Addressing the Blind Spot: Reproductive Health Issues Among Elderly Men

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The evolving landscape of global aging has prompted a re-evaluation of policies, legislation, and programs to address the health and well-being of the older population. This commitment has been articulated in the 1982 Vienna International Plan of Action on Ageing, 1991 United Nations General Assembly's endorsement of the UN Principles for Older Persons and the Madrid International Plan of Action on Ageing in 2002. Notwithstanding these commitments, a critical oversight persists in addressing the sexual and reproductive health and rights of older adults. Hence the objectives of this study were to establish the reproductive health issues affecting elderly persons, the health-seeking behaviour of the elderly population and assess the availability, accessibility, affordability and acceptability of health services among the elderly population. Utilising documentary evidence, the study established that reproductive cancers, sexual dysfunctions and sexually transmitted infections, including HIV are typically common among the elderly, laying the foundation for policy guidance.

Keywords: Addressing, Blind spot, Reproductive Health, Issues, Among, Elderly, Men

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INTRODUCTION

Since 1982, when the first World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing, renewed commitments and efforts have been made to ensure that policies, legislation, programmes and services are designed and implemented to specifically address the quality of health and well-being in the lives of older people (United Nations Population Fund and HelpAge International, 2012). In 1991, the United Nations General Assembly adopted the UN Principles for Older Persons, which encouraged governments to incorporate consideration of ageing populations into their national plans. The following year, the second World Assembly on Ageing adopted the Political Declaration and the Madrid International Plan of Action on Ageing (Madrid International Plan of Action on Ageing, 2002). The Madrid Plan, recognized as a valuable international instrument, urged governments to mainstream ageing throughout their policies and programmes (UNFPA and HelpAge International, 2012) It also stressed a human rights based approach, shifting away from viewing older people as being social burdens or 'welfare beneficiaries' to being positive and active agents in society.

The landmark "ICPD beyond 2014: International Conference on Human Rights" identified older people as one of four key population groups characterized by marginalization and exclusion in their access to sexual and reproductive health and rights (Levine, 2014). The conference concluded with a call for concerted efforts to enhance the equality of older adults (as of other excluded groups) in accessing requisite sexual and reproductive health care (Levine, 2014). A similar view is captured in the Sustainable Development Goal (SDG) 3, which suggests that states should "ensure healthy lives and promote well-being for all at all ages." This goal offers an important opportunity to promote more age inclusive health systems and services and views older people's quality of life as a heath priority (HelpAge International, 2017). In 2016, the World Health Assembly adopted the Global Strategy and Action Plan on Ageing and Health, 2016–2020 (WHO, 2017). Responding to the SDGs, the strategy underlines the importance of healthy ageing as a public health priority and the need for member states to commit to a sustainable and evidence informed public health response to healthy ageing.

A point of departure is to consider the present policy context within which equality, quality and accountability for older persons' sexual and reproductive health and rights are to be pursued. Global debate on required policy responses to issues of older persons has intensified over the past 15 years, fuelled by a growing awareness of the rapid ageing of populations, especially in lower and middle- income countries (UNFPA and HelpAge International, 2012). The overriding need for health systems to address chronic disease especially and to help adults maintain physical and cognitive functioning as they age is enshrined in a number of policy and human rights instruments on ageing. The Madrid International Plan of Action, 2002, is the key global framework, while the African Union Plan of Action on Ageing 2002 and Protocol on the Rights of Older Persons in Africa 2014 are examples of regional level instruments. Similar charters exist for Latin America and Asia. Finally, recent years have seen an intensifying discourse and UN-led process to ascertain the need for, and potential content of, a separate UN convention on the rights of older persons (WHO, 2017). Scrutiny of these policies, human rights instruments and reports reveals that just as older people are excluded from sexual and reproductive health and rights agendas, so are issues of sexual and reproductive health and rights wholly marginal to current frameworks focused on older people. None of the above agendas includes any systematic discussion of older adults' needs in this regard.

