, sexual gratification, demonstration of potency, harmony in relationships as well as physical and psychological health are the main motivations for engaging in sexual activity, as recounted by the participants. In this chapter, the various changes that occur in the sexual lives of older persons are discussed. These changes include physical changes and a decline in sexual desire. This discussion begins by establishing the existence or otherwise of sexual activity among the older men and women who participated in this current study.

5.2 Sexless Older Years

Developmental theories and folk beliefs about sexuality and ageing tend to converge on the idea that older people are asexual (see Sharpe, 2004). This stereotypical idea assumes that sexual activity is the preserve of the young. Popular media representations of sexuality have reinforced this view with depictions of asexual old age and sexually active youth dominant in the media landscape (Veres, 2009). However, the asexual-old-age belief does not hold up when subjected to research scrutiny, as numerous studies have shown that many older adults have active sexual lives (Gott & Hinchliff, 2003; Lindau et al., 2007), even though they may

confront several challenges (Træen et al., 2017). The question that ensues, therefore, is whether the older years of human life are sexless. Revelations from the current study present more to be pondered upon. In fact, one participant's responses to questions about sex in old age provides some useful insights.

Interviewer: So even when you are old, you need to have sex, is that what you mean?

Edem: Yes.

Interviewer: Does the same apply to women?

Edem: Oh, so far as you are married to each other and you have the strength, you can do it.

Interviewer: Even if she is very old?

Edem: I told you that some people are very old but still they have strength.

Interviewer: Okay, someone was telling me that, sex is good for women, it nourishes their bodies.

Edem: That is why I am saying that, now if the person is old and there is nothing worrying them, they can engage in sex. Unless the person is stuck in one place, that is different. But if the man and woman are old and they have strength, they will do it. The man will do it. He will insert his penis into the woman, so far as he is having strength.

Edem is 71 years old with four children and lives in a compound house with his wife. He believes that sex is ordained by God to take place between a man and a woman who are married to each other. It is understandable for Edem to believe that older people can still have sex once they are married given that he was raised in a Ghanaian society where, in most cultures, sexual encounters are permitted within marriage (Nukunya, 2003). Indeed, the individual's knowledge about any social issue is influenced by what he learns from people he has a personal relationship with, like family and friends, as well as organisations like schools and churches and the norms and values of his community. In addition, various legal and public frameworks

guide his actions and inactions (Bronfenbrenner, 1979). Edem's idea that sex can take place between older adults, if only they are married and physically capable, stems from his development among systems and institutions that hold such views and practices.

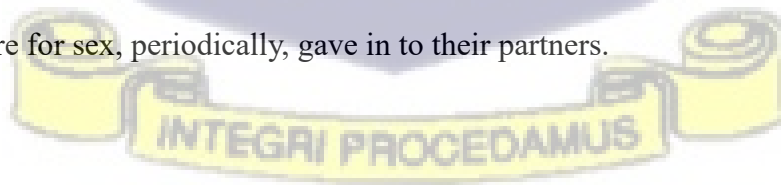
In Edem's opinion, sexual activity should continue to take place between couples even in old age, as long as both partners are strong and not impeded by any physical or health problems. The same view has been echoed by many of the male respondents as well. One important point that Edem highlights is the fact that sex in marriage is an obligation. Therefore, efforts must be made to provide some sort of sexual satisfaction to one's partner when the need arises. Interestingly, the idea of being accused of having sexual intercourse outside marriage has placed a burden on older men to find ways of satisfying their women sexually. The conviction that sex is an obligation for couples, as suggested by Edem, is also shared by most of the female participants, who having lost the desire to have sex at old age, do engage in it periodically with their partners because it is an obligation. This thought was revealed by some of the respondents, including Gifty who asserted that:

Gifty: ... You can't say he shouldn't sleep with you because you don't desire to have sex. I know sexual desire should come from the mind, but even if it doesn't come from your mind and your husband asks you, you cannot say that you won't agree to do it. The Bible said, we should not hide ourselves from our partners. No matter how it is, you must yield yourself to your partner's demand because he is your partner, he has paid on you. When you refuse, then you are indirectly sending him out, you are the one sending him to follow another woman, so you need to give way to him, so he won't go to town and spend money because he is with you already.

Interviewer: It means, women are not supposed to refuse at all?

Gifty: No. It is not right that you, a woman that is married to your husband, if he wants to have sex with you, you will refuse. According to the Bible, it is not right at all. Even for us as humans too, it is not right. If he takes you to your parents because you denied him sex, he won't marry you again, there is a law that he can divorce you. It means you are cheating that is why you didn't want him to have sex with you, so they can divorce you in that aspect too.

Although Gifty, who is currently recovering from a stroke she has battled for the past three years, admits that she lost the desire to have sex after she stopped menstruating about 12 years ago, she used to engage in sexual activities with her husband before falling ill. Gifty went ahead to reveal that should she recover from the ailment, she would be willing to engage in sexual relations with her husband whenever he asks because it is her obligation satisfy him sexually a sense of obligation based on religious and cultural norms. It can be inferred that the current sexual behaviours of both Edem and Gifty, as recounted in the extracts above, are a result of the societal definition of sex within marriage. According to them, marital expectations require partners to provide sexual satisfaction when need be; thus, their sexual behaviour in old age can be described as socio-genic (Simon & Gagnon, 1986). Obviously, their idea of sex being an obligation in marriage conforms to scripts handed down from the society within which they grew. It is these scripts that have shaped their sexual behaviours/orientation to the extent that, they are willing to engage in sex with their partners even if there is no desire to do so. The story of Gifty is no different from the other female respondents, who although admitted to not having the desire for sex, periodically, gave in to their partners.



It is evident, even from the interview extracts above, that sexual activity continues among some older adults. Many of the older men in this study admitted being sexually active as compared to their female counterparts. This revelation is consistent with many studies conducted within the African context on sex among older adults. Most of the studies conducted within the African setting confirm the existence of sexual activity among older adults, with many of the men admitting to engaging in sex as compared to their female counterparts (Todd et al., 2009; Okiria, 2014; Negin et al., 2016). In line with existing literature on older adult sexuality, this current study confirmed the existence of sexual activity among older adults, as expressed by some of the participants who acknowledged engaging in sex even in old age.

The gendered nature of the existence of sexual activity among older adults could be explained by the societal determinations and reasons ascribed to sex, where the main purpose is procreation (Okira, 2014). What this implies is that, when it is impossible to procreate, sexual activity becomes needless, especially for women. It is, therefore, not surprising that most of the female participants revealed that their desire for sex diminished after they stopped menstruating a period where pregnancy is biologically impossible.

Even among participants who denied engaging in sexual activity at their age, they still recounted the importance of sex among older adults. In otherwise, both participants who agreed to having sex at old age and those who denied having sex dismissed the long-held view that older people were asexual and affirmed that sexual activity remained an important aspect of the lives of some older people, although not necessarily important for their own lives. Recounting the importance of sex in old age, a 65-year-old retired tax revenue collector, Dogbey, who still lives with his wife had this to say:

Erhh, [clearing his throat] for reproduction, let me put it that way, but not for enjoyment.

We had previously viewed sex to be for enjoyment, leading to its abuse by some people... We do it for the purpose of procreation, but in old age, it helps with stress. For instance, when I am back from the farm and tired, and I try and have sex in the night, I just... You will think you have taken a sleeping tablet, then you will sleep well.

As reported in the preceding paragraph, even participants who admitted that they do not and cannot engage in sexual activity (with regards to participants' construction of sex as peno-vaginal penetration) due to certain health conditions, emphasised the importance of sex to other older adults. Recognising the importance of sex to older adults, 84-year-old Elorm, who confided in me that his male organ is dysfunctional, tells me how important sex is for the older adult. He explained that although his penis cannot become erect, he must find alternative ways to give his wife sexual pleasure since she needs it. This is what Elorm had to say:

I can be playing with her since her body needs it. I can hold her breast and put it into my mouth and suck it like this thing... Then she will also feel happy. Do you understand? I can kiss her... if she is feeling that one too, but she knows I have erectile dysfunction, and I can't do that work like when I was young, so I just play romance to her to stop that feeling and when we feel sleepy, we sleep; that's all.

The above extract from the interview with Elorm suggests that even when a partner is unable to indulge in penetrative sex with the other partner due to certain challenges or sickness, they are not oblivious to the fact that sex is still an important part of the other partner's life (who may also be an older adult). Hence, the partner finds ways to bring certain sexual reliefs to the other partner when the need arises. It is just that activities like fondling and sucking of breasts as described by Elorm are not regarded as sex when there is no penetration. Based on these revelations, there is evidence to show, at least among the participants involved in this study,

that older people are not asexual as misconceived by many. It is therefore important to investigate what changes in old age, in terms of sexual activities among older adults.

5.3 Changes in Sexual Lives

The ongoing discussion in the previous section points to the fact that it cannot be entirely concluded that older years are sexless. However, there has been an indication of the existence of certain changes in sexual lives that comes with old age. In this section, these changes, as revealed by the participants of the study, are discussed within the context of the various physical changes that occur due to ageing as well as decline in sexual desire among the participants. Figure 5.1 displays these identified themes together with their sub-themes.

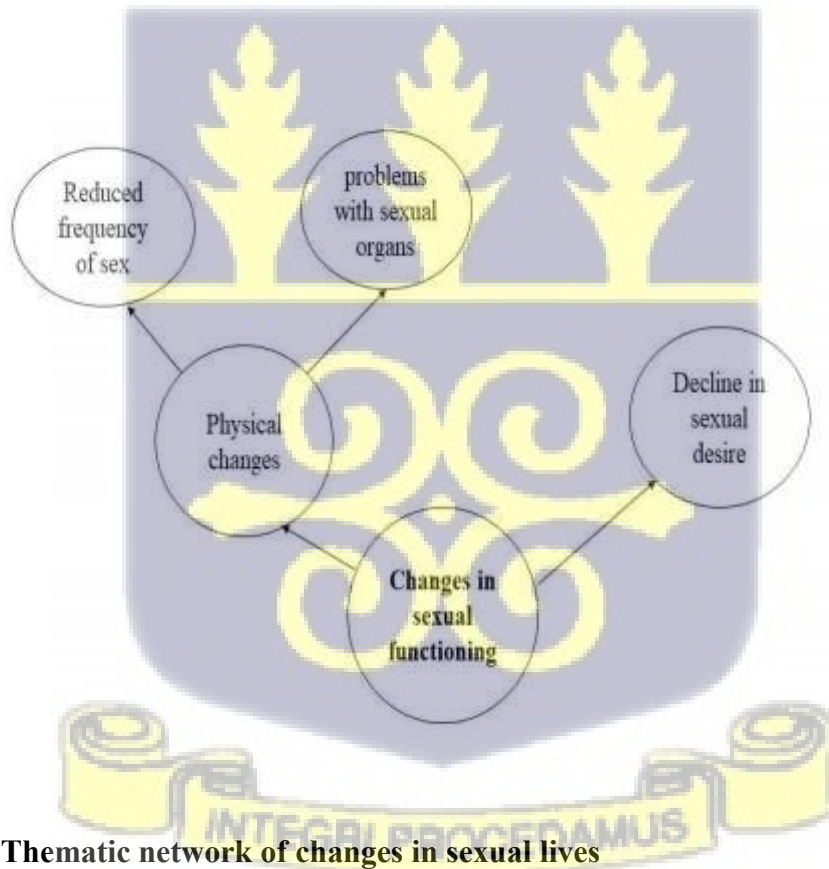


Figure 5.1: Thematic network of changes in sexual lives

Source: Fieldwork, 2021

5.3.1 Physical Changes

As shown in Figure 5.1 above which illustrates the thematic network diagram drawn from the analysis of the data collected, one of the major causes of the changes in sexual functioning among older adults has to do with the physical changes that older adults experience. Looking at Figure 5.1 above, these changes are categorised as problems that older adults encounter with their sexual organs as well as the reduction in the frequency at which they engage in sexual activities. In the subsequent sub-sections, these sub-themes under the physical changes that older adults experience, as depicted in Figure 5.1, are discussed.

5.3.1.1 *“The Engine will never spark well”*: Problem with Sexual Organ

As mentioned in the second chapter of this study, the decline in sexual activity among older people, as established by various studies (Thompson, Charo, Vahia, Depp, Allison & Jeste, 2011; Karraker, DeLamater & Schwartz, 2011; Field et al., 2013), has been explained as a by-product of biological factors such as the physical changes that accompany ageing. This biomedical explanation of the decline in sexual activity among older adults suggests that whilst men experience a slow decline in the production of testosterone, which poses a risk to their sexual functioning in various ways including an increase in erectile dysfunction, women, on the other hand, experience a decline in oestrogen levels which may also lead to dryness in the vagina and atrophy (Howard, O’Neill & Travers, 2006).

The narratives of some participants in this study corroborate the idea that ageing brings certain changes in sexual functioning in both males and females, with older males experiencing these changes more than their female counterparts. Specifically, some male participants reported the

“Inability of their engines to spark well”, even though they still had the desire for sex. ‘Engine’ here refers to the male sex organ. Eighty-year-old Komla, who still lives with his wife and lastborn, had this to say when asked about the differences he sees between his youthful and older adult days:

As you grow, you become weak a little. It is not like how you were in your youthful stage, where even at the sight of a woman passing by, your penis erects on seeing a female. Now that I am old, I do not always desire it. Sometimes too, I will wish, but the penis won’t be erect because I am ageing.

