

## Policy 4.19

### MEETING THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF THE AGEING POPULATION

#### Introduction

Life expectancies are increasing and with this the overall population structure is changing. Globally it is estimated that people aged 60 years or over will reach 2 billion by year 2050<sup>1</sup> with the fastest rate of growth currently taking place in India, Brazil and China.<sup>2</sup> This change is particularly apparent in the ESEAOR and EN regions where the ageing population has been identified as a priority issue. It is estimated however that the rate of increase of the ageing population will be faster in developing countries than in developed countries by 2050<sup>3</sup>.

This new IPPF policy is dedicated to the sexual health and rights of the ageing population across the Federation. It reflects the recognition of a growing need for action and a voice for their sexual health and rights. The policy will assist and guide Member Associations in finding an appropriate approach to address the Sexual Reproductive Health (SRH) needs of their ageing population. The policy will also recognise the positive aspects of sexuality in older age whilst identifying older groups needing particular support. These include women, people living in a care setting, the LGBTI community, people living with HIV, people facing violence and other under-served groups.<sup>4</sup>

There is currently limited data relating to the sexual activity of the ageing population however population surveys show that people remain sexually active well into advanced old age and that sexuality is important and takes many forms. Sexual activity is influenced by several physiological changes that occur as part of the ageing process as well as a number of psychosocial and socioenvironmental factors.<sup>5</sup>

This policy is in alignment with and in support of the WHO Global Report on Ageing and Health<sup>6</sup> and the UN Madrid International Plan of Action on Ageing.<sup>7</sup>

#### Definition

**Ageing Population:** For the purposes of this policy, the terms ageing population or older people will refer to people over the age of 60 unless otherwise stated.<sup>8</sup>

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<sup>1</sup> 'Ageing in the Twenty-First Century: A Celebration and Challenge' UNFPA and HelpAge International Paper (2012)

<sup>2</sup> WHO Global Report on Ageing and Health (2015)

<sup>3</sup> 'Ageing in the Twenty-First Century: A Celebration and Challenge' UNFPA and HelpAge International Paper (2012)

<sup>4</sup> P4-5 IPPF Advocacy Paper on Ageing <H:\POLICY\Advocacy Paper on Ageing for IPPF.pdf>

<sup>5</sup> WHO Global Report on Ageing and Health (2015)

<sup>6</sup> WHO Global Report on Ageing and Health (2015)

<sup>7</sup> Madrid International Plan of Action on Ageing (2002)

<sup>8</sup> Starting age based on guidance from UN and WHO literature on Ageing including the WHO Global Report on Ageing and Health and the Madrid International Plan of Action on Ageing.

## **Guiding Principles**

1. IPPF is committed to a human rights framework which prohibits any discrimination, exclusion or restriction on the basis of sex, age, gender, gender identity, sexual orientation, marital status, physical and mental disability or health status. In the context of this policy, this is particularly relevant to the issue of ageism.
2. IPPF is committed to meeting and advancing the comprehensive Sexual and Reproductive Health needs of populations throughout all stages of their lives including into old age. This SRH commitment is based on the belief that sexual wellbeing is an important health factor that contributes to the quality of life and extends the healthy life expectancy of the ageing population.
3. IPPF believes in promoting the inclusion of SRH information and services for the ageing population using the Life Cycle Approach to encompass the changing needs of older people.
4. The sexual health needs and sexual rights of the ageing population should be recognized at local, national and international policy level as an integral element to the full achievement of sexual health and sexual rights.

## **Implementation**

The IPPF Secretariat and Member Associations have a number of distinct roles to play in implementing this policy:

1. IPPF Secretariat and Member Associations will undertake actions that are inclusive of the ageing population, for instance in adapting or using language and policy that is age friendly, focuses on the positive aspects of sexuality amongst the ageing population and that includes older people when referring to vulnerable groups.
2. Where possible and appropriate, Member Associations should integrate services for the ageing population into pre-existing programmes using the Life Cycle Approach. This integration should take into consideration the varying needs of older people across the ageing spectrum and in particular the complex needs of vulnerable older people living in a residential care setting; living with HIV; the older LGBTI communities; older people from underserved ethnic groups and older migrants.