The issue also appears to be overlooked in ongoing deliberations on the possible content of a UN convention on older people's rights. In fact, the subject of sexual and reproductive health and rights in old age remains a "blind spot" in the policy architecture. Reasons for this omission may be found in widespread assumptions, which equate older age with "asexuality", as well as taboos around old adults' sexual lives (WHO, 2017). The consequence of the over sight is an acute lack of policy direction on what older people's sexual and reproductive health concerns and needs are, what should be done to address them specifically to ensure equality and quality in service provision and what Governments are to be held accountable for.

There has been an absence of focused sexual and reproductive health modules in major longitudinal studies on ageing, such as the WHO study on Adult Ageing and Health in a range of developing countries, the Health and Retirement Survey in the US and its European counterparts, the Survey of Health, Ageing and Retirement in Europe, and the English Longitudinal Study of Ageing (WHO, 2014; Health and Retirement Survey, 2014; Survey of Health, Ageing and Retirement in Europe, 2013). Similarly, adults above the age of 49 are typically excluded from key population-based surveys, such as the Demographic and Health Surveys or AIDS Indicator Surveys, which generate much of the available evidence on sexual and reproductive health and rights issues in low and middle-income settings. This review focuses on an essential but overlooked area of reproductive health issues for elderly men in Zimbabwe. Findings in this chapter will provide a basis not only for developing policy guidance on priority responses to address older people's sexual and reproductive health and rights, but also for pinpointing essential indicators and establishing necessary data systems to enable a routine tracking of progress made.

This article gives the background to male reproductive health issues among elderly men. It further reviews previous literature on elderly reproductive health issues in general and most specifically on reproductive health issues among elderly men focusing on elderly abuse, STIs, HIV, sexual wellbeing, mental health, limited access to health and prostate cancer. The article will end by giving the conclusions and recommendations.

METHODS

For this systematic review and meta-analysis, we searched 14 databases, including PubMed, PsycINFO, CINAHL, EMBASE, and MEDLINE, using a comprehensive search strategy to identify reproductive health issues for elderly men published up to April, 2023. The keywords used in the search include "reproductive health," "elderly people," "sexual dysfunction," "elderly abuse," "prostate health," and "sexually transmitted infections." Results were grouped into seven categories that assess reproductive health issues which are Elderly abuse, STIs, HIV, Sexual wellbeing, Mental health, Limitted access to health care and Prostate Cancer.

FINDINGS

Elderly abuse

The study of elder abuse is a fairly recent area of scholarship. First discussed in the 1970's, abuse of older adults was for many years a largely hidden, private matter rather than an issue of social, health, or criminal concern (Carney, 2020). Globally, the number of cases of elder abuse is projected to increase as many countries have rapidly ageing populations, growing to some 320 million victims by 2050, as the global population of people aged 60 years and more increases to 2 billion by 2050 (Yon et al 2017). A 2017 World Health Organization (WHO) study estimated that one in six people aged 60 years and older were subjected to some form of abuse (WHO, 2017). Global estimates from a recent meta-analysis report that 16% of elderly population, in the community experienced past year abuse (Rosay and Mulford, 2017)

A 2017 review of 52 studies in 28 countries from diverse regions estimated the proportion of older people affected by different types of abuse: Psychological, 11.6%; Physical, 2.6%; Financial, 6.8; Sexual, 0.9 and Neglect, 4.2% (Yon et al 2017).All types of elder abuse have a negative impact on the health and well-being of older people (WHO, 2017). The effects of elder abuse may also be fatal, as a result of severe injury or suicide (WHO, 2007). Evidence on effective interventions for addressing elder abuse is currently limited. However, caregiver support to prevent abuses and school based inter generation programmes to decrease negative societal attitudes and stereotypes towards older people have shown some promise (WHO, 2017).

