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Agunbiade, Ojo Melvin

2016

http://hdl.handle.net/10539/22814

Agunbiade, Oho Melvin, Socio-cultural constructions of sexuality and help-seeking behaviour among elderly Yoruba people in urban Ibadan, Southwest Nigeria, University of the Witwatersrand, Johannesburg, <http://hdl.handle.net/10539/22814>

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SOCIO-CULTURAL CONSTRUCTIONS OF SEXUALITY AND HELP-SEEKING BEHAVIOUR AMONG ELDERLY YORUBA PEOPLE IN URBAN IBADAN, SOUTHWEST NIGERIA

ABSTRACT

Socio-cultural factors and contexts influence sexuality and associated practices across the life course. Few studies have questioned what constitutes sexuality, sexual pleasure, and notions of risky sexual practices, and how elderly people engage in help-seeking for sexual health promotion and problem-solving. In response to the dearth of such research in Africa, this thesis explores the cultural interpretations, values, beliefs, and embodied practices associated with sexuality and help-seeking behaviour among urban-dwelling elderly Yoruba people (60–80 years and above) in the city of Ibadan, Southwest Nigeria. In addition, it investigates healthcare providers' (biomedical and traditional) perceptions of sexuality and the prevention, treatment, and promotion of sexual health in old age.

The thesis is rooted in Bourdieu's social practice theory, Harré and Langenhove social positioning theory and an anthropological perspective on age-graded sexualities. From an interpretative constructivist framework, the thesis adopts an exploratory sequential mixed design. The design entails collecting and analysing qualitative and quantitative data in a single study. The choice of research design was informed by the perspective that diverse but relevant methodological positions opens the window into contextual understanding of sexuality in old age. The qualitative data consists of 12 vignettes based on focus group discussion (FGD) with three categories (60-69, 70-79 and 80 years and above) of 107 elderly men and women. From a thematic analysis, the FGD findings informed the conduct of 18 semi-structured interviews on equal proportion with elderly men and women (60+) and 11 semi-structured interviews with

healthcare providers (biomedicine and traditional medical systems). Subsequently, the thematic findings from the FGDs and interviews informed the development of a structured questionnaire. The questionnaire was administered among 252 elderly Yoruba people (60+). The findings reveal a dominance normative beliefs and cultural expectations around bodily changes characterised the gendered differences in sexual experiences and expectations in old age. From the exemplary perspective, the 'good old age' connotes compliance with normative sexual orientations, beliefs, and practices. The qualitative and quantitative results affirmed the existence and engagement in penetrative and pleasurable sex at differentiated degrees for elderly men and women. The qualitative findings reveal a lack of consensus regarding the age elderly women or men should disengage from sexual activities. The survey shows that more women (75.8%) than men (54%) agreed that elderly people of their age should stop having sex. The qualitative findings also reveal that health challenges, psychosocial satisfactions in marriage, differences in sexual prowess, and financial independence affect engagement and desires in sexual activities. Two-thirds (60.3%) of the survey respondents also agreed that elderly men and women should engage in sexual activities if their health allows.

The body as a 'site of moral action' places elderly women and men at differentiated positions within heterosexual normativity. From a disadvantaged stance, sexual intercourse with a menstruating woman can result in a folk sexual dysfunction known as *idakole* (poor erection and quick ejaculation) for men. Furthermore, sex with menstruating or menopausal women could cause loss of spiritual powers for men. These views resonate with some taboos on sex and efficacy of some traditional medicine. As a form of contestation, bodily changes during menopause represent a period of abstaining, suppressing or disengaging from obligatory sexual duties. It also affords women the avenue to avoid the experience of *oyun iju* (a socially constructed folk pregnancy). As a counter reaction, menopause also provides valid positions

for some sexually active elderly men to seek new intimate relations with younger women. By expounding on the privileged position of men, the findings portray a normative view that elongates men's sexual retirement until death. Without doubting the possibilities of losing sexual prowess with age, the use of traditional aphrodisiacs was perceived to improve sexual performance and pleasures. Such measures are scarce for women, except those that could aid male's sexual pleasures when used by women like *ado dun* (pleasurable and irresistible vagina sex). In this light, the thesis argues that the differentiated gendered framing of bodily changes and sexuality take the body as a moral and health site to arrive at an interpretation of old age that could influence ageing experience as 'good' or 'miserable'.

The findings also show that the premium on penetrative sex and pleasures create differentiated opportunities for elderly men to contract sexual infections. The possibilities of contracting sexual infections among sexually active elderly people was not doubted. Gonorrhoea, syphilis and *magun* (a folk sexual infection) emerged as common examples of sexual infections among old and young in the study settings. Gonorrhoea and syphilis can be treated via biomedicine and traditional medicine. *Magun* and HIV are untreated sexual infections but are preventable through sexual abstinence and use of traditional medical measures. Traditional preventive measures such as *onde* (amulet), *ajesara* (incisions and digestible concoctions) perform dual functions: prevent disease and guarantee pleasurable sex. Both qualitative and quantitative results reveal that condom use can prevent sexually transmitted infections. However, condom use was also conceived to reduce sexual pleasures for men and women. In this direction, the survey results affirm that condom use can reduce sexual pleasures for elderly men (77.8%) and women (22.2%), respectively. More than average (55.7%) of the female and about one-third (44.3%) of the male respondents also perceive the condom as more useful for younger people.

With the possibilities of contracting sexual infections, the qualitative findings affirm that aetiological explanations around a sexual health problem can act as a constraint and also facilitate medical help-seeking. Also, shameful feelings, stigma, and unstable or poor financial conditions inhibit responsive help-seeking. More than one-third (49.6%) of the survey respondents perceived doctors' indifference as a constraint. This was followed by shame (22.6%), neglect from other family members (10.7%) and neglect of children (10.3%). Contraction of sexual infection in old age can also lead to withdrawal of quality support from significant others. The thesis argues that the social framework of the exemplary elder influence post-reproductive sexual health outcomes within the study context.

Healthcare providers from the two medical systems acknowledged the need for post-reproductive sexual health care services. Such services were, however, perceived along the gender divide as more elderly males than females expressed and sought help from both systems. The provisions of post-reproductive sexual health services within the biomedical system attracted some pluses. A few of the female participants acknowledge the efforts of biomedical trained physicians and nurses in creating awareness on how to overcome menopausal challenges.

The findings highlight that socio-cultural understandings of the intersections among ageing, sexuality, and gender influence framing of sexual health needs and unequal sexual health outcomes in old age. The possibility of such influences lie in cultural conceptions of the ideal body and the appropriate timing of sexual activities. Such normative views therefore influence how elderly people make sense of bodily changes, their sexuality, help-seeking, and response to sexual health needs from health care providers. Healthcare professionals from both medical systems are also prone to the influence of normative social frameworks in responding to post-reproductive sexual health needs. With the need to achieve a healthy ageing population and the

existing gaps in post-reproductive sexual health services, this thesis argues that normative beliefs, values and practices around sexuality influence sexual experiences, practices, dispositions to sexual infections, availability and access to post-reproductive sexual healthcare services within the study settings. Public enlightenment around sexual rights across the life course are needed to complement a review of existing sexual healthcare services in Nigeria. It will also improve the therapeutic relations between professional healthcare providers and their elderly clients. These initiatives can position professional healthcare providers for responsive diagnosis, prevention and management of post-reproductive sexual health needs and a possible realisation of healthy ageing population in Nigeria.

Keywords: Exemplary elder, ageing, sexuality, condom, sexually transmitted infections, help-seeking, biomedicine, traditional medicine, Yoruba people, Nigeria.