Elorm, who lives with his wife and their two children, attests that there have been significant changes in his sexual functioning due to age and deteriorating health. Although he had a very active sex life in his youth, Elorm concedes that age has taken a toll on his sexual capabilities, to the extent that he is currently experiencing erectile dysfunction. He said, *“I can’t do it again. If you buy a brand-new truck and you are driving, it and it reaches some time... hahaha. It’s grown, and the engine will never spark well. Is that not so? I can’t spark well now; I have come down.”* From the narratives of Komla and Elorm, one can observe that erectile dysfunction naturally emerges as a major characteristic of ageing. This experience was not peculiar to Elorm and Komla, as other male participants echoed the same view, with some mentioning that this phase of life and its associated decline in the ability to maintain an erection leads some men to use sexual enhancement drugs. Apart from the erectile dysfunction mostly reported by the oldest male participants, there were no reports of other sexual problems such as low libido, among the male participants. This finding is consistent with previous studies. For instance, population-based surveys have shown that older men tend to report erectile dysfunction more frequently than other sexual issues such as low libido (Laumann et al., 1999; Mitchell et al.,

2013). Most population-based surveys also find that a greater proportion of older men report no sexual problems (Laumann et al., 1999; Mitchell et al., 2013).

Moreover, erectile dysfunction tends to be more prevalent among men with a history of physical health conditions such as diabetes, cardiovascular diseases and physical inactivity (Slevin et al., 2007). Although Elorm admits that he periodically visits the hospital for medication due to his high blood pressure, it cannot be concluded that his medications are the cause of his erectile dysfunction, especially as medication use among older adults is not considered a strong predictor of sexual activity (DeLamater & Moorman, 2007). Nonetheless, a key observation from the participants is that some older adults are cautious about engaging in sex due to declining physical strength or deteriorating health. As elaborated by 80-year-old

Komla:

...when you were younger, like you, you can say you will have sex like three times or four times. When you start early like that, as a young man, you will be happy, and the girl too will be happy because they have used each other well. But as you age and you are still doing it like that, then you will see that you will die early because you are getting weaker, so you must cut it down. People say they have sex with women for 6 rounds; you are killing yourself.

The female participants were not spared from problems associated with the sexual organs because of ageing. It is important to note that, in the past, there was limited knowledge of older women's sexual problems, especially because of the neglect of older women in early population-based surveys (e.g., Laumann et al., 1999; Najman et al., 2003). However, over time, such issues have been recognised and documented. For example, Mitchell et al. (2013) found that an uncomfortably dry vagina was among the most common sexual problems reported by older women. In addition to that, difficulty in reaching orgasm was also identified among the sexual problems older women often experience.

Consistent with the existing literature, the most frequently mentioned sexual problems among the female participants in this study were painful sexual intercourse, vaginal dryness and tightness of the vagina. However, these issues were not widespread, as they were mentioned by only three female participants. One such participant, 66-year-old Mawufemor, who lives in a different town from her husband, has noticed an extreme tightness of her vagina in her old age as compared to she was younger. Despite being aware of this change and the problems associated with her sexual organ, she does not seem bothered by it. She believes that these changes or problems are the result of her not indulging in frequent sexual activity in her older age. This is what Mawufemor had to say concerning the problems she has noticed with her sexual organ:

“Yes, when a man and I have sex, excuse me, my here [vagina] is tight...Because I refuse...I don’t go there so it has become tight.”

As noted earlier, another common problem associated with ageing female sexual organs, as revealed by some female participants, is the experience of vagina dryness. Sixty-five-year-old Gifty, who has suffered a stroke, described her experience of this condition which she believes is the result of ageing. When asked about her current involvement in sexual activity, she responded: *“Now I don’t... we don’t have sex that often. What I have noticed is that the way I used to be wet is not like that anymore. The place is dry, but I think that it is something that comes with age.”*

Although both Mawufemor and Gifty experience certain problems associated with their sexual organs, they hold different opinions as to the causes. To Mawufemor, the pain she has been experiencing during sex is the result of a prolonged period of sexual inactivity, as told by a nurse in her community. On the other hand, Gifty is of the opinion that the reduced wetness of

her vagina during stimulation is a natural consequence of ageing. Both explanations given by Gifty and Mawufemor are valid, at least, from scientific or medical perspectives.

According to the American College of Obstetricians and Gynecologists (ACOG), the lack of desire and/or arousal is the main cause of pain during sex (dyspareunia) among women. This reflects the case of Mawufemor, who due to the lack of sexual desire has not been engaging in frequent sexual activity. Other causes of painful sex among women may include hormonal changes, inflammation due to the yeast or bacterial infections or muscle contractions at the vaginal opening (ACOG, 2010). The decline in the levels of oestrogen at either premenopausal or menopausal stages of women may lead to the experience of dryness in the vagina and atrophy (as is the case of Gifty) (Howard, O'Neill & Travers, 2006, ACOG, 2010).

Throughout the conversation with Mawufemor, it was evident that her mindset has not been attuned to sex as an important aspect of her life. She only engages in sex because of the need to have children, and now that she no longer needs children and her husband is far away, she considers him dead and hence, does not care about sex. In fact, she admitted that it has been 10 years since she last had sex and that, she does not see the need to have sex as it is of no importance to her now. The lack of desire and/or arousal in Mawufemor could be the cause of her painful intimate sexual experiences (ACOG, 2010). According to ACOG, arousal prepares a woman's body for the act of sex and a lack of it results in vaginal dryness, which may lead to dyspareunia or pain during sex.

Gifty's belief that her vaginal dryness is a result of something that comes with ageing is supported by literature, as biomedical studies on older women's sexuality have established that a decline in the oestrogen levels during either premenopausal or menopausal stages may lead to vaginal dryness and atrophy (Howard, O'Neill & Travers, 2006, ACOG, 2010). Although both Mawufemor and Gifty have different opinions as to the causes of the problems associated

with their sexual organs, one thing that seems obvious, which runs as a common cord throughout their interviews, is the fact that neither of them was particularly bothered about these changes.

5.3.1.2 “...but now, just once, you are tired”: *Reduced frequency of sex*

In the investigation into sexual activity among older adults, two narratives have been consistent. Findings from some studies indicate a decline in sexual activities among older people (Field et al., 2013; Karaker et al., 2011) while other studies suggest that there is no decline, but rather a change in the form or method of sexual activity among older adults due to health-related issues, complications and partner availability (DeLamater, 2012). Findings from this current study support the former viewpoint rather than the latter. This might be due to the understanding and meaning that participants attach to sex. As stated in previous chapters, sexual expression, according to the participants, is limited to penis-in-vagina penetration. This means that, even in cases where participants participate in other sexual activities like masturbation, oral sex and anal sex, they do not count them as proper sex, hence do not include them in the number of times they had sex within a given period. This understanding of sexual activity was shared by both male and female participants and may explain why there seems to be a greater decline in sexual activity compared to findings among participants in Western contexts such as the USA. Throughout the stages of an individual’s development, behaviour and ideas on certain issues are influenced by systems like societal, religious, and cultural values a system that Bronfenbrenner (1979) describes as the macrosystem. Therefore, the respondents’ disregard of other sexual activities such as oral sex and kissing as not being proper sex can be seen as a product of the strong cultural and religious influences on sexual norms and socialisation in Ghana (Anarfi & Owusu, 2011). This can be seen in certain statements by some of the

respondents, such as *“God didn’t say it in the Bible that you should have sex with the woman in the mouth”* and *“my father and my brothers, none of them has ever told me that before”*, as asserted by Dela and Kwame, respectively. Religion in particular exerts a dominant influence on expectations and views on sexual expression (Anarfi & Owusu, 2011). Compared to other settings where sexual activity encompasses a wider range of behaviour, accepted sexual acts in Ghana tend to be more restricted, which may be attributable to the influence of religion. Definitions of sexual activity in previous research have included vaginal, oral or anal sexual intercourse as well as masturbation (Field et al., 2013; Karraker et al., 2011; Mitchell et al., 2013). Anal sexual intercourse is considered inappropriate in Ghanaian culture (Gyasi-Gyamerah & Akotia, 2016) while there seems to be no clear consensus regarding oral sex.

The degree of acceptance of these sexual behaviours may depend on whether they occur in the context of heterosexual or homosexual relationships. Besides, acceptability of these sexual activities may be shaped by generational effects. It is expected that this cohort of participants would possess more conservative sexual attitudes. Indeed, except for three participants who admitted giving or receiving oral sex, almost all the participants expressed disapproval of both oral and anal sex, regardless of whether such acts occurred in heterosexual or homosexual relationships. Interestingly, the participants who admitted to engaging in oral sex did so in the distant past; oral sex was no longer part of their sexual repertoire in old age.

In exploring the existence of reduced frequency of sex among the participants in this study, a distinction is made between a decline in the number of partnered sexual activities and a reduction in the frequency of sexual intercourse per session, often referred to as rounds. Although the participants spoke only in terms of heterosexual intercourse something that is not

surprising in the Ghanaian context it must be emphasised that the reduction in the frequency of partnered sexual intercourse was commonly mentioned by both male and female participants. For instance, when asked whether the frequency of sex had changed compared to her youthful years, 68-yearold retired nurse, Aku, mentioned that she had not had sex with her husband in over a year, even though they live in the same house and no apparent marital conflict was mentioned. The extract below from her interview confirms the reduction in the frequency of her sexual activities:

“Three years now, I am not able to walk but for the sex [it’s been] one year now.”

The reduction in frequency of sex among female participants was not peculiar to Aku. Other female participants also reported having been abstinent for more than five years. In fact, in two cases, the women talked about not having had sex for 18 (Senam, 62 years, non-partnered) and 20 years (Selorm, 69 years, non-partnered) due to the death of their husbands. Evidence from the transcripts of interviews with Senam and Selorm confirms their abstinence from sex since their husbands passed away. However, it is also possible that these women did not want to disclose their sexual encounters with other men (after their husbands’ deaths), perhaps out of fear of being judged by the interviewer. Given that the women were relatively young the last time they had sex that is, 44 years for Senam and 49 years for Selorm this is a plausible explanation. Moreover, it appears that there are stricter cultural constraints on the sexuality of widowed women than on widowed men, contributing to a possible reluctance to divulge information about sex after the death of their partners. Although there are ethnic variations in widowhood rites, restrictions on sexual intercourse after the death of a husband, at least for a short period of time, are common across many cultures in Ghana (Tengepare & Duhoe, 2020).

As stated earlier, almost all the participants reported a decline in the frequency of sexual activities, with the decline being more pronounced among the female participants. For the female participants, as stated above, their participation in sexual activities dropped completely after the loss of their partners, either through death, separation or divorce. In the case of the male participants, although some reported experiencing a decline in the frequency of sexual activities, the decline was less pronounced compared to that of the female participants. Seventy-sevenyearold retired customs official, Selinam, has two wives: one he lives with and the other in a distant town. Selinam indicated to me that the rate at which he used to have sex had decreased, as evident in the conversation below:

Selinam: I don't, in fact, as I am now, I don't even feel for sex often.

Interviewer: You don't feel for sex often? When did you start feeling that you don't have interest in it as you used to have?

Selinam: When I was around 70, and all these years, I was not [interviewer interrupts]

Interviewer: That was when you started feeling that you are not. But what happened, did something happen?

Selinam: Oh no, no. I just felt there was no need, there is no enjoyment.

Selinam went on to reveal that he had not had sex in the past six months, although he lives with his wife under the same roof.

“...let me tell you, in fact, as I am here now, for about some six months now, I have never touched a woman. This is how my life has been. I don't see women. Oh, I don't fancy them too much. Though they help, but I don't see them to be necessary.”
(Selinam, 77 years, partnered)

The decline in the frequency of sex that comes with age, as Selinam attests to, which was the case for a few of the male participants as expressed by four male participants is consistent with other studies that posit that as one advances in age, the decline in sexual activities also increases (Thompson et al., 2011; Field et al., 2013). However, it must be emphasised that majority of the male participants, unlike their female counterparts, did not report long periods of abstinence but rather marked changes in the number of times or rounds of sex. Some of the men cited the age of 40 to 50 years as the point at which they started noticing this change.

For instance, in an interview with 73-year-old retired teacher, Senyo, who still lives with his wife, Senyo alluded that he had a very active sexual life in his youth, to the extent that he could have sex with a woman between seven and nine rounds in a night. However, the story is not the same currently. He noticed this decline in strength when he turned 50. Senyo firmly believes that there has been a drastic decline in the number of rounds that he can go. He explained that,

“It is very, very true, because with my experience, when I was at age 30 to 40, even 50, I can move with a girl or have sex with a girl 7, 8 or 9 times in a day at a night. I will not feel any tiredness. You understand, but now, just once you are tired”.

Although the reduced number of rounds was a common experience among the men, two of them disclosed that they did not see any substantial difference. For one of them (i.e., Dogbey), he attributes this to not misusing his energy when he was younger. Dogbey firmly denied the existence of any changes or reduction in the number of “rounds” of sex in his older years, compared to his youth. He believes that a man’s ability to engage in sex, even in older years, depends on his sexual habits during his youthful age, and since he did not engage in excessive sexual activity when he was young, the number of rounds he can manage has remained the

same. When asked whether there had been a decrease in his sexual rounds due to age, Dogbey said: “Oh no, [there is no decline]. That is what I was telling you that if you misuse it during that time, it disturbs but right now, since I didn’t misuse it, I am still active.”

Selinam spoke about how, generally, he had little interest in sex and how this had carried through into his older age. Ironically, this man has two wives, citing his desire for a son as the reason for marrying a second woman. Eventually, the second woman gave this participant the son he wished for. It must also be emphasised that the issue of reduction in the number of rounds was mentioned only by the male participants. None of the female participants mentioned any form of reduction in the number of rounds during sex. The fact that the female participants did not mention this does not necessarily mean that it was a non-existent phenomenon among women. It is more likely the result of the general perception that women play a passive role during sex. As Mawufemor puts it: “...so you don’t have any right to touch my breast. What kind of love is it, what you desire to do, soon as you are done, you stand up and sleep so I can also sleep”. This extract from the interview with Mawufemor suggests that, during sexual intercourse, she watches her husband do as he pleases without her reciprocating.

