

Experience of Body Changes and Sexuality among Middle-aged Men and Women: A Community-Based Exploratory Qualitative Study

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Background

Midlife is the period lying roughly between ages 40 and 60 years [1,2]. It is the period at the crossroads between the growth experienced in youth and the decline of old age with its associated reduction in cognitive performance and physical health [2]. With regards to sexual and reproductive health, the midlife is not as well described, or given as much attention as other periods in the life cycle such as adolescence and old age when significant changes occur in body and in life [1,2]. Thus, little information is available regarding the sexual health of midlife adults [3] whereas, the changes that do occur, may negatively affect their sexual health and psychosocial well-being. For instance, women often experience loss of libido [4–6], and anecdotal evidence suggests that men may seek new partnerships particularly with younger women in a bid to rediscover themselves. These suggest significant implications for the sexual life of men and women in their midlife with consequences on their health and psychosocial wellbeing. The aim of this study was to explore and describe the experiences of midlife body changes and its impact on health among men and women aged 45 to 64 years in a community setting in South Africa.

Methodology

This exploratory qualitative study was conducted in Ekurhuleni North Sub-District of Ekurhuleni district, Gauteng Province, South Africa. The sub-district encompasses an array of local areas and settlements with different socio-economic and cultural diversity. Four wards – Tembisa, Birchleigh, Birchleigh North and Winnie Mandela were selected to represent the diversity of the population.

Study population and participant recruitment

The study population included men and women aged 45 to 64 years purposively selected to represent the different socioeconomic and educational levels in the communities studied. The participants were identified with the assistance of the health promoters and clinic health committees in the primary health centres that served the chosen wards.

Data collection

Data was collected through focus group discussions (FGDs) and in-depth interviews (IDIs) held in isiZulu, which is the most common local language of the area. Four male and four female FGDs including 6–10 participants each were held within the health facility premises in the selected community. IDIs were held with eight volunteers, four men and four women within the selected age bracket to explore lived experiences more closely. The FGDs and IDIs were facilitated by experienced fieldworkers who have been trained on collection of sensitive information. The participants were provided with information sheet on the study and given the opportunity to ask questions about the study. The interviews were digitally recorded after obtaining informed consent to participate in the study and for audio recording. The interviews lasted between 60 to 90 minutes.

Data management and analysis

The recordings were transferred out of the digital recorders and stored in a password enabled computer accessible only to the research team. The recordings were transcribed and translated. Thematic analysis of the data using inductive coding is ongoing.

Ethical considerations

The study was conducted in accordance with the principles of ethics of human research. Permission was obtained from the Ekurhuleni District Health research committee and ethical approval was obtained from the Wits Human Research Ethics Committee (Medical).

Results

The themes identified in the ongoing data analysis revolve around lack of information to prepare for changes in midlife, the changes experienced and the effect of the changes on the participants' mental health.

Lack of information to prepare for body changes

Participants stated that they were inadequately prepared for the changes they experienced as they got to middle age. While one female participant stated, *"I don't think there's any information"*, another said, *"We rely on Google and check on what is happening"*. A male participant reiterated, *"They don't give us these talks, No one is advising us"*.

Reason for lack of information

One of the reasons given for being inadequately prepared included cultural norms. Some of the

participants stated that the African culture precluded such discussions. This is captured in a statement by one of the women “... because of we’re Africans, I mean, we grew up with parents who don’t want to talk about these things. They will just say, ah, you see when you grow up.” Another reason was the apparent lack of adequate information among health workers from whom the participants expected to receive information. According to one of the women, “But starting from nurses themselves, I think they lack most of information. The other day I went there I’m asking nurse I’m a chronic person, so I’m experiencing the pain on my joints. She said, “No you’re growing up”. That’s why they said grow up you will see for yourself”. Instead of providing information, the health workers were more likely to issue prescriptions for whatever symptoms they complained about. One of the men said, “Someone older or even the doctors should let us know that when we reach these ages 45 going up our bodies are going to change. Even when it comes to intimacy, we won’t be powerful like we used to be. They don’t explain such things to us. Instead, they give us medication for erection”.

Changes experienced

The changes experienced were varied as described by the participants. Some of the women described becoming more emotional, “When something hurt you, it’s as if the hurt doesn’t go away... it’s like when you see that person your heart just becomes heavy and you ask yourself but this child or this person why do they speak to me like that? It’s troubling me, even now, as you see me right now my tears are here, because of something they did to me yesterday at home”. Other women described episodes of hot flushes, “And the heat you are going to feel when you start menopause, you burn, you burn, you burn and say open the door and you don’t understand no one told you don’t even know what’s happening in your life. You’re burning my child when you enter into the taxi and ask them to open the windows, ‘no mama its cold’”. Both women and men described changes in libido. However, while the women described either increased or decreased libido, the men only talked of reduction in libido. One of the women stated, “Like most of my friends said, at 40 you become more sexually active. I don’t know why”. Another woman who had previously had a hysterectomy due to fibroids said, “With me after taking out the womb yeah, my sex drive dropped but as my sister said, it goes with the mood if the mood is right. Yeah, but it’s no longer there automatically like you’re saying the drive is not that much”. One of the men said, “No, I don’t find myself sexy; I can feel that I’m just forcing matters. I don’t have any desire anymore. I’m no longer like the olden days. Before I could feel it in a week if I haven’t met with a woman, I wouldn’t feel good but now I can spend weeks without any problem”.

Effect of the changes on mental health

Both men and women described feelings of insecurity as a result of the changes in their physical appearance and sexuality. One of the women stated, *“You know, when you're still young your breasts are intact like all curves and everything else. But when you grow up as a woman, everything drops. Now you start feeling as if you don't look the way that he expects you to look and that thing can mess up with your mind. You know, it plays a huge role because now you don't trust; you are insecure about how you look. So, the minute you're insecure about how you look, how are you supposed to get it on? You won't!”* One man also said, *“You start undermining yourself, so if I leave now and meet a woman outside we start having a conversation and she says she wants to meet me tomorrow or so. It will be painful because I know I cannot be able to satisfy a woman. She likes me but I cannot do anything about it. If she wants sex, I would start ignoring her and postpone since I cannot do anything. I don't have an erection. I cannot have sex; it's just like embarrassing myself”.*

Discussion and Conclusion

Men and women experience changes in the midlife for which they are not adequately prepared. The effect of these changes can be far-reaching as this is a period when people may be exposed to stressful factors such as higher demands at the workplace, and stresses within the household, especially with adolescent children [2,7]. There may be an increase in health and emotional demands from partners and from aging parents [5,6]. It is therefore important to raise awareness about the challenges experienced by people within this age group and to provide interventions to mitigate the effect of the body changes so they are better able to cope.

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