Sexual Wellbeing

The sexual health and rights of older people tends to be overlooked in society because of the stereotypical belief that older people are no longer sexually active (WHO, 2017). However, research indicates that older people remain sexually active; indeed the incidence of sexually transmitted infections (STIs) and HIV prevalence among older people are expected to increase in coming years (Lusti-Narasimhan and Beard, 2013). Despite this, older people are routinely excluded from HIV screening programmes and information on sexual health issues including HIV/AIDS and STIs is rarely provided in a form that is acceptable, accessible and appropriate for older people ((Lusti-

Narasimhan and Beard, 2013). Health professionals' misconception and lack of knowledge on older people's sexual health can also contribute to delays in appropriate health services (Lusti-Narasimhan and Beard, 2013). More data is needed on STIs and HIV/AIDS prevalence in older people, treatment for older people living with HIV and awareness raising for prevention.

The World Health Organization (WHO) acknowledge the important positive influences of fulfilling sexual experiences throughout the life span, including at older ages (WHO, 2015). Research suggests that sustained sexual desire and being sexually satisfied may contribute to successful aging (Stulhofer et al 2018; Stulhofer et al 2019).Older people not only regard sexuality as an important component of their individual well-being but also sexual expression in older age may be beneficial to physical and mental health (Fisher et al 2010; Bauer, Haesler and Fetherstonhaugh, 2016). Other studies reported that well-being is particularly important because pleasant experiences, life satisfaction and psychological well-being are related to health and quality of life as people get older (Steptoe, Deaton and Stone 2015).

Some population-based surveys have specifically examined the importance of sexuality among elderly people with studies from both the United States of America and United Kingdom indicating that many older adults are engaged in intimate relationships and regard sexuality as an important part of life (Mercer et al., 2013; Mitchell et al., 2013; Lindau et al., 2007). While it is recognized that sexuality in later life is influenced by physiological, situational, and attitudinal dimensions (Morley & Tolson, 2012), little is known about how sexuality relates to the aging process more generally. A population-based study found a significant association between sexual desire and life satisfaction in men, suggesting that men who had reduced sexual desire also reported lower life satisfaction (Jackson et al 2019). By comparing men with and without declines in sexual function, a study revealed that men with erectile or orgasmic complaints reported being less satisfied with their life (Lu et al 2020). Another study of partnered older adults pointed out that men with orgasmic difficulties or severe complaints about orgasmic and erectile dysfunction had higher levels of negative affect, regardless of their frequency of sexual activity (Lee et al 2016). In a different study, Lee et al (2016), found evidence of an interplay between erectile difficulties and negative affect, even after controlling for the effects of age and self-rated health

Erectile dysfunction

Erectile dysfunction is defined as the inability to achieve or maintain an erection rigid enough for penetration (Fisher *et al* 2020). Research demonstrated that erectile dysfunction increases in prevalence as men age, 70% of men over the age of 70 years struggle with some degree of erectile dysfunction, compared to 45% of men over the age of 60 and 15% of men over the age of 40 (Selvin, Burnett, Platz 2007). The Massachusetts Male Aging Study reported a 52% prevalence in men ages 40 to 70 years old (Feldman, Goldstein, Hatzichristou, 1994). While age is a risk factor for erectile dysfunction, additional risk factors among the elderly include hypertension, diabetes, hypogonadism, medication side effects, metabolic syndrome, increased body mass index (BMI), cholesterol, and decreased high-density lipoprotein (HDL) (Düsing, 2005). Medications known to cause erectile dysfunction include beta-blockers, thiazide diuretics, and antidepressant medications (Raheem, 2017).

Libido Dysfunction

The most prevailing complaint of elderly men regarding their sexual function is decreased libido (Gunes, Hekim and Arslan, *et al* 2016). A decrease in libido encompasses a variety of sexual elements including sexual drive, sexual thoughts, and enjoyment (Travison, 2006). Research has demonstrated that men experience a significant decline in their sex drive as they age, in a study in United States by Lindau *et al*. (2007), among 1455 men, 57 to 85 years of age, 28% reported a lack of interest in sex. However, the relationship between testosterone and libido is not completely understood. They are strongly related at a population level; however, on an individual case by case basis, decreased libido is not necessarily a direct indicator of decreased testosterone (Lindau *et al*.,2007).