5.3.2 “...I won’t go, it is not in [on] my mind”: Decline in sexual desire

One other theme that emerged from the analysis of the data collected, as depicted in Figure 5.1 above, is the decline in the sexual desire of the respondents. Like the physical changes, the decline in sexual desire was experienced by both men and women in the study, except that, for the male participants, this decline was mainly among the oldest participants while that of the female participants cut across all age ranges. From the respondents’ narratives, the decline in their sexual desires and interests was gradual. On the part of the female participants, their sexual interests tended to decline with the demise of their spouses or after reaching menopause.

For most of the men, even though their sexual desires and interests had declined to a certain level, they could not agree for it to be described as a complete decline. This is because majority of the male participants expressed the continued existence of a desire for sexual activities.

Although the male participants reported sexual decline, this was mainly among the oldest male participants, those above the age of 70. It must also be emphasised that partnership status did not seem to affect the decline in sexual desire for men. Kwashie, a 72-year-old refrigerator and air condition repairer who lost his wife about 11 years ago, confirms his loss of interest in sexual activities as he turned 70. Although Kwashie used to be a womaniser in his youth, he asserts that old age has resulted in a decline in his sexual desires. In his words:

I have done it; I told you I am [was] a playboy. I did many, plenty. My friend and I are discussing so if I see the girls pass, I just shake my head and say those my days; how I am now I don't think of those things again. I am 72, almost 72. It's okay.

In the same vein, although 77-year-old Selinam is married to two wives, he also confirms that he has no sexual desire currently when he says: *I don't [have a sexual life], in fact. As I am now, I don't even feel for sex anymore anyway... When I was around 70 and all these years I was not.* Similarly, some of the women expressed a loss in sexual desire over time. In the words of 72-year-old Enyonam, who is non-partnered: *After I gave birth and had 50 years going, the desire wasn't there anymore.* Likewise, 66-year-old Mawufemor who is partnered, opines:

As I am here, even 10 years, oh sister, may be because of tomorrow. Those days, like by now I am preparing to go to Peki tomorrow. I have been deceiving him [referring to the husband who lives far away] since. Last time, I said I will come Friday, and he said always am saying Friday. I won't go; it is not on my mind. So, in the area where I am, no man is in my mind, so my brother has been insulting me that I am dead.

Mawufemor is still married to her husband who lives far away from her. From all indications, as gathered through the interview, she seems to have lost interest in sexual activities, be it with her husband or any other man. Although Mawufemor faces pressure from her brother who

chastises her for infrequent visits to her husband, she persists because of her lack of sexual desire.

Mawufemor's brother's criticism suggests the acceptance of being sexually active as an elderly woman, especially when one is married in the cultural setting of the participants. When participants were asked directly about this issue, many of them indicated that they were unaware of any cultural constraints on elderly women being sexually active, except in a few cases such as fornication.

However, as compared to the male respondents, the decrease in the sexual desire of the female respondents was more dependent on their partner's status. Unlike the male participants, the partnership status of the female participants heavily influenced their sexual desire, with non-partnered women reporting more decline. Of course, this does not mean that partnered women did not report sexual decline; rather, it was more common among the non-partnered. The potential role of social desirability bias in shaping this response has already been noted.

The finding about the decline in sexual desire and interest is in line with findings from numerous studies (Araujo, Mohr & McKinlay, 2004; Field et al., 2013; Hayes & Dennerstein, 2005). Moreover, the results regarding women experiencing a greater decline in sexual interests are consistent with previous studies (Kontula & Haavio-Mannila, 2009; Mitchell et al., 2013; Van der Geest, 2001; Waite, 2010). Even in partnered relationships, women experience a greater decline than men in their sexual desire (Kontula & Haavio-Mannila, 2009), with the physical manifestations of the decline in sexual interest being seen in low vaginal lubrication (DeLamater, Koepsel & Johnson, 2019). The aforesaid changes in sexual functioning, specifically the decline in sexual activities and desires and increases in sexual

problems, have been attributed to biological, psychological and social factors (Field et al., 2013; Huges, Rostant & Pelon, 2015; Kontula & Haavio-Mannila, 2009; Jackson et al., 2019).

5.4 Conclusion

This chapter focuses on the debate about the asexuality of older adults. It concludes that it is a misconception that older adults are asexual. It is true, however, that there are changes in sexual functioning. From the analysis, it was found that the changes that occur in the sexual function of older adults take two forms: physical and psychological. Physical changes included infrequent sexual activities and increases in sexual problems. It was identified that erectile dysfunction is the main problem associated with the male participants while a decrease in vaginal lubrication as well as pain in the vagina during sex, were the major problems identified among the female participants. Psychological changes referred specifically to declines in sexual desire and interest, for which this study suggests gender differences.

This chapter, therefore, concludes by making two key observations. The first is that the understanding of sexuality in late adulthood has been fraught with misconceptions, such as the idea that late adulthood is characterised by asexuality. Based on the evidence provided by the respondents through in-depth interviews, this research generally does not support the idea of asexuality among older adults, as many of the participants remained sexually active. The second observation points to the fact that it is undeniable that there are changes and declines in the frequency of sexual desire and activity among the participants—a situation that is not uncommon. Regarding sexual activity, the narrow nature of sexual acts, that is, limited to penile-vagina intercourse due to cultural and religious influences on individual understanding, constrains the frequency of sexual activity among these participants compared to the elderly in Western settings.

In the subsequent chapter, the focus is turned to the causes of the various changes in sexual function in older years, as well as how the participants deal with these changes that come with old age.



CHAPTER SIX

FACTORS AFFECTING CHANGES IN SEXUAL LIFE IN OLD AGE

6.1 Introduction

In the preceding two chapters, the meaning and purpose of sex as well as the changes in the sexual function of older adults were discussed. The study found that sex, as understood by the participants, includes the interaction between the penis and the vagina, with other sexual activities like kissing, fondling and oral sex not classified as sex. Through the lens of the participants, it was established that it is not conclusive that older age can be described as asexual. However, it was found that certain changes come with ageing, which include problems with the sexual organs as well as a decline in the sexual desire of older adults, leading to a reduced frequency of sex. This chapter builds on with the previous one, as its focus is to discuss the various factors that participants perceive as contributing to the changes that occur in their sexual functioning and how they can navigate these changes.

6.2 Causes of the Changes in Sexual Life in Old Age

The study identifies four key factors that led to changes in the sexual functions of older adult's self-preservation, low sexual desire, partner dynamics and the use of certain medications. Figure 6.1 below illustrates the themes that emerged from the study with respect to the factors that influence changes in the sexual functions of the participants. The subsequent sections will discuss these themes in detail.



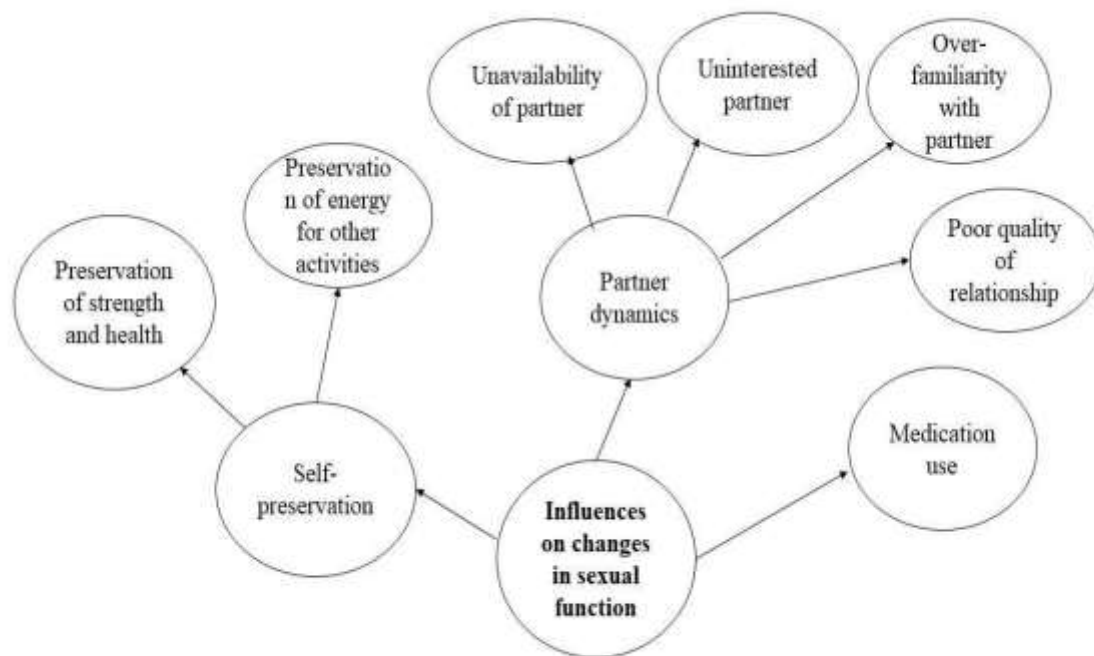


Figure 6.1 Thematic network of factors of changes in sexual functioning

Source: Fieldwork, 2021

6.2.1 Management of Health, Strength and Energy

As stated in the introduction, this section explores the causes of the changes that occur in the sexual function of the participants. From the analysis of the data collected, as depicted in Figure 6.1 above, self-preservation, low sexual desire, partner dynamics and medication use were the four indicators that serve as influences on changes in the sexual functioning of the participants. These factors operate at different but interrelated levels specifically, the intrapersonal and interpersonal levels. It was found that the adoption of certain strategies to preserve and manage their health directly influenced changes in the sexual functioning of some of the participants. These strategies, per the analysis of the data collected, are categorised into the preservation of

strength and health and the preservation of energy for other activities, as discussed in the next subsections.

6.2.1.1 Preservation of strength and health

As illustrated by the diagram in Figure 6.1 above, one major theme that emerged from the analysis of the interview data, regarding the factors influencing changes in sexual function, was the deliberate effort by older adults to reduce or discontinue the engagement in sexual intercourse. This theme was particularly found among some of the male participants, who believed that the advanced age is characterised by decline and losses, hence the need to be careful about the types of activities in which they engage. From their narration, unrestrained engagement in sexual intercourse in old age has the potential to diminish quality of life and could ultimately lead to death. This idea is expressed by a 75-year-old ex-military man, Kofi, who said:

“That is what I am saying... that when you enjoy that thing too much at this my age, it gives you stroke and at times you can sit down like this and die. You can just sit down like this and have a stroke”.

Among the male participants, sexual intercourse was understood as a physical activity, where the emotional and psychological aspects such as sexual desire, did not matter, especially since this was not a general concern for the men in the study. This understanding of sex, which is consistent with findings from other studies, specifically in Ghana (Van der Geest, 2001) and Malawi (Freeman & Coast, 2013), may be the basis for the beliefs held by some participants like Kofi about frequent sexual intercourse resulting in some fatal health problems. Based on this assumption, the male participants who shared the same belief as Kofi, deliberately chose to manage their involvement in sexual intercourse to order to prevent any unfortunate events

that might even take their lives. This is what 69-year-old Seth had to say about why older adults need to moderate their engagement in sexual activities as they age:

Eherh, I have seen that if it is plenty too, there is a weakness for man. You the man will become weak. So, if you see it that way, you want to reduce your life span, it is up to you. If you want to live longer, then why would you be on a woman for [long]? It was in the past that we did those things. But now that I am 69 years going to 70 years, why would I be on a woman for about 3 or 4 times? I am reducing my life span. Yes, so it is not good.

Seth tells me that he has not yet retired and still works as security personnel for a private company. He lost his wife about 16 years ago, after which he had a girlfriend in Lagos whom he left behind when he migrated back to Ghana. Although Seth admits that he is currently seeking a new girlfriend since returning to Lagos is unlikely, he is conscious of his declining strength as he ages and thus feels the need to tread cautiously when it comes to sexual activities. According to him, as evident in the extract above, it would be unwise at his age to engage in prolonged sexual intercourse, since it can lead to stroke or even death. This finding about male participants seeking to preserve themselves by not engaging in too much sexual intercourse in old age is interesting. This is because, in response to the study's first research question on the purpose of sex, it emerged that engaging in sexual activities is beneficial to physical and mental wellbeing as discussed in Chapter Four. Interestingly, some of the male participants who were vocal about the health benefits of sex are now expressing caution about participating in sexual activities. Their concern manifests in a deliberate effort to reduce or discontinue sexual intercourse as a way of preserving their health and energy.

On the surface, the claim that sex is beneficial, both physically and psychologically, and the simultaneous belief in the need to preserve health and strength by avoiding it, seem contradictory. However, upon close examination, this is not the case. These two claims can be

examined in terms of time and physical fitness. In terms of time, when the male participants spoke about the health benefits of participating in sexual activities, they were not limited to late adulthood. They mostly reflected on their experiences across various stages of their lives. Given that most of these participants were more active in early and middle adulthood than in late adulthood, the health benefits of sexual activities would have been greater in early and middle adulthood. In contrast, when they spoke about the preservation of health and strength, their expressions were confined to late adulthood, when losses and declines particularly physical health decline, may be more pronounced. This situation makes the conservation of energy by avoiding sexual intercourse a prudent strategy for older men. The differences in time references remove the seeming contradiction in the claims.

The cost of engaging in sexual intercourse as an elderly person, according to some of the male participants, is the loss of energy and strength which is equated to the loss of blood. To them, participating in sexual intercourse, which ultimately leads to ejaculation, results in the loss of blood. How participants perceived blood in relation to their strength and health is manifested in the extracts below, taken from my interviews with Elorm and Yao:

“That small blood you have, you use it anyhow, it is not fine” (Elorm, 84 years, partnered)

“That’s right, it impacts it in a way that I stop doing it. Because when the blood is going very fast, it will break my vein. The doctors told me all this. So, if we are having sexual intercourse, hmm this thing, and you force something like that and your vein breaks and blood pours into your head, then you will die.” (Yao, 78 years)

“If you are forcing yourself, you will have heart pains because all of our blood comes to store here so if you are forcing yourself and the thing moves from your heart, there is no way around it and what will happen you will see. You will have heart pains and if it pains you too much huh, maybe you will get BP too.” (Elorm, 84 years)

From the extracts above, two issues are raised by the participants: the equation of the loss of energy and strength during sexual intercourse to the loss of blood and the possibility of a rush of blood to the brain due to energy used during sex, which could lead to a fatal problem. This conviction by the male participants, equating ejaculation to the loss of blood, corroborates the findings from a study conducted by Freeman and Coast (2013) among some elderly Malawian participants who described blood as representing ejaculated semen. In their study, the elderly perceived erectile dysfunction as the drying up of blood in old age while menopause was viewed as evidence of a shortage of blood in a woman's system. The participants in this study did not view erectile dysfunction in this manner. Rather, the metaphor of the drying of blood is parallel to how they perceived the relationship between blood, energy and health.