IPPF Secretariat and Member Associations must carefully consider the sexual health needs and rights of older women as a key group when adapting or designing programmes, policies and services for the ageing population. Older women are at increased risk of being victims of sexual violence because of their socioeconomic dependency and, in some settings, because of gender-based inequities.<sup>9</sup> In addition to these vulnerabilities, there are physiological factors affecting a woman's sexuality and sexual health to consider, principally the

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<sup>9</sup> World Health Organization. Gender based violence. Geneva: WHO; 2013

menopause or other serious health problems. Furthermore many women live in cultural settings where sexuality in older age is frowned upon and where traditional gender roles limit their ability to express their sexual needs.<sup>10</sup>

3. IPPF Secretariat and Member Associations will work together in partnership with other Member Associations, Civil society organizations and specialists with experience of service delivery with the ageing population. This will be in order to share learning, experience, models and programmes as well as gathering tools and resources, translating pre-existing tools and sharing best practices. Successes and useful materials will also be shared across a wider audience including healthcare providers, social workers and within family and residential care settings.
4. IPPF Secretariat and Member Associations will involve and empower older people, particularly women and those from different ethnic communities, to be represented at all levels in the design, implementation and evaluation of programmes, policies and services as a means of recognising the contribution that older people can make to the development of SRH within the Federation. This is in line with IPPF's core values of diversity and participation.
5. IPPF Secretariat and Member Associations will promote the inclusion of older people within the governance of Member Associations and other volunteering opportunities.
6. IPPF Secretariat and Member Associations will work together to produce and provide manuals and training for the development of programmes and services to meet the needs of the ageing population. These materials will support those professionals working with this group by improving their awareness and understanding of the sexual health needs and rights of the ageing population.
7. IPPF Secretariat and Member Associations will collaborate and partner with organizations working with and for the ageing population in order to promote their sexual rights, ensure they are treated with dignity and advocate for age appropriate responses to their sexual and reproductive health and rights' needs.<sup>11</sup>
8. IPPF Secretariat and Member Associations will advocate for the SRH needs and rights of the ageing population with governments and raise awareness for the need to adopt and implement age friendly policies and legislation within country context. The Federation's advocacy will highlight not only the SRHR challenges facing the ageing population<sup>i</sup> but also the positive aspects of ageing and associated societal benefits including the contribution that an empowered older

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<sup>10</sup> Bulletin of the WHO: Sexual Health in Older Women – September 2013.

<sup>11</sup> For example HelpAge International and the International Federation on Ageing.

population can make to society and the importance of promoting healthy and active ageing where sexuality and intimacy is respected.

9. IPPF Secretariat, together with IMAP, will develop guidance and statements in relation to services and issues specific to ageing populations.
10. IPPF Secretariat will use all available mechanisms in the Federation to periodically and consistently monitor implementation of the ageing population policy as part of the Global Indicator Survey and the Service Statistics.
11. IPPF Secretariat will introduce the data collection of services and programmes for the ageing population, specifically for the age range 60+, as a means of monitoring and reviewing the success of interventions and to furthering our understanding of the sexual health needs and rights of this group. This data and IPPF experiences will be shared externally as appropriate in order to promote awareness and widespread learning and development around this subject.

## **Glossary**

**Life Cycle Approach:** The Life Cycle and Life Cycle Approach refer in SRHR terms to providing services throughout the life cycle of a client or service user. A client centred package of integrated services through the lifecycle would span across early ages, young adolescents, young people, adulthood and older populations and also can be termed in relation to sexual activity. This includes before sexual maturity, when sexually mature and unmarried, sexually mature and married, and after the fertile period. (Adapted from IPPF IPES Life Cycle Approach introduction).

**Healthy Life Expectancy:** This term refers to an estimate of the number of healthy years an individual may live which are free from disability or disease.<sup>12</sup>

**Healthy Ageing:** The process of developing and maintaining the functional ability that enables wellbeing in older age.<sup>13</sup>

**Under-served:** are people who are not normally or adequately reached by sexual and reproductive health programs due to lack of political will and/or institutional capacity. This includes people who are wholly or partially excluded from full participation in the society in which they live because of stigma and discrimination.

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<sup>12</sup> P6 IPPF Advocacy Paper on Ageing

<sup>13</sup> WHO Global Report on Ageing and Health Glossary (2015)

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i Examples of such challenges specifically relating to the sexual health and rights of an ageing population include: reproductive cancers (breast, cervical, prostate), prevalence of or vulnerability to HIV /other STI's amongst the older population due to a lack of knowledge or education on the risks and means of prevention, potentially higher risk for older people who are divorced/widowed and looking for new sexual partners later in life with limited knowledge or access to knowledge about STI/HIV as education is targeted to young people of reproductive age, sexual violence or coercion in a residential care setting, domestic violence, sexual dysfunction, barriers to expressing sexuality amongst the older population with disabilities and menopause related health concerns.