Orgasm dysfunction

Research have demonstrated that weight gain and obesity as the causes of men's orgasm dysfunction (Shakour, Salehi and Yamany, 2018). Urogenital problems, such as urinary dysfunction, frequent urination, prostate enlargement, side-effects of urinary dysfunction medications on sexual matters and neglecting screening test for prostate enlargement were other problems extracted from interviews with men (Shakour, Salehi and Yamany, 2018). High body mass index, abnormal lipid profiles in middle-aged men has been proposed as one of the effective factors of sexual dysfunction in the elderly (Gelfand, 2004).

Chronic diseases were mentioned as the causes of men's orgasm dysfunction and low libido. In fact, some of diseases such as diabetes, hypertension and heart disease have known effects on male sexual dysfunction (DeLamater, 2005). Diseases and medications may affect sexual relations adversely and men in the study also pointed to it (Gelfand, 2004. Studies which addressed behaviors related to elderly health services in developed countries, proposed income as an index for access to health related resources (Gelfand, 2004). On the other hand, population based studies in Europe, America, Middle East and Asia have shown that the prevalence of men's inability to reach orgasm ranges between 8% and 31% (Lindau et al, 2007; Hendricks, Gijs and Enzlin 2014).

Ejaculation dysfunction

International population based studies have also noted that between 20% and 40% of men (regardless of age) suffer from premature ejaculation (Serefoglu and Theodore, 2012; Xiansheng et al, 2013; Harzimouratidis et al, 2014). Research by Nazareth, Boynton and King (2003) in Britain, Richardson and Goldmeier (2006), Balon and Seagraves (2007) and Perelman (2009) in the United States of America (USA) also revealed that up to 20% of heterosexually active men have a problem of delayed ejaculation. Further, Rosen (2000) also noted that globally 5% and 8% of men suffer from retrograde ejaculation and anaejaculation, respectively.

While the prevalence of sexual dysfunctions outlined in the statistics above may be instructive, it should be remembered that the studies from which they have been extracted were conducted in developed countries. In developing countries, Zimbabwe included, the subject of male sexual dysfunctions is profoundly hidden to a point where men have become victims of silence surrounding the ailments. This is compounded by the fact that no population based studies have been conducted to establish the extent of common sexual dysfunctions affecting men. This has resulted in the exclusion of the subject of male sexual dysfunctions in epidemiological research, policy and programming equations. This omission could be attributed largely to cultural stereotypes in which manhood is defined in terms of physical strength, machismo and virility all of which are perceived to guarantee triumph in every respect. Rosen (2009) and Moyo (2013) noted that it is taboo in African societies and cultures, and Zimbabwe

in particular, to discuss openly issues of male sexual functioning. Thus, this study aims to establish the commonly reported male sexual dysfunctions so that the attendant ailments are included in policy and programmes.

Mental health

According to the World Health Organization, over 20% of older people suffer from a mental or neurological disorder (WHO, 2016). Encouraging socialization and physical activity among older people can help mitigate mental health problems. Older people with dementia are particularly susceptible to abuse. Nearly one in two older adults with cognitive impairment experiences abuse (Mosqueda et al 2016). In addition to being dependent upon others for assistance, elders with dementia are more likely to experience deficits in memory, communication, and judgment that make it harder for them to identify, prevent, and report mistreatment. Older people with dementia are often at an increased risk of mistreatment because of pre-existing medical and mental health weaknesses (Cooper and Livingstone, 2020)