With the second issue expressed by Yao and Elorm, they talked about the rush of blood to the head, emanating from sexual arousal and exertion which subsequently causes fatal problems. Unlike younger bodies, older bodies are unable to contain this sexual excitement, resulting in conditions such as heart pains or possibly stroke or BP, as indicated by the participants. Further probing led to references to an incident involving the death of an elderly man in a hotel.

According to the story, the elderly man who was identified as a chief, had gone to the hotel with a younger woman, who fled the scene after the event (Ghanaweb, 2020). Some of the items found in the room during a police inspection included Viagra, Bendroflumethiazide (used for treating high blood pressure or hypertension) and Deep Heat spray. One of the participants alleged that the chief's death may have been a result of the use of the sexual enhancement drug, as captured in the extract below:

“You see, the younger one, for that old person to satisfy the younger one, now he has to go in for drugs... And by the time you exert energy and start to breathe heavily, it signifies tiredness goes in and as the act continues, you tend to expend the little energy you have. Then, as an old person who could not perform for an extended period (duration), you resorted to the use of the aphrodisiacs or whatever you call it, to satisfy that young lady by continuing throughout the night, what do you think will happen? So, after using all those medicines, you will die. I think that will be the cause of his death.”
(Senyo, 73 years, partnered)

It is important to emphasise that, in contrast to the convictions of the male participants regarding the need for self-preservation in old age to prevent certain fatal outcomes, none of the female participants in this study mentioned such consequences. Perhaps, this reflects the differential investment of energy and strength in sexual activities between men and women, especially in the Ghanaian context. Indeed, Van der Geest (2001) found that strength, for women, is perceived in the light of general activities (such as cooking) and not in the sexual domain. As mentioned by some of the participants in the previous chapter, cultural scripts obliged partners to provide sexual satisfaction for their partners, since denying a partner may lead to divorce or infidelity. However, when participants (especially the male participants) find themselves in situations where their personal experiences and beliefs conflict with their cultural obligation to satisfy their partner, there arises the need to manage their desires and actions when it comes to sexual activity. It is this management of desire that Simon and Gagnon (1986) classify as an intrapsychic script. The participants, as evident in some of the extracts above, are obliged to engage in sexual activity with their partners; however, their life experiences and the stories they have heard concerning the consequences of sexual activity among older men create mental impulses, leading them to adopt the strategy of reducing their sexual activities to preserve their health and energy.

As noted, losses and declines tend to be pronounced in late adulthood, making optimisation and maintenance of health important. In this regard, it would be prudent for older people with

health conditions such as cardiovascular diseases or diabetes to exercise caution. However, there are variations in ageing and sexuality, and health and sexual problems are not inevitable outcomes of ageing (Laumann et al., 1999). Therefore, older men could continue to derive the purported psychological and physical health benefits without suffering negative health consequences. Nonetheless, for older men with health problems, continued engagement in sexual intercourse could be detrimental to their wellbeing.

6.2.1.2 Preservation of energy for other activities

Closely related to the issues discussed in the preceding section about the deliberate effort to reduce the frequent engagement in sexual intercourse for the preservation of one's health, strength and energy is the deliberate effort to reduce frequent engagement in sexual intercourse to pursue other activities in life. Here, the participants, both males and females, spoke about making efforts to reduce sexual intimacy in favour of pursuing of other activities they considered important. Some of the activities the participants identified as requiring their energy and strength included religious activities, family engagements and caring for their grandchildren. For instance, 65-year-old Dogbey, who is a staunch Christian and believes that the purpose of life is to fully serve God, hence the energy he has must be spent on God's work rather than on sexual activities, explains to me why he has deliberately reduced his engagement in frequent sexual activity during his old age, in order to channel the remainder of his limited energy into "spiritual works"

My energy. The energy I was talking about. You see, when you understand it, there is a saying in the Christian fellowship that it is like burning candle at the two sides. That energy is given to us for something, for spiritual works, but when you are misusing it, it means you are burning the candle at the bottom and on top, and it will burn out early...

Even if they are doing it, you don't know but that is the law that when you preserve that much, it will help your spiritual aspect. (Dogbey, 65 years, partnered)

Dogbey further discussed the potential threat of sexual intercourse to one's spiritual life. Given this possibility, he emphasised the need for moderation in sexual activity during youth, as this has future benefits in old age. He attributes his ability to maintain sexual activity in later life to this earlier moderation, stating: *"I didn't misuse it, I am still active"*. Regarding the pursuit of activities in the religious domain, the current study aligns with findings from a study conducted by Ravanipour et al. (2013) which explored the sexual desires of Iranian women. In particular, the women in that study preferred religious activities over sexual activity. However, in this study, not all participants explicitly declared their preference for other activities as opposed to sexual intimacy. This preference for other activities appeared more common among older women and thus, supports the findings of Ravanipour et al. (2013). For men, other activities seemed more of interferences, except in the case of religious activities. For instance, the performance of the role of a family head distracted some older men from sexual pursuits.

This was the case for Peter, a 74-year-old retired teacher who currently serves as the traditional head of his town. According to Peter, although he normally has the desire to engage in sexual activities at dawn, that is the precise time he is supposed to attend traditional meetings. As a result, he sacrifices his sexual desire for these meetings. This finding is evident in the extract from his interview below:

"I have other engagements. My problem is mostly at dawn. The feeling comes smoothly at dawn, but then you see, I have to go to meetings, traditional heads' meetings and so on, family meetings, where you sit and resolve issues between [people], so that... such psychological thing [strain] has taken my time off." (Peter, 74 years)

As the family head, Peter has several engagements that limit his sexual intercourse with his partner. He later noted that the partner had shifted her attention to taking care of their children and grandchildren, further curtailing his sexual engagement. This participant's remarks about

his partner's shift in attention is presented below as well as a quote from a female participant describing how her focus has shifted from sexual engagement to caring for her grandchildren.

“So, for my wife, I can say that the love, her love, has shifted to the children. Do you understand what I mean? She is more involved in the children, the grandchildren and so on. You see her with the grandchildren carrying them behind, going to church with them... the actual sexual thing has reduced.” The urge in it for us has reduced (Peter, 74 years, partnered).

“It [sexual desire] has left me. I have been taking care of my daughter's children for her. I am not as strong as I was, but I try to do my best. For sex, I no longer have the desire for it.” (Mawusi, 65 years)

From Mawusi's extract, it is not directly evident that she has deliberately decided to preserve her energy for childcare responsibilities. However, she admits that there is a decline in energy which has led to the decline in her sexual desire. Also, it is obvious from her response above that she spends the little energy she has on caring for her grandchildren rather than engaging in sexual intercourse. It must be reiterated that Mawusi had been recovering from a stroke, and it is possible that, in her condition, sex is low on her hierarchy of needs. Instead, generative concerns and activities appear to be central and thus, demand her energy. In Ghana, it is not uncommon for elderly women to care for grandchildren. Grandmothers usually help take care of their grandchildren to allow their adult children to pursue economic activities, especially when the adult children live away from their own children and mother (Oberhauser & Yeboah, 2011).

The finding of this study regarding the channelling of strength by older adults into other activities is similar to the result from a study conducted by Van der Geest (2001) in Kwahu, Ghana. In that study, strength was thought of in terms of sexual potency but was also understood more broadly by women as a general feeling of physical power and ability to perform many activities. In this study, men's understanding of strength was not limited to the sexual domain but extended to other domains, including the performance of family and

religious activities such as prayer, church attendance and participation in church events and meetings. Older women also pursued religious activities in addition to providing childcare on behalf of their adult children.

6.2.2 Low Sexual Desire

Another factor that was found to be a predictor of the changes in the sexual function of older adults, as shown in Figure 6.1 above and discussed in Chapter Four, is the experience of low sexual desire by some of the participants. This issue is revisited in this chapter because it is crucial to understanding participants' engagement in sexual intercourse. By low sexual desire, I refer to the loss of interest and a decline in the desire for sex, which ultimately renders sex less attractive to some of the participants. Low sexual desire was less influential in determining participation in sexual intercourse for men, as articulated by one of male participant who spoke about his declining sexual desire.

“For now, I am still free. If I sleep, I sleep nicely and wake up. I don't think about sex and those things again. I used to tell my friends who left here just right now that for me, in the evening, after taking my food between the hours of 9 and 9:30 pm, I am in bed then I will wake up in the morning.” (Kwashie, 71 years).

For the male participants, a decline in sexual desire was observed among both partnered and non-partnered participants as many partnered and non-partnered men reported experiencing declines in their sexual desire and interest. However, this decline did not seem paramount in determining their participation in sexual activity. Even among the only two non-partnered male participants, only one participant (that is, Kwashie) linked the decline in sexual desire to the lack of participation in sexual intercourse. For the other non-partnered participant, as shown in the extract below, he mentioned that he still has the desire for sex. However, this participant does not act on his desire, implying that he does not go about looking for women to satisfy his sexual desire. 66-year-old Kobla makes this assertion:

“Oh, you are a human being. You will feel it, but you don’t have to use it to act on it. If I say I don’t feel it, I am telling a lie. I am not dead; I am a living being. I feel it but I don’t act on it”.

The decline in sexual desire, which was seen to be stronger among the female participants than the male participants, appeared to be play a significant role in participation in sexual intercourse, specifically for the female participants. However, many of these female participants were non-partnered, which may add some complexity to the dynamics of sexuality in old age. These nuances are highlighted in the following section.

In terms of the decline in sexual desire and its relationship with sexual intercourse, the cessation of reproduction ability seemed to connect the relationship, at least for a few of the female participants. In addition, two participants mentioned that the natural decline in sexual desire was an indication that sexual intercourse was no longer important. The decline in sexual desire is expressed by 70-year-old Esinam, when she says, *“Sometimes, you won’t even have feelings in your body. You will see it is not needed”*. Similarly, 66-year-old Mawufemor remarked, *“For me, where I am now, it doesn’t interest me to have sex again. It is as if I am dead. If the male customers were here before I am saying this, they will tell you it is true.”*

Although, as discussed in the previous chapter, most of the female participants acknowledged that sexual desire plays an important role in the engagement of sexual activity (especially for the non-partnered), its decline did not truncate their sexual activities. These findings fit those from a study conducted by Kontula and Haavio-Mannila (2009), where sexual desire was associated with sexual activity for females as compared to their male counterparts who placed a higher value on good health and high sexual self-esteem.

The idea that low sexual desire is linked to low sexual activity among older women, although expected and intuitive, seems to run contrary to the findings in a study by DeLamater et al. (2019) and Ravanipour et al. (2013), where declining sexual desire did not result in cessation of sexual activity among many of the women. This seeming inconsistency would disappear when one considers that many of the women in these studies were partnered whereas few women in the present study were partnered. For now, this remains a perception rather than reality. In this case, partnership status does seem to play a major role in sexual activity, and in the case of the women in these studies, their sexual desires were reactive arising in response to the sexual desires of their partners. That notwithstanding, evidence from the current study attests to the fact that, low sexual desire tends to influence the changes in sexual function that occurs among older adults.

6.2.3 The Four-Fold Characteristics of Partnership

The attempt to find out the various factors that influence the changes occurring in the sexual function of older adults revealed that certain characteristics of partnership serve as catalysts for changes in sexual activity among some of the participants. Through the interviews conducted with participants, it was revealed that there are certain characteristic features associated with whom an individual partners with, as a spouse, that influence or cause changes in the sexual function of the individual. As illustrated in the diagram in Figure 6.1, unavailability of a partner, uninterested partner, over-familiarity with a partner and poor quality of relationship were the specific characteristics of partnership that were identified as influencing changes in the sexual functioning of the participants involved in the study. This section of the current chapter, therefore, discusses these partnership characteristics to highlight

the various ways through which they influence changes in the sexual function of the participants.

6.2.3.1 “Since their father died, all those things got out of my head”: Unavailability of Partner

Among the various characteristics of partnership that influence changes in sexual function among the participants, unavailability of a partner was the most expressed factor, especially by the female participants in the study. However, it must be emphasised that there was a disproportionate number of female participants who were without a partner. Data collected from the participants indicated that, for most who attributed the changes in their sexual function to the unavailability of a partner, their participation in sexual activities had ceased following the death of their spouses. Unsurprisingly, the unavailability of a partner was heavily influential in the sexual engagement of the female participants. Recounting how the demise of her husband as well as the opposition from her children to her marrying, had diminished her her sexual desire, this is what 68-year-old Amanda said:

Hmm...For me since their father died, all those things got out of my mind. I didn't have any such thoughts. The children also didn't agree for me to marry again and personally too,

I didn't feel for any man.

Similarly, 72-year-old Enyonam who had also lost her husband about 10 years ago had this to say, reinforcing the issue of unavailability of a partner leading to a change in sexual functioning for some of the female participants:

“... my daughter has been telling me that as her father is dead, I can marry, and I refused.

Then, I said no, I don't want anyone because I don't have the desire in me anymore”.