Limited Access to Health Care

One of the major challenges for older people is having access to health care services. A 2010 survey of 32 countries by HelpAge International found that 63% of older people find it difficult to access health care (HelpAge International, 2011) This is mostly due to lack of money or health insurance, lack of means for travel to an appropriate health care centre and unbearable waiting times (HelpAge International, 2011) It was also found that older women have less access to health care than older men (UNFPA and HelpAge International, 2012). These inequities may be a result of direct or indirect gender and age-based discrimination, lower financial status and limited access to health security schemes such as insurance (WHO, 2007). Another challenge that limits older people's access to health care is ageism stereotyping, prejudice and discrimination against people on the basis of their age. Ageism is widespread within health systems and among health professionals. It includes health care workers having negative attitudes towards older people or the ageing process, engaging in patronising behaviour, failing to consult older people about their preferences for care, and discouraging or restricting access to otherwise indicated medical interventions. It may create barriers that prevent older people from receiving adequate health care (HelpAge

International, 2017). It is important to provide health care professionals with appropriate training to eliminate ageism.

HIV and AIDS

There is a general decline in HIV and AIDS incidence and prevalence, albeit with variability across countries and continents. Globally, 38 million people were living with HIV in 2019, with 1.7 million new infections (UNAIDS, 2020). This shows a 23 percent decline in new HIV infections worldwide from 2.1 million in 2010 (UNAIDS, 2020). However, the adult proportion of men, those in the age range 15 to 49 years, living with HIV and AIDS is 44% (UNAIDS, 2022) of which 59% reside in Sub-Saharan Africa (UNAIDS, 2022). Note that this proportion is exceptionally high and poses a cause for concern not only among males, but also for their female sexual partners and children. Essentially, this concern is primarily because 92% and 7% of HIV transmission in developing countries is through heterosexual contact and vertical transmission, respectively (Jackson, 2002; Gregson, 2006; UNAIDS 2022. In Zimbabwe, it has been reported that the prevalence of HIV and AIDS among the adult population decreased from 29% in 1998 to 15% in 2015 (ZIMSTAT and ICF International 2016). However, among the proportion of adults living with HIV and AIDS in Zimbabwe, an unacceptably high proportion, 40% to 42% is male (MoHCC 2014). While research have underscored the remarkable epidemiological decrease of the HIV incidence rate in Zimbabwe, from 6% in 1993 to 1% in 2013 among the adult population, it would be remiss if one were not to observe the escalating incidence of the ailment among adult men. For instance, of all the new HIV infection cases among adults, the proportion of males rose from 44% in 2000 to 55% in 2015 (MoHCW, 2009a:2010).

Sexually Transmitted Infections

Studies have shown that worldwide, STIs such as syphilis, gonorrhoea, chlamydia and trichomoniasis are most common among adult men (WHO 2006). Yet these STIs, as noted by Hayes (1987), Adler (1996), Butter and Eng (1997), contribute to significant morbidity, mortality and psychological suffering among adults and children. According to WHO (2012), the global incidence of STIs among adults increased by 51% from 330.64 million in 1995 to 448.3 million in 2008. Importantly, further notes that adult males accounted for 52% to 54% of all the new cases of STIs between the periods 1995 and 2008 (WHO 2012). Regionally, the largest number of STIs incidences amounting to 151 million was reported in South and South East Asia in 1999, 109.70 million in

Africa in the year 2005 and 128.2 million in Western Pacific in 2008 (WHO, 2007:2012). The proportion of adult men in Sub-Saharan Africa infected with chlamydia, gonorrhoea and syphilis increased from 42% in 1999 to 48% in 2002 (WHO, 2006). In developing countries, UNFPA (2002:2004) and WHO (2005:2012) concurred that STIs and their complications are among the top five categories of diseases for which adults seek healthcare.

In Zimbabwe, available literature from National AIDS Council [National AIDS Council] (2010) points to a declining prevalence of STIs by 75% from 1 078 293 in 1989 to 268 055 in 2008. In spite of the declining prevalence of STIs, NAC (2010) nevertheless observed that the proportion of adult men infected with STIs ranges between 44% and 48%. This proportion goes some way to confirm the health burden of STIs as observed by Chadambuka et al. (2011) that STIs account for up to 10% of outpatient attendances. Yet, in spite of this serious challenge, Hayes (1987) and WHO (2005) posit that the infections have not been given high priority in healthcare planning and financing, partly because of the erroneous assumption that they are not fatal.