It appears that, aside from the emphasis on procreation as the primary purpose of sexual intimacy during their early days in marriage, these women's sexuality was reactive. It was reactive in the sense that it was in response to the sexual demands of their partners. In the second excerpt from Enyonam, reactive sexuality is evident in the statement, *“if he doesn't come, there will not be any desire in me”* which literally means that her desire to engage in sexual intercourse was solely in response to her husband's sexual needs. The reactive sexuality of some of the female participants dovetails with the previously asserted passive role of women in sexual activities, especially within this cohort. This finding of the current study aligns with research evidence from population- and non-population-based studies (DeLamater & Sill, 2005; Hinchliff et al., 2010; Lindau & Gavrilova, 2010).

In addition, previous studies have found that the availability of a healthy partner has significant implications for sexual activity, especially for older women (DeLamater et al., 2019; Kontula & Haavio-Mannila, 2009). However, the health of a partner did not emerge strongly in interviews with either the male or female participants in the current study. Perhaps this situation is attributable to the fact that there were few partnered women in the study and those who were did not have concerns about their partners' health.

In contrast, sexual intimacy or participation in sexual intercourse did not end when a man became widowed. In the present study, there were two non-partnered male participants who, although asserted that they had not been sexually intimate for the past few years (i.e., at least 3 years), they had additional reasons beyond the availability of a partner for their sexual inactivity. One of the participants spoke about the strong emotional bond he shared with his

deceased spouse, which may not be easily replicated, leaving him to reflect often on her. In his words, 71-year-old Kwashie said, “*Yes, that’s why, mostly. Because always I have been thinking about her and I say ah, she is so beautiful like that, I can’t be sure the one I will get will be like her [may not be like her]*”. For the other non-partnered male participant (i.e., Kobla, 66 years), it appeared the indigence of his present life as a divorced man played a role in his diminished engagement in partnered sexual activities.

As revealed by the interviews, most of the female participants who reported having no partner were widowed, whereas for the men, even after widowhood, sexual activity did not cease immediately. The differing impact of partner absence on sexual activity for men and women may be due to several reasons. Perhaps the discontinuation of sexual activity after the death of their husbands reflects a relatively lower interest in sexual activity as women age (Field et al., 2013; Mitchell et al., 2013). Therefore, seeking a new partner for the purpose of sex may not be a priority for these women. Besides, the difficulty of finding a partner may depend on the age at which a woman becomes widowed. At a younger age, remarriage or finding a new partner may be less challenging compared to late adulthood (see Nyanzi, 2011). Moreover, a woman being in a sexual relationship with a conspicuously younger man invites public opprobrium. Women in late adulthood may also struggle to find older men capable of satisfying their sexual needs, as health and sexual problems tend to increase with age among men (Laumann et al., 2008; Lindau et al., 2007), although there are variations in ageing and sexual experiences.

6.2.3.2: “Her Interest in it is not like how it was”: Uninterested Partner

Another partnership characteristic influencing the changes in the sexual function of older adults involved in the study is a partner’s lack of interest in sexual activity, particularly coitus. It must

be emphasised that, although this was infrequent in the study and was only reported among the male participants, it remains an important factor when considering predictors of changes in sexual function among older adults. In one instance, a male participant shared how his partner considered sex inappropriate at their age. In another, the partner cited tiredness to avoid sex, although the participant suspects that the real reason was her diminishing interest in sexual intercourse. Below are the supporting quotes for this theme:

Oh, so when I approach her, [she says] “Oh for we men, we are always.... don’t you know that we are old?” You know when they [women] are talking, blah, blah, blah. Hahaha... and with that, then I will go and sleep like a 3-year-old child. (Peter, 74 years)

Sometimes, she will say that she is tired. Her interest in it is not like how it was. I just have to sleep like that. (Senyo, 73 years)

The experience that a partner is uninterested was not part of the experiences of the female participants, at least as gleaned from their interview responses. Given that the general trend of the female participants’ involvement in sex was reactive, it would have been surprising if they had the same complaint. However, in Chapter Four of this study which discussed the prevention of infidelity concerns, a few of the men indicated that even though they were tired sometimes, they acquiesced to requests for sex due to this concern or fear. Perhaps, they may have experienced this as a short-term or temporary problem, rather than as a sustained issue in their marital lives. On the contrary, the lack of interest in sexual intimacy reported by the male participants about their partners was persistent.

6.2.3.3 “...two of you can even be naked in the room and you won’t feel anything”:

Familiarity with Partner

Just like the lack of interest in a partner, familiarity with a partner seemed to play a role in the frequency of engagement in partnered sexual activities, but it was not common in the narratives

of the participants. This idea of diminished interest and desire for sexual intercourse due to overfamiliarity with one's partner was articulated mainly by the male participants. They talked about how being sexually intimate with one's spouse, with whom one has spent a significant amount of time, is tiring and impinges on their sexual engagement. Aside from being with a partner for an extended period, a few of the male participants talked specifically about the reduction in the physical attractiveness of their spouses over time. Indeed, this represents one of the barriers to sexual engagement in old age for women, especially as there is greater social value placed on physical attractiveness for women, inducing gender differences in body image concerns as a result (Woertman & van den Brink, 2012). The above idea is expressed by 84-year-old Elorm, when he says: *"I have done it, and I am tired. If you have food and you are eating the same food every blessed day, you won't feel anything in it again, so I am tired of it."*

Similarly, 65-year-old Dogbey also had this to say:

"To me, because if my woman were to be with me till now, I mean the one I had the 5 children with. Being together up till now, we are all grown... the attractiveness too is dying away because we have never seen each other's nakedness for a long time. Sometimes, the two of you can even be naked in the room and you won't feel anything. Even the present one I have, I can be naked she can also be naked, and I don't feel anything but seeing a neutral [another] person, something will happen."

In the first extract, the participant uses food as a metaphor for sex, indicating that sex with the same woman was akin to eating the same food. To this participant, the decline in the desire to be sexually intimate in part stems from being surfeited with sex. Interestingly, the other participant was also surfeited, despite being in a relationship with a new woman after separating and breaking up with two women on different occasions. Familiarity breeds a lack of attraction, which translates into a decline in sexual engagement for male participants.

This result is not surprising, especially given the research evidence about the sexual appeal of novelty as opposed to familiarity for men (Little et al., 2013). As Levine (2003) notes, successfully navigating a long-term relationship (especially marriage) brings with it the problem of familiarity which diminishes sexual interest among older people. Given that most of the male participants were married or in long-term relationships, it is not surprising that familiarity was a problem, although, of course, this was not widely mentioned by them. In contrast, the female participants were mostly non-partnered and reported low sexual desire, making the likelihood of familiarity being a problem less plausible.

6.2.3.4 Poor relationship quality

Previous studies have found that relationship quality determines sexual activity (Laumann et al., 2008; Orr et al., 2019). Similarly, this study found that the quality of the relationship was an important determinant of changes in the frequency of sexual activity for the female participants, but not the male participants. The study made some findings on the influence that the quality of a relationship, particularly a poor one, has on the sexual engagement of older adults. For example, the study found that relationship quality was important for the female participants. The determinants of relationship quality were varied, including the provision of financial and material support, the presence of frequent quarrels and infidelity. For the male participants, although this was not a concern expressed by them, it cannot be conclusively said that relationship quality is not important for sexual engagement.

In an interview with one of the female participants, Dela, she talked fondly about her first marriage, in which conflicts were almost absent. After the death of her first husband, she married another man who gave her a marital experience far removed from the previous one. In

particular, she talked about how the new man had a penchant for quarrelling, which ultimately contributed to their separation and her vow not to remarry. From this participant's narrative, sex appears to be legitimate as long as one is married, and thus since this participant is unmarried, sex ceases. In another interview with 70-year-old Dzidzor, who had been separated from her husband for over 35 years before he died, she shared her experience about the relationship that existed between her and her late ex-husband. According to Dzidzor, the ex-husband was not taking good care of her during their time of marriage, and this was a major contributor to their separation. Indeed, taking good care of a woman in the Ghanaian context may include the provision of housekeeping money.

Below are excerpts from the interviews with Dela and Dzidzor, respectively:

“No, I no longer have any desire for sex because of what my ex-husband did. Marriage got out of my mind and that has made it for me not to remarry and never has it ever crossed my mind to think of any man.” Most often when you see a man and you desire him that is when you will be thinking of having any sexual affairs with him. But me, since I have planned that I won't marry again, I have taken my mind off it. So, I don't sit down and think about that desire.” (Dela, 60 years)

“You see, when I married him, he wasn't taking good care of me. I was shouldering most of the responsibility by putting the burden on myself, providing our needs including his.” (Dzidzor, 70 years)

It can be said that the issue of a poor relationship as a factor influencing changes in the sexual functioning of older adults in this study can be related to overfamiliarity. Women express less interest in short-term sexual encounters compared to men (Petersen & Hyde, 2010; Sprecher et al., 2012). Following that, the emphasis on building a relationship appears higher among women than men. Therefore, threats to relationship quality may appear more detrimental to women's sexual functioning than men. Importantly, the women who articulated this view did not live with their partners. There is the possibility that the availability of a partner may change how relationship quality influences sexual functioning.

6.2.4 Medication Use

The detrimental impact of medication use on sexual experiences, particularly the desire for sexual intercourse, was also found to be a factor that influencing changes in the sexual function of fifteen participants (ten males and five females) in this study. This was reflective of the sexual experiences of most male participants. For instance, two of the male participants who reported taking medication for their health problems indicated the impact of the medication on their sexual performance. 84-year-old Elorm who stays with his wife shares how the use of certain medications has affected his sexual desire. He said, *“They said my BP has gone high... They have given me medicine. The medicine has caused my libido to decrease”*. Yao also shared a similar incident with me which is captured in the extract below:

“I don’t have the feeling like that because the medicine has made it that the desire isn’t in me anymore because if I don’t take the medicine, I can’t live. As for BP medicine, every day you must take it. Immediately you finish eating, you must take it. I haven’t taken it yet but as soon as I finish eating, I will take it. I must take it before evening so that it will make my blood circulate well.” (Yao, 78 years, partnered)

In addition to having blood pressure problems, these participants had other health conditions. Specifically, Yao was receiving treatment for diabetes while Elorm could not perform some daily activities well, including walking and fetching water to bathe. It is evident from Elorm's view that the use of the medication has resulted in a change in his sexual function. Elorm admits that his sexual desire has declined when he said ...my libido has gone down. He believes that the decline in his sexual desire is a result of the medications he has been taking frequently to manage his sickness an assertion which is supported by existing literature.

There are shreds of evidence from several studies to show that poor physical health is linked to sexual problems (Laumann et al., 2008; Selvin et al., 2007), although the mechanisms for this relationship are not clear. For example, diabetes may directly or indirectly impact sexual functioning by influencing psychological health (e.g., stress and anxiety) (Andersson et al., 2015; Træen et al., 2019). In this study, the male participants, specifically Yao and Elorm, indicated that their medical conditions (including hypertension and diabetes) necessitated the use of medications which in turn led to physiological and psychological changes in their sexual functioning. Physiologically, as supported by evidence from some studies (Field et al., 2013; Graugaard et al., 2012), the use of medication leads to a decline in libido. Psychologically, their health conditions and medication use triggered anxious thoughts about exacerbating their health problems and even dying, should they persist with their past sexual lifestyles. For these men, their preference was to age respectfully and remain healthy, which partly led to the changes in the frequency of sexual activities.

6.3 Navigating Changes in Sexual Life in Old Age

As indicated in the beginning chapter, one of the major aims of this study was to find out how older adults cope with the changes in sexual life as they age. From the participants' responses, the study identified three major themes that explain how they cope with these changes. They were seeking information, diverting attention and accepting the change. These themes are discussed in the subsequent sections.

6.3.1: "I asked the doctor": Seeking Information

Sixty-eight-year-old Mensah and seventy-four-year-old Peter share similar stories concerning how they deal with the changes they experience in old age. According to both Mensah and Peter, they were really worried about the changes (weaker erections) in sexual functioning they

had been experiencing. To deal with these worries, they consulted health professionals for information to help them understand their situations. In the words of 68-year-old Mensah:

“...when I went to the hospital, I asked the doctor that if I am no more having sex, is there a side effect?” 74-year-old Peter also indicated how he also sought information from health professionals, when he made these comments during the interview:

“So, I went to the doctor. He said I am not impotent. If I were, he would have prescribed medicine for me. I also told him about my [erection] problem. It comes once like that and then weeks. He told me that it is normal. He then asked when I was young, was it [like that]? He asked me “when I was young, was it that I perform once and then lie down like a child?” I said no, no.” (Peter, 74 years)

Both Mensah and Peter had very active sexual lives during their youth, so it is understandable that they became worried about their diminished performance in old age due to their weaker erections. Mensah spent his adolescent years under the tutelage of his strict uncle, who constantly cautioned him about the dire consequences of having sex. This led him to abstain from sexual activity until the age of twenty. According to Mensah, because he was intelligent and handsome, most ladies were drawn to him during his university days, and he was tempted to engage in sex with some of these them. To his surprise, he didn't experience any of the dire consequences his uncle used to preach to him about and this emboldened him to start his sex escapades. Mensah admitted that he really had an active sex life in his youth and that was the reason why he became worried when he started experiencing weaker erections and reduced frequency of sex at the age of 50.

Similarly, while in training college, Peter was lured into a sexual relationship by a woman three years older than him who stayed in the same compound house. Peter explained that his first sexual encounter was with this woman. According to him, the woman used to have sex with

him whenever he returned from school. In fact, he attributes his experience in sexual intercourse to the training of this woman whom he finally impregnated. Peter also admitted having a very active sex life in his younger days until the age of 55 when he noticed a reduction in the number of rounds he could go with his wife as well as the weaker erections. Being worried about this development, Peter consulted a health professional for an explanation. Indeed, after the consultation, Peter became aware of the fact that the changes he was experiencing were the result of ageing, as evident in the conversation below:

Peter: Yes, I did not know that it was ageing that was catching up with me that's why I went to my doctor and sat face-to-face with the nurse to discuss this whole thing. He enquired about how active I was at age 40, the number of rounds that I could go, and whether I was still potent. After these enquiries, he then assured me there was no problem with me, but the changes I see are a result of ageing.
Interviewer: So, once you got that information, it helped you to accept [respondent interrupts] Peter: That's it, exactly! [He exclaimed]

Looking at the gendered nature of the cultural script in the participants' setting, where a man is expected to demonstrate potency during sexual activity, it is not surprising that Peter and Mensah got worried when they started experiencing these changes. To be able to cope with these changes, they sought information about the changes to help them understand what they were going through. These findings are consistent with the findings of a study conducted among older adults in Israel on how older adults cope with changes in their sexual life in old age. According to the study, some of the participants, being aware of the changes, consulted psychologists to and discussed their experiences in order to understand what they were going through (Ayalon, Gewirtz-Meydan, & Levkovich, 2019).