Without underestimating the growing importance of these statistics about the prevalence and incidence of STIs including HIV to the epidemiological discourse, it would be remiss if the several shortcomings of this data pertaining to male population in general, and elderly men in particular, are not underscored. For instance, the afore-stated data is only limited to prevalence and incidence rates from national perspectives. Additionally, the adult target population in research is between 15 and 49 years of age, an approach which erroneously seems to suggest that there is no sexual activity among the elderly from age 50 and above. Yet UNAIDS (2014a) revealed that a significant proportion of people living with HIV and AIDS, 11.1%, (4.2 million) are aged 50 years and older. Such prevalence of HIV among adults older than exact age 49 is a clear testimony that they are sexually active, in addition to being equally exposed to the risk of acquiring sexually transmitted infections including HIV.

Prostate Cancers

Of late, contemporary literature has shown that there is a shift in diseases incidence and the related morbidity and mortality where non-communicable diseases, cancer in particular, have increased drastically over the past decade especially in developing

countries when compared to infectious diseases. Specifically, Cancer Association of Zimbabwe (2023) posits that cancer is now the leading cause of death worldwide compared with infectious diseases such as HIV and AIDS, tuberculosis (TB) and malaria. Ferlay et al. (2010) stipulates that globally, over 12.7 million people are receiving a cancer diagnosis while at least 7.6 million are dying from the disease. Projections by Boyle (2008) also revealed that by 2030, globally cancer would have resulted in 17 million deaths, while developing countries, given their compromised economies and healthcare delivery systems, are expected to account for 70% of these deaths.

There is corpus of scholarly literature from clinical studies by Wabuga et al. (1993), Ferlay (2002), Parkin (1997:2000:2007), Ayers (2009), Hudson (2009), Chokunonga et al. (2010) and Ferlay et al. (2013) which documents that men suffer from prostate cancer, a disease which increases exponentially with age, especially from age 40 (Siegel et al, 2014). Globally, prostate cancer is the second most frequently diagnosed, affecting 15% of men and now considered as one of the leading causes of cancer deaths among males (Ferlay et al, 2013; Siegel et al, 2015; Chokunonga et al 2023). Worldwide, research has shown that the age-standardised incidence of prostate cancer has on average increased by at least 200% over the past thirty years (Cancer Association of Zimbabwe 2023), with more increases noted in developed countries compared to developing regions (Rebbeck et al, 2013). The age-standardised incidence rates for prostate cancer as noted by Haas et al. (2008) and Jemal et al. (2011), in developed nations is between 75 and 104/100000 men when compared to 4 to 38/100000 men in developing countries. In Sub-Saharan Africa, Forman et al. (2014) notes that prostate cancer is now the leading tumor, accounting for 14% of all cancer diagnosis and 12% of all cancer related-related deaths.

In Zimbabwe, prostate cancer is the second most frequently diagnosed, representing 11% of all cancers (Chokunonga et al, 2023). Currently, Cancer Association of Zimbabwe (2023) and Chokunonga et al (2011) report that prostate cancer is the most commonly diagnosed and the leading cause of cancer deaths among men. The age-standardised prevalence for prostate cancer increased from 8% in 1989 to 16% in 2014, and on average, 5000 to 7000 new cases are diagnosed each year. Specifically, Cancer Association of Zimbabwe (2023) notes that at least 10% of men suffering from prostate cancer in Zimbabwe die each year. It should be argued that data on prostate cancer

incidence, prevalence and mortality noted in Zimbabwe could be an underestimation of the actual situation since Cancer Association of Zimbabwe (2011) contends that missed diagnosis as well as underreporting of cancers remains commonly high in Zimbabwe. This view is in accord with Rebbeck et al. (2013) contestation that in general, data on cancer incidence, prevalence, and mortality in developing countries are based on limited population, thus less complete and less accurate. This is largely attributed to lack of resources to invest in population based cancer registries and infrastructure to maintain such registries, lack of screening and underdiagnoses. Further, notwithstanding the above mentioned prevalence and incidences of prostate cancer, paradoxically, African men are also reluctant to discuss issues related to prostate cancer.