6.3.2 “This time around, let’s do fasting”: Diverting Attention

Aside from participants seeking information when they start experiencing changes in their sexual life in old age, another coping strategy adopted by some of participants is to divert their attention from sexual activities to something else. 75-year-old Kofi, a retired soldier living with his second wife, recounted his sexual escapades during his youthful days. According to him, he had a very active sexual life before and during his marriage. He describes how he used to have sex with countless white ladies during his stay in Germany and how he escaped contracting HIV/AIDS, although there were many recorded cases in Germany at that time. During his marriage too, Kofi states that he was very active sexually, to the extent that he could go between three and five rounds in a night. In fact, according to him, he took pride in sleeping with different women to prove to his colleagues that he was the true definition of a man. However, when he turned 55, he started realising the changes in his sexual life, which made him more cautious of his engagement in sexual activities. Kofi tells me that:

“When you are growing, you will know, especially when somebody touches you and you cannot feel it. It comes [for] a while. It comes sometimes. When it first came, I didn’t realise until later, before I became aware. Someone touches you and then you don’t feel like having anything to do with him or her, you will start to know.”

Becoming aware of these changes, along with his fear of losing too much energy through sexual activity, Kofi decided to restrict himself from further sexual encounters to preserve his strength. To cope with these changes, Kofi devised a strategy of diverting the attention of his wife from sexual activities to other things whenever she showed signs of wanting sex. He narrates:

“When she brings up the issue of sex, I will be like ooh sister, we have been doing this thing for years, so let’s do fasting. This time round let’s do fasting... to see what God can do. The moment you say that you will first take yourself out of the situation and now you will see the energy that replaces it. And when you see the energy, you will realise it is far better than the time you were doing this [sex] and what you will gain out of it [is better]. You will stop it and that is what actually happens to me.”

As a staunch Christian, Kofi was a mass server at the Catholic Church before he leaving to join his current church where he claims God had opened his eyes to see the truth. According to him, diverting his attention to fasting will earn him a different kind of energy that is better than the so-called satisfaction from having sex.

6.3.3 “Oh, it is not anything bad”: Acceptance of Change

One other coping strategy adopted by some of the participants is to neglect the changes in their sexual life and accept their current sexual status as their lot possibly the dividend of old age.

Sixty-one-year-old Kwame and seventy-eight-year-old Yao explain how they started experiencing changes in their sexual function in old age and how they have come to accept these changes and no longer care about them. According to the two:

“Oh yes, I don’t erect as before when I was young, and some men turn to aphrodisiacs and other such medicines. I don’t want to do that as I think if care is not taken, it can lead to a situation where the blood veins will burst, causing blood to drain into your brain, then you will die.” (Yao, 78 years)

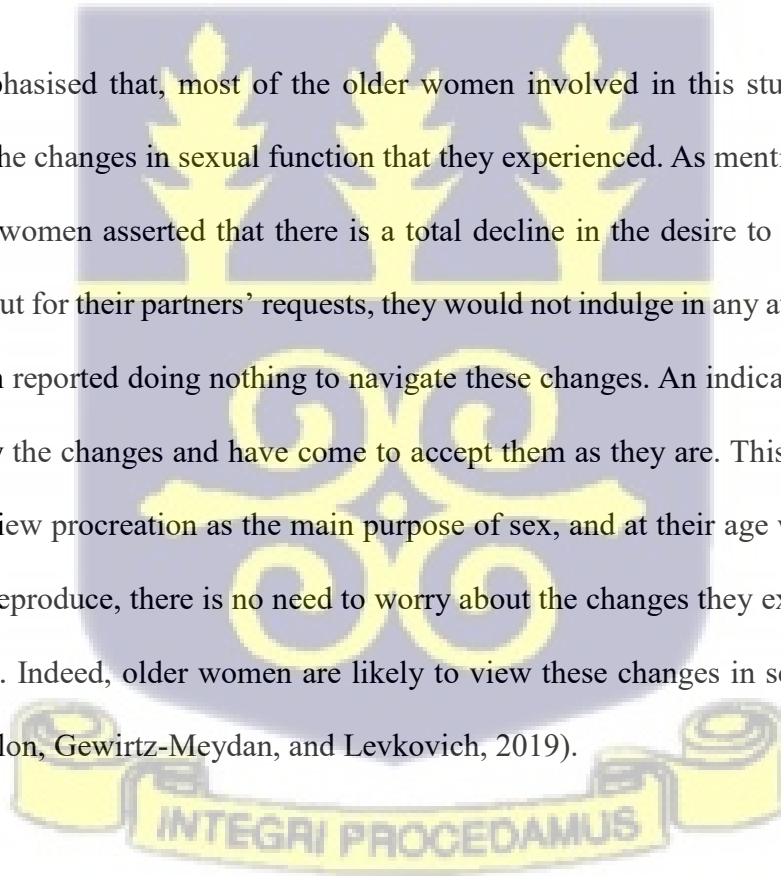
“So, it got to some point, my woman was like, “Oh this is how we will do [it]”. So, all those thoughts won’t come to the minds of you the man and woman. Do you understand? And so, at that time then you are getting used to it... so when you become used to it, then you will say, “Oh it is not anything bad”. So, I cannot continue to be forcing myself anyhow, anyhow.” (Kwame, 61 years)

Yao tells me he has been battling with high blood pressure for the past 37 years, and to make matters worse, he got diagnosed with diabetes recently. These health predicaments, according to him, have reduced his sexual prowess, such that even the little sexual activity he indulges in leaves him tired. According to Yao, his understanding is that as one grows from 60 years upwards, things start to become loose on you, hence one must be cautious about the activities they indulge in to prevent premature death. Although he is aware of the existence of medications like aphrodisiacs that can boost one’s sexual performance, Yao has decided not to

use any of them. Instead, he has opted to accept the changes he is experiencing and live by those standards.

Similarly, Kwame, who tells me he used to indulge in sexual activities almost every day with different women, started experiencing weaker erections and a lack of desire for sexual activity. According to him, as seen in the extract above, he has become used to the changes since he understands that it is the result of old age. He has come to realise that the changes are not a bad thing and has accepted them and adapted to them. A study conducted in Israel reveals that one of the strategies that both older male and female adults adopt to cope with the changes in sexual function is to disregard the changes and accept their sexual lives as they are (Ayalon, Gewirtz-Meydan, & Levkovich, 2019).

It must be emphasised that, most of the older women involved in this study did not seem worried about the changes in sexual function that they experienced. As mentioned in previous chapters, most women asserted that there is a total decline in the desire to engage in sexual activities, and but for their partners' requests, they would not indulge in any at all. In fact, most of these women reported doing nothing to navigate these changes. An indication that they are not bothered by the changes and have come to accept them as they are. This may be because most of them view procreation as the main purpose of sex, and at their age when they are no longer able to reproduce, there is no need to worry about the changes they experience in their sexual function. Indeed, older women are likely to view these changes in sexual function as negligible (Ayalon, Gewirtz-Meydan, and Levkovich, 2019).



6.4 Conclusion

In this chapter, I have discussed the various factors that influence the changes in the sexual function of older adults and how older adults navigate these changes that they encounter. Factors such as self-preservation, low sexual desire, partner dynamics as well as the use of certain medications, as shared by the participants, are some of the key reasons behind the changes in the sexual function of older adults. Although ageing and sexual experiences vary from person to person, declines in sexual desire and frequency of sexual activities are ever-present during late adulthood. Several factors account for these changes in sexual functioning. These factors are physiological, social and psychological. The influence of these explanatory factors does not occur in isolation; rather, they combine to influence the sexual functioning and experiences of the elderly. How they combine and impact sexual functioning is shaped by individual and cultural features such as gender and religion.

The chapter also presented the findings on what strategies older adults adopt to cope with the various changes in sexual function that they experience. As discussed in the sections above, making enquiries from health professionals to gain an understanding of the changes they are experiencing, diverting their attention to something else when faced with the opportunity to indulge in sexual activities as well as disregarding the changes in sexual function, were the identified strategies.



CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

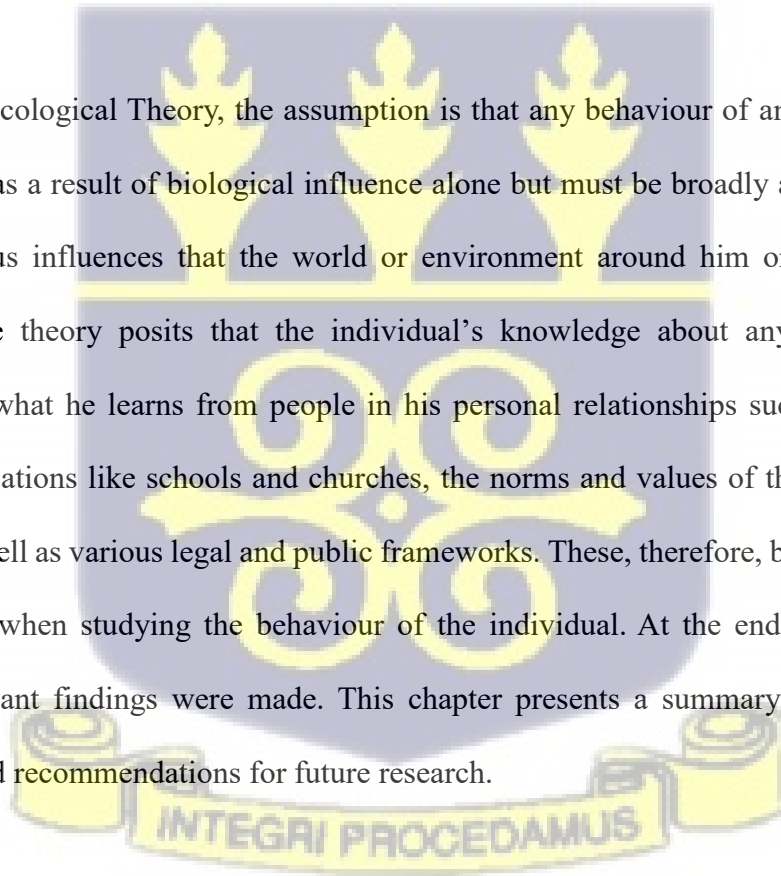
7.1 Introduction

Sexuality among older adults has, over the years, gained the attention of many scholars, leading to several studies conducted on sexuality among older adults. However, most of these studies on the sexuality of older adults, which are normally found in Western literature, are dominated by research on sexual problems, thus providing a limited perspective that reinforces the stereotype that (healthy) older adults are asexual (Laumann et al., 2005; DeLamater, 2012; Træen et al., 2016; Træen et al., 2017). Within the African context, not many studies have been conducted regarding the lives of the elderly in Africa, particularly in relation to their sexual lives. The scant literature on sexuality among older adults in Africa has either quantitatively examined the prevalence and correlates of sexual functioning among older adults (Freeman & Anglewicz, 2012; Negin, Geddes, Brennan-Ing, Kuteesa, Karpiak, & Seeley, 2016) or qualitatively explored socio-cultural norms and their influence later-life sexuality of (Van der Geest, 2001; Nyanzi, 2011), without much focus on the sexual experiences of both partnered and non-partnered older people.

To address this gap, this qualitative study focused on exploring the lived sexual experiences of older adults in Ho, where a total of twenty-four research participants were purposively sampled. The study aimed to achieve three specific objectives based on the general aim. These specific objectives were to: investigate the meaning and purpose of sex for older people; explore how older people experience sexuality (sexual desire, behaviour and satisfaction) in later life; find out whether there are any changes in their sexual lives and what factors account for these changes; and investigate how they navigate the changes that they experience.

The study drew on Simon and Gagnon's (1986) Sexual Script Theory and Bronfenbrenner (1979) Socio-ecological Theory as the theoretical frameworks within which the analysis of the data was conducted. The Sexual Script Theory posits that certain definitions of sexual behaviour are shaped by the very structure of collective life as well as specific institutional frameworks within a particular culture, such as marriage laws, vows and certain laws against certain sexual behaviours like homosexuality and prostitution. It is therefore important to understand an individual's sexual behaviour from the perspective of how the society within which that person lives defines sexual behaviour, or as an intrapsychic map (Wiederman, 2005), since a person's feelings, thoughts and expressions of sexual behaviour are deeply influenced by culturally available messages about sex (Masters, Casey, Wells & Morrison, 2013).

For the Socio-ecological Theory, the assumption is that any behaviour of an individual must not be viewed as a result of biological influence alone but must be broadly assessed together with the various influences that the world or environment around him or her has on the individual. The theory posits that the individual's knowledge about any social issue is influenced by what he learns from people in his personal relationships such as family and friends, organisations like schools and churches, the norms and values of the community he belongs to as well as various legal and public frameworks. These, therefore, become important considerations when studying the behaviour of the individual. At the end of the research, several significant findings were made. This chapter presents a summary of the findings, conclusions and recommendations for future research.