Neglecting screening test for prostate enlargement was one of the problems extracted from interviews with men. Amongst men over 65 years, one out of nine men will suffer from Prostate Cancer (Shifren et al 2008). Although prostate diseases, urinary symptoms and erectile dysfunction are often ignored, they constitute main part of men's reproductive health which occurs among elderly men (Xu, 2000). Regardless of the aforestated prevalences and incidences of male reproductive cancers, in developing countries, Zimbabwe included, there is no reliable sources of cancer data., the reported statistics of male reproductive tumors could be an underestimation of the reality given the limited cancer screening and registry facilities which are only confined to the two metropolitan cities of Harare and Bulawayo and their environments.

DISCUSSION

Elderly abuse, though a relatively recent area of study, is a growing concern globally. Studies estimate that one in six people aged 60 and older has experienced some form of abuse. Psychological abuse is most prevalent, followed by physical, financial, sexual, and neglect. The negative impacts on health and well-being necessitate effective interventions, including caregiver support and intergenerational programs. The stereotype that older people are no longer sexually active persists, despite research indicating the contrary. STIs and HIV prevalence among older individuals are expected to rise. However, older adults are often excluded from relevant screening programs, and health professionals' misconceptions contribute to delayed services. Fulfilling sexual experiences throughout life contribute positively to aging, emphasizing the importance of addressing sexual health in older age.

Prevalence of erectile dysfunction increases with age, affecting 70% of men over 70. Risk factors include hypertension, diabetes, medications, metabolic syndrome, and high body mass index. Addressing erectile dysfunction is crucial for maintaining the overall well-being of elderly men. Decreased libido is a prevalent complaint among elderly men, impacting various aspects of sexual function. While related to testosterone levels at a population level, individual cases vary. Maintaining sexual desire is vital for overall life satisfaction and well-being. Weight gain, obesity, urogenital problems, chronic diseases, and medications contribute to orgasm dysfunction in elderly men. Studies highlight the interplay between erectile difficulties and negative affect, emphasizing the need for holistic approaches to address sexual health in older age. Premature ejaculation affects 20-40% of men worldwide. Research underscores the need for understanding and addressing ejaculation dysfunction in the broader context of sexual health for elderly men. Over 20% of older people globally suffer from mental or neurological disorders. Socialization and physical activity play crucial roles in mitigating mental health problems, particularly for older individuals with dementia, who are more susceptible to abuse. Older people face challenges accessing healthcare, with financial constraints, lack of transportation, and ageism contributing to disparities. Adequate training for healthcare professionals is essential to eliminate ageism and ensure equitable access to healthcare services. While there is a global decline in HIV and AIDS incidence, the proportion of adult men living with HIV remains significant, particularly in Sub-Saharan Africa. The focus on prevention, treatment, and awareness needs to extend to older populations. STIs continue to be prevalent worldwide, with adult males accounting for a significant proportion of new cases. In Zimbabwe, although there is a decline in STI prevalence, the proportion of adult men infected remains high, emphasizing the need for continued attention to sexual health. Prostate cancer is on the rise globally, particularly in developing countries. In Zimbabwe, it is the second most frequently diagnosed cancer among men, emphasizing the urgent need for comprehensive strategies for early detection, prevention, and treatment.

CONCLUSION

This comprehensive review illuminates the multifaceted reproductive health challenges faced by elderly men, encompassing issues of abuse, sexual well-being, mental health, access to healthcare, and specific conditions like erectile dysfunction and prostate cancer. The findings underscore the urgency of integrating sexual and reproductive health considerations into

policies, programs, and research agendas targeted at older populations. Addressing these challenges requires a holistic and age-inclusive approach, acknowledging the sexual health needs of elderly individuals and dismantling ageist stereotypes. The concluding sections of this article will present synthesized conclusions and actionable recommendations based on the outlined findings.

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