7.2 Summary of Key Findings

In exploring what sex meant to the participants, it was revealed that most of them see sex as a basic aspect of life, sanctioned by the Creator. They almost agreed unanimously that what counts as sex is limited to penile-vaginal intercourse. Other sexual activities like kissing, fondling and oral sex that are considered as sexual activities in other contexts were either frowned upon or not considered as sex by most of the participants based on religious or cultural grounds. This finding is explained by the Sexual Script Theory which posits that how a person feels, thinks and behaves sexually is influenced by how the society within which they live defines sexuality, according to societal norms and values. However, a few participants regarded kissing, fondling and oral sex as sexual activities since, according to them, even lustfully looking at the opposite sex amounts to having sex with the person. This is an indication that, even within the same cultural scenarios, individual scenarios exist that determine how an individual responds to sexuality (Simon & Gagnon, 1986).

The study identified five reasons why people engage in sexual intercourse, as recounted by the participants. Procreation, sexual gratification, demonstration of potency, harmony in relationships and physical and psychological health were the main factors highlighted. Grounded in culture, most of the participants held the view that childbearing, which is seen as a fundamental responsibility of a man and a woman, is the main reason why people engage in sex. Specifically, older adults emphasised the role of children as sources of income support and care during later phases of life, when economic productivity and good health become difficult to maintain (Caldwell, 2005). Another purpose of sex mentioned by some participants is the satisfaction of their sexual desire and to derive sexual pleasure. Some participants noted that it

is a biological need that every human being has and that at some stage in life, this need becomes paramount and compelling.

Again, it was discovered that one reason for engaging in sex among older adults, particularly by the male participants, is the desire to validate one's masculinity through sexual performance. Most of the male participants stated that they sometimes engage in sexual activity as a way to demonstrate their sexual potency. This idea of sex as a measure of a man's potency is a core aspect of traditional conceptions of masculinity encountered at various levels of development namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem. Deviation from this norm can lead to social ridicule and loss of respect (Adomako-Ampofo et al., 2009; Fiaveh et al., 2015). The demonstration of potency as a purpose of sex, predominantly expressed by the male participants, highlights how even at the cultural scenario level, as explained by the Sexual Script Theory, different scripts may exist that guide different genders in that particular setting, mostly based on anatomical differences as well as the gender role differences that society assigns to both sexes.

Also, sex was viewed as beneficial to the physical and psychological wellbeing of the participants. Participants spoke about how engaging in sexual activities had positive consequences on their physical and psychological health. The participants, especially the males, stated that sex had stress relieving effects that inure to their physical and psycho-social wellbeing.



The final purpose of sex, as revealed by the study, is to foster harmony and intimate bonding with a partner. Participants suggested that sex serves as a means to preserve the harmony in a

marital relationship by preventing potential infidelity concerns and ensuring the happiness of a couple. The participants' affiliation with others, particularly their partners, plays a role in shaping their sexual behaviours as outlined by Bronfenbrenner (1979). This interaction consequently contributes to the development of interpersonal sexual scripts (Simon & Gagnon, 1986) aimed at ensuring the happiness of their partners. According to some of the male participants, not sleeping with one's wife might be perceived as a sign of infidelity, hence the need to engage in sexual activities to prevent such incidents. For instance, not only do partners' involvement in sexual activity prevent allegations of infidelity, but it also segues into the happiness of the couple as indicated by the participants.

The study also found that, contrary to certain perceptions that older adults are sexless, sexual activity does continue among some older adults, especially men a finding that is consistent with other existing studies on sexuality among older adults in the African context (Todd et al., 2009; Okiria, 2014; Negin et al. 2016). Even participants who reported not being sexually active acknowledged the importance of sex among older adults. Thus, both participants who reported engaging in sexual activity and those who did not dismissed the view that older people were asexual. They affirmed the notion that sexual activity remains an important aspect of the lives of some older people, although it may not necessarily be important in their own lives.

However, the study revealed that although older years are not sexless, certain changes in sexual function accompany old age which can lead to a decline in sexual desire among older people. The study found that older age is characterised by certain physical issues like problems with the sexual organs, reduction in the frequency of sexual activity and a decline in sexual desire. For the male participants, erectile dysfunction was identified as a major characteristic of

ageism while vaginal dryness and pain in the sexual organs as a result of declining oestrogen levels were associated with ageism in the female participants. These findings are consistent with other existing studies on sexuality among older adults which suggest that old age comes with certain changes or problems with the sexual organs (Laumann et al., 1999; Mitchell et al., 2013). It was also revealed that older years are characterised by a decline in the number of partnered sexual intercourses as well as the frequency of sexual intercourse per session, otherwise referred to as “Rounds” by some participants.

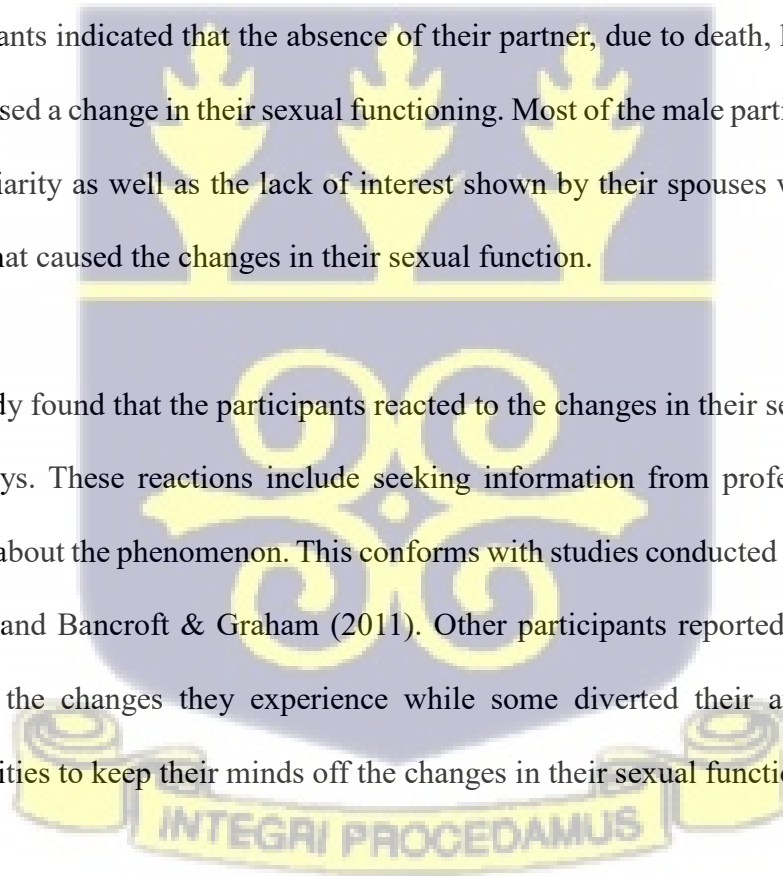
Regarding the factors influencing these changes in the sexual function of older adults, it was found that self-preservation, low sexual desire, partner dynamics and the use of certain medication are major contributors. Most of the male participants argued that they need to preserve themselves by reducing the rate at which they engaged in sexual activity since ageing was accompanied by a decline in health and energy. Although the sexual scripted nature of their culture expects couples to satisfy each other sexually, when participants found themselves in a position where their personal experiences and beliefs conflicted with their cultural obligation, they applied the intrapsychic script as propounded by the Sexual Script Theory to deal with the internal conflict. The study further found that both male and female participants sought to preserve the energy for sexual activity and use it for other activities like religious activities, family engagements and caring for their grandchildren. This finding is not peculiar to this study since an existing study by Van der Geest (2001) in Kwahu, Ghana, also identified the channelling of strength by older adults into other activities as they age.

The study again found that low sexual desire among the participants also contributed to the changes in sexual functioning. Both the male and female participants acknowledged that a decline in sexual desire reduces the rate at which they engage in sexual activities. This theme

was strongly expressed by the female participants compared to their male counterparts. While low desire was a prominent factor influencing the changes in the sexual functioning of the female participants, deteriorating health and energy were also strongly cited by the male participants as factors influencing the changes in their sexual function.

Furthermore, it was discovered that certain partner-related characteristics influenced the changes in sexual function among older adults. An analysis of the data gathered through interviews suggests that unavailability of a partner, uninterested partner, over-familiarity with a partner and poor quality of relationship were the specific characteristics of partnerships that influenced the changes in sexual functioning of the participants in this study. Some of the female participants indicated that the absence of their partner, due to death, health challenges or distance, caused a change in their sexual functioning. Most of the male participants indicated that over-familiarity as well as the lack of interest shown by their spouses were some of the major factors that caused the changes in their sexual function.

Finally, the study found that the participants reacted to the changes in their sexual functioning in different ways. These reactions include seeking information from professionals such as doctors/nurses about the phenomenon. This conforms with studies conducted by Goldey & Van Anders (2011) and Bancroft & Graham (2011). Other participants reported having negative feelings about the changes they experience while some diverted their attention to other important activities to keep their minds off the changes in their sexual functioning.



7.3 Contribution to Knowledge

The section above which presented the key findings of the study has revealed some important contributions that the study has made to adult sex life in Ghana. To begin with, the literature on sexual activities, especially those based on the Western contexts consider activities like masturbation, oral sex and kissing as sexual activities. From this study, it has been shown that, the older adults in the Ho Municipality who participated in the research did not conceptualise sex as including the activities mentioned above. The study found that sex, in the understanding of the participants, is exclusively penile-vaginal penetration.

Contrary to the common perception that older adults are sexless or do not engage in sexual activity, the study found that participants remained sexually active. However, age-related changes in sexual functioning contributed to a decline in the frequency of sexual engagement. Furthermore, the literature on the sexual life of older adults in the Ghanaian context does not touch on the various causes of the changes in sexual function among older people in Ghana. This study made some important revelations about the various causes of the changes including the unavailability of a partner, uninterested partner, over-familiarity with a partner and the poor quality of a relationship.

Another significant contribution to knowledge by this study is the reaction to changes in the sexual functioning of older adults as expressed by the participants. The study has been able to establish that in the face of the changes, participants respond by seeking information about their situation, accepting the changes or diverting their attention to something else.

7.4 Conclusion

From the findings, it is evident that the study successfully achieved its aims and objectives while addressing the research questions posed at the outset. The study sought to fill the knowledge gap regarding the sexual lives of older adults in Ghana, particularly their lived experiences, which have been largely overlooked in existing literature. The findings challenge the prevailing perception in the Ghanaian society that older adults are sexless. On the contrary, some participants acknowledged their continued engagement in sexual activity even in their old age.

However, changes in sexual function, influenced by factors such as sexual organ-related issues and a decline in a partner's sexual desire, were found to contribute to a reduction in the frequency of sexual intercourse. The study highlights that individuals respond to these changes in diverse ways. More importantly, it identifies various coping strategies employed by older adults to navigate shifts in their sexual lives.

The theoretical underpinnings of this study, the Socio-ecological Theory and Sexual Script Theory, provide a robust framework for understanding these findings. The Socio-ecological Theory (Bronfenbrenner, 1979) emphasises the influence of multiple levels of social and environmental factors on individual behaviour, including sexual behaviour. This theory is particularly relevant as it highlights how older adults' sexual lives are shaped not only by biological and personal factors but also by interpersonal relationships, cultural norms and societal expectations. Additionally, the Sexual Script Theory (Gagnon & Simon, 1973) provides a useful lens for understanding how older adults construct and negotiate their sexual behaviours within these broader social and cultural contexts. The interplay between these theories is crucial in explaining how older adults in Ghana navigate and redefine their sexual

identities despite societal perceptions and physiological changes. Given the increasing population of older adults in Ghana, there is an urgent need for greater attention to their overall quality of life, including their sexual wellbeing. The absence of policies addressing issues related to the elderly has significant implications for their health and wellbeing. As such, policymakers and stakeholders must recognise the importance of sexual health in ageing adults and incorporate it into broader discussions on elderly care. Addressing sexual health concerns among older adults will not only enhance their wellbeing but also contribute to a more inclusive and holistic approach to ageing in the Ghanaian society.

7.5 Recommendations

Given that the objective of the study was not to produce generalisable conclusions about the sexual experiences of older adults, but rather to provide in-depth insights into the experiences of the specific participants involved, the findings may not be sufficient to serve as a direct basis for policy formulation. Nonetheless, the study offers valuable recommendations for future research that could further explore sexuality among older adults in Ghana. It also highlights potential ways in which the findings may be utilized for educational purposes.

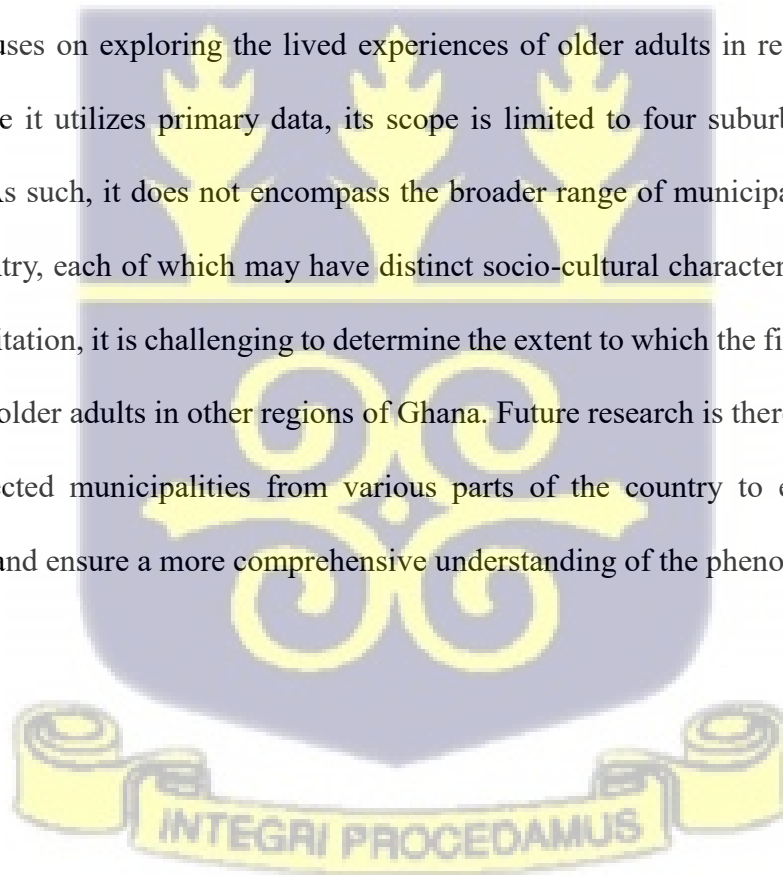
The findings of this study, which indicate that older adults are not sexless and that some participants continue to engage in sexual intercourse, highlight the need for targeted interventions. It is therefore recommended that stakeholders in the health sector, alongside policymakers and implementing agencies, formulate and implement policies that enhance public awareness of the sexual health needs of older adults in Ghana. Such initiatives should aim to support the sexual wellbeing of older adults, recognizing its important role in promoting both physical and mental health.

The study further recommends that future research on the sexual experiences of older adults in Ghana consider locational dynamics to gain deeper insights into the phenomenon. Additionally, as the current study focused exclusively on participants from Christian backgrounds, it is advised that subsequent studies include individuals from diverse religious backgrounds to broaden the scope of understanding and contribute to a more inclusive discourse.

Finally, comparative studies examining the sexual experiences of older adults both partnered and non-partnered across different geographic locations and ethnic groups are encouraged, as these could offer a more comprehensive perspective on the subject.

7.6 Limitations of the Study

This study focuses on exploring the lived experiences of older adults in relation to sex and sexuality. While it utilizes primary data, its scope is limited to four suburbs within the Ho Municipality. As such, it does not encompass the broader range of municipalities or districts across the country, each of which may have distinct socio-cultural characteristics. Given this geographic limitation, it is challenging to determine the extent to which the findings reflect the experiences of older adults in other regions of Ghana. Future research is therefore encouraged to include selected municipalities from various parts of the country to enhance regional representation and ensure a more comprehensive understanding of the phenomenon.



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APPENDIX I

THESIS APPROVAL LETTER



UNIVERSITY OF GHANA
DEPARTMENT OF SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES

PhD. 2016/2017

6th July, 2020

Ref. No.:

Ethics Committee for Humanities (ECH)
Institute of Statistical, Social and Economic Research
University of Ghana
Legon

Dear Sir/Madam,

DEPARTMENTAL APPROVAL OF THESIS – JANE AKU GERALDO

I write to inform you that the Department of Sociology of the University of Ghana, Legon has approved Jane Aku Geraldo's thesis Sexless older years: Stereotype or Myth? The lived experiences of the elderly in Ho Municipality in Volta Region of Ghana..

I should be very grateful if your office would approve her research to enable her begin to collect data from the field.

Thank you.

Yours faithfully,

A handwritten signature in blue ink that reads "Akosua Darkwah".

PROF. AKOSUA DARKWAH
(HEAD OF DEPARTMENT)



APPENDIX II ETHICAL CLEARANCE FORM



UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No...ECH 022/ 19-20 ...

September 15, 2020

Jane Aku Geraldo
Department of Sociology
University of Ghana
Legon

ETHICAL CLEARANCE
(ECH 022/ 20-21)

The protocol title below has been reviewed and approved by the ECH Committee.

TITLE OF PROTOCOL: SEXLESS OLDER YEARS: STEREOTYPE OR MYTH? THE LIVED EXPERIENCES OF THE EDLDERLY IN HO MUNINCIPALITY IN VOLTA REGION OF GHANA.

PRINCIPAL INVESTIGATOR: JANE AKU GERALDO

Please note that the final review report must be submitted to the Committee at the completion of the study. Your research records may be audited at any time during or after the implementation. Any modification of this research project must be submitted to ECH for review and approval prior to implementation.

Please report all serious adverse events related to this study to ECH within seven (7) days verbally and in writing within fourteen (14) days.

This certificate is valid till September 13, 2021. You are to submit annual reports for continuing review.

Please accept my congratulations.

Yours Sincerely,

Professor C. Charles Mate-Kole
ECH Chair

Cc: Prof. M.P.K Okyerefo, Department of Sociology, UG
Prof. Akosua Darkwah, Department of Sociology, UG

INTEGRI PROCEDAMUS

UNIVERSITY OF GHANA



Ethics Committee for Humanities (ECH)

Official Use only Protocol number

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Sexless Older Years: Stereotype or Myth? The Lived Experiences of the elderly in Ho Municipality in Volta Region of Ghana.
Principal Investigator:	Jane Aku Geraldo
Certified Protocol Number	10029043

Section B- CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

The focus of this study is to explore the sexual lived experiences of the elderly (60 years and above) in the Ho Municipality in the Volta Region of Ghana. This is to gain insight with respect to the debates on the sexual lives of the elderly in Ghana, and to contribute to the larger debates on the phenomenon.

Being a main stakeholder, you have the relevant knowledge to contribute towards the realisation of the objective of this study. Your participation, which is of paramount importance, will be required for the next six or more months of the data-gathering stage from time to time. One-on-

one in-depth interviews will be used to solicit information from you for the purposes of this study. The duration of an interview session may be between 30 to 40 minutes. However, since it is qualitative research, which is mostly cyclical, there may be the need to meet you more than once to validate the information given at your convenience. The method of interview would also be what you consider appropriate and safe because of the COVID-19 pandemic. It could be via phone or an in-person visit with all the COVID-19 protocols observed.

Benefits/Risks of the study

This is purely an academic study which is aimed at adding more insight and understanding to the existing body of literature on the phenomenon under study. Therefore, participation does not come with any monetary benefits, except that participants would share in the ownership of the final document because they are part of the co-constructors of the knowledge that would be produced. There are no potential risks associated with participating in the study. All COVID-19 protocols would be observed to avoid any potential risk.

However, due to the sensitive nature of the phenomenon under investigation (i.e. sexuality), participants may experience some level of discomfort during interviews. As soon as this is observed, the interview would be discontinued and rescheduled for a later date with the consent of the participant. I will also have a clinical psychologist on standby in case the need arises for counselling with distressed participants. Furthermore, I will endeavour to build a very good rapport with participants from the beginning to make them comfortable and win their trust before the interview schedules. Interviews would be preceded with conversations on participants' opinions on the youth's sexual behaviour and how it has evolved over time with the hope of creating the right atmosphere for the interviews to proceed. Meeting participants again to clarify earlier information given and contacting other family members, if possible, will help authenticate the data.

Confidentiality

Information provided in the study will be kept private and treated with confidentiality. Data collected will be accessible to only the principal investigator and research assistant. Audio-recorded interviews will be transcribed and saved with pseudonyms to obscure the identity of participants. The transcripts will be zipped with a password after which audio recordings will

be discarded. Publications or reports from the study will not include information that will make participants identifiable. Either pseudonyms or no names will be used in such research output.

Compensation

Participation in this study will not accrue to any benefit or compensation.

Withdrawal from Study

Participation in this study is voluntary, and you are at liberty to withdraw from the study at any point in time you felt the need to withdraw without being subjected to any punishment or penalty. However, your participation can be terminated based on giving false information or where you are found to be engaging in socially undesirable behaviours which may likely affect the authenticity and credibility of the outcome of the study.

Contact for Additional Information

For further information about the study, you may contact the following:

Head, Department of Sociology, P. O. Box LG65, University of Ghana, Legon. +233 32500 312 Supervisors (Prof. M.P.K. Okyerefo, 0208177957 and Prof. Akosua K. Darkwah, 0208141466), Department of Sociology, P. O. Box LG 65, University of Ghana, Legon.

You may also contact me directly through the following address: **Jane Aku Geraldo,**

Department of Sociology P. O. Box LG 65, University of Ghana, Legon.

+233 208 226 511; jageraldo@st.ug.edu.gh

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.



"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Participant

Signature or mark of Participant

Date

If a participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness / Mark

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date

Jane Aku Geraldo – 10029043 - INITIAL QUESTION GUIDE

Interview Guide for study participants

The interview will be semi-structured. The following list of questions will guide the interview, with room for additional probing questions.

A. Socio- demographics

1. Age
2. Educational level
3. Religion
4. Ethnicity
5. Occupation (Previous and current)
6. Marital Status (Probe for whether they are married to the same person all their lives, in a committed relationship or not and how long they have been married for)
7. Number of children (This is sensitive and so it will be asked with tact)
8. Living conditions (Probe for who they are living with, food and shelter, etc.)

B. General questions on sex

1. In your opinion what is sex? (**Probe:** What kinds of activities constitute sex?)
2. What is sexual pleasure/satisfaction? (**Prompt:** Do you class non-penetrative and solo activities as sex?) [By solo, you are referring to pleasuring oneself, e.g. masturbation]. (I will also probe for phone sex and heavy petting). (**Probe:** In your opinion, what would you say is the main purpose of sex?). **Prompt:** Reproduction? Pleasure? Relationship quality?
3. Can you tell me about your sexual life during your youthful days?
4. How often were you having sex in a week when you were younger?
5. Has your sexual desire and/or activity changed as you got older? (**Probe:** Probe for how often at current age).

6. How often do you think an older person can engage in sex in a week?
7. Are there benefits that can be derived from an older person engaging in sexual activities? If yes, can you tell me some of the benefits?
8. Are there any detrimental/negative consequences of engaging in sexual activities as an older person? What are they/these that you would want to talk about?

Sexual desire: Thoughts about and wish to have sex.

C. Personal questions on sex

1. What activities turn you on sexually?
2. Can you please tell me about what stimulates or brings about your sexual desire?
3. Have there been any changes in your level of sexual desire in the past five years? If yes, can you please talk about how it has changed? (**Probe:** Are there reasons for the change you have experienced?). Sexual activity/Behaviour?
4. In the past five years, have you experienced any changes in the frequency of sexual activities with a partner? If yes, can you please talk about how it has changed? (**Probe:** Are there reasons for the change you have experienced in terms of the frequency of partnered sexual activities?).
5. Have there been changes in the types of sexual activities you engage in? If yes, can you please talk about how it has changed? (**Probe:** What would you say has accounted for the change in the type of sexual activities you engage in?). Sexual experience?
6. What kinds of things can stimulate your sexual pleasure?
7. Have there been any changes in your experience of sexual pleasure? If yes, can you please talk about how it has changed? (**Probe:** What do you think is behind the change in your experience of sexual satisfaction/pleasure?)

REVIEWED - INTERVIEW QUESTIONS

1. In your own words, what is your understanding of sex? OR from your point of view, what is sex?
2. What counts as sex or sexual activity?

Probe: Is it still sex when there is no penetration? What are your thoughts about oral sex? What about masturbation?

Does your religion in any way impact your understanding of what sex is? If yes, please tell me how.

Sexual life as a younger person

3. I would want us to talk about your sexual life. Can you talk about your sexual life when you were in your youth?

More specific questions if not covered in detail from the participant's narration

4. How interested were you in sex during your youth? OR How much did you desire/want sex in your youth?
5. How frequently were you engaging in sex in your youth? /How many times were you having sex within a week/month when you were in your youth?
6. What kind of sexual activities were you engaging in? OR What kind of activities brings you sexual feelings/pleasure? (For example, singing, dancing, a person's nature and others.)
7. Overall, how would you evaluate your sexual life in your youth?
8. People have sex for various reasons. What were your reasons for engaging in sex in your youthful days?

Prompt/Probe: Reproduction, pleasure, intimacy, sexual curiosity, social status (become popular, especially for men) (look out for possible gender differences)

Sexual life as an older person

9. Please, let's now move on to your sexual life as an older person. How is your sexual life now?

More specific questions if not covered in detail from the participant's narration

Sexual desire/interest

10. How interested are you in sex now that you are an older person?

Probe: ask about the partner's sexual interest/desire and how they deal with that.

Example: Say, if a woman (participant) isn't interested but the man is, how does the woman (participant) deal with this situation?

Here, I think questions about who initiates sex (or communication about sex, as indicated in the other questions you added can be asked here). For example, "From

your point of view, who needs sex more? An older man or older woman?” “What is used as a basis for older men or women to refuse their lover or spouse to sleep with them?

11. How does your sexual desire/interest now compare with your youth? If there have been changes, what is responsible for the changes in your sexual desire?

Probe: Have changes in your body influenced your sexual desire? If yes, can you please explain to me how? Are there any societal constraints? Is it that it is inappropriate for an older person to have such desires in this society?

Sexual activity

12. As an older person, do you have sex? What are your reasons for having or not having sex? (regardless of whether it is a yes or no, they should be asked why)

Prompt: A person may talk about the benefits (pleasure, intimacy, asserting power—especially for men) or challenges (e.g., health problems, lack of desire, no partner, etc.).

Probe: look out for or ask about potential gender differences. Also, probe religious influences (If your religion or faith influences your engagement or lack of engagement in sex, please let me know)

13. How often do you engage in sex and related activities? OR How many times in a month do you engage in sex?

14. Have there been any changes in how often you engage in sex compared to when you were younger? If yes, can you please tell me what kind of changes (increase or decline) are and the causes of these changes?

15. Have there been changes in the way/manner of your sexual encounters (e.g., having sex for a shorter time, less intense, etc.)?

16. Can you please talk about your sexual activities? OR What kind of sexual activities do you engage in?

Probe/Prompt: penis-vaginal, oral sex, masturbation

17. Based on what you have said about your present sexual activities, would you say there have been changes when you compare them to when you were younger? In what ways have they changed? *Sexual satisfaction*

18. Overall, how would you evaluate/assess your sexual life as an older person?

More specific question: Are you satisfied with your sexual life? Why do you say so?

What aspects of your sexual life do you find satisfying? What aspects of your sexual life don't you find satisfying? How does it compare with your youthful days?

Issues of pleasure may come up here, but the discussion would possibly not be limited to that.

Information on sexual health

19. In case you want advice about sex or if there are sexual challenges, where do you go to get understanding/information?

Could refer to some of the challenges that come up from previous discussions and how they go about looking for information to address it

20. Question

