

IMAP Statement

on sexual and reproductive health and rights of the ageing population

Today we face unprecedented challenges related to ageing. Although ageing is commonly seen as a phenomenon unique to developed countries, populations in less developed countries are also ageing at an increasingly rapid pace. Indeed, ageing is one of the most significant global trends of the 21st century.

Introduction

This Statement has been prepared by the International Medical Advisory Panel (IMAP) and was approved in November 2017.

Today we face unprecedented challenges related to ageing. Populations in many countries around the world are ageing rapidly. In 1950, there were 205 million people aged 60 years or over in the world. By 2012, the number of older people increased to almost 810 million. Almost two in three of these people lived in developing countries. The number of older people is projected to double by 2050, reaching 2 billion.¹

Although ageing is commonly seen as a phenomenon unique to developed countries, populations in less developed countries are also ageing at an increasingly rapid pace. Indeed, ageing is one of the most significant global trends of the 21st century which presents new and complex challenges for health systems and has important implications for the sexual and reproductive health of older people.

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.² 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.³ The Madrid Plan, still recognized as a valuable international instrument, urged governments to mainstream ageing throughout their policies and programmes.⁴ It also stressed a human rights-based approach, shifting away from viewing older people as being social burdens and/or mere 'welfare beneficiaries' to being positive and active agents in society.

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 services⁵ and views older people's quality of life as a health priority.⁶

In an effort to address SDG3, in 2015 IPPF developed a policy on ageing,⁷ which sets out guiding principles and the roles of IPPF Member Associations. The guiding principles emphasise a human rights framework, inclusion of sexual and reproductive health (SRH) information and provision of appropriate services for the ageing population with an emphasis on their sexual health needs and rights.

In 2016, the World Health Assembly adopted the Global Strategy and Action Plan on Ageing and Health, 2016–2020.⁸ 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.

Healthy ageing: the process of developing and maintaining the functional ability that enables wellbeing in older age.⁹ Healthy ageing strategies should create the necessary conditions and opportunities for older people to have regular physical activity, healthy diets, social relations, participation in meaningful activities and financial security.¹⁰

These policy developments now need timely implementation. In response to the magnitude and speed of population ageing, immediate action should be taken at all levels of society.

The purpose of this Statement

This statement builds on IPPF Policy 4.19: Meeting the Sexual and Reproductive Health and Rights of the Ageing Population, which was adopted by the IPPF Governing Council in 2015.

The statement aims to equip IPPF Member Associations and other SRH organizations with the latest evidence and reinforce the importance of addressing the sexual and reproductive health and rights (SRHR) needs of the ageing population, including ensuring access to appropriate, rights-based, stigma-free sexual and reproductive health information and services, and other needed health services. It also aims to give practical approaches and solutions to providing services without compromising the needs of the ageing population.

Intended audience

This statement is primarily intended for use by IPPF Member Associations. It is also aimed at all organizations, activists and researchers, as well as policy and decision makers, who are working to improve sexual and reproductive health coverage for the ageing population.

Key considerations for sexual and reproductive health and rights of an ageing population

A LIFE CYCLE APPROACH FOR HEALTHY AGEING

The lifelong effects of sexuality and reproduction can affect all people in later life, but women may be more vulnerable due to their reproductive roles and gender inequality in society. The negative effects of multiple pregnancies, inadequate support during pregnancy, at the time of childbirth, and in the postpartum period all contribute to health problems in older age. The same is true for gender inequalities experienced earlier in life, such as poor access to health care and lower educational and income levels.¹¹ It is therefore important to ensure early interventions in sexual and reproductive health.

The life cycle approach to providing health services, including SRH services, refers to providing services throughout the life of a client or user, ensuring that women's sexual and reproductive health needs are addressed throughout their lives. This approach is also effective in helping to tackle other health problems such as non-communicable diseases, the major causes of disability and health problems for older people.¹² Healthy ageing requires that preventive measures should start in early childhood and be implemented throughout the course of someone's life.¹³

Life cycle approach: A client-centred package of integrated services through the life cycle would span across early ages, young adolescents, young people, adulthood and older populations and can be termed in relation to sexual activity, including before sexual maturity, when sexually mature and unmarried, and after the fertile period.¹⁴

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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. It is important to provide health care professionals with appropriate training to eliminate ageism.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES RELATED TO OLDER PEOPLE

Elder abuse

Elder abuse can seriously impact the physical and mental health of older people. 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.¹⁵ Elder abuse can take many forms: it includes not only physical abuse, but also sexual, psychological, emotional, financial and material abuse, abandonment, neglect and serious losses of dignity and respect. All types of elder abuse have a negative impact on the health and well-being of older people.¹⁶ The effects of elder abuse may also be fatal, as a result of severe injury or suicide.¹⁷ Victims of elder abuse are more likely to be women because of their socio-economic dependency.^{18,19}

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.²⁰

SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF OLDER PEOPLE

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.²¹ 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.²² Despite this, older people are routinely excluded from HIV screening programmes²³ 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.²⁴ Health professionals' misconception and lack of knowledge on older people's sexual health can also contribute to delays in appropriate health services.²⁵ 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.²⁶

Menopause

Women usually experience menopause between the ages of 45 to 55. Women's health changes drastically around menopause. It is important to use the menopausal transition as an opportunity to counsel women on other SRH-related issues and help them better prepare for and prevent negative health outcomes inherent in the ageing process.^{27,28}

Mental health

According to the World Health Organization, over 20% of older people suffer from a mental or neurological disorder.²⁹ Encouraging socialization and physical activity among older people can help mitigate mental health problems.³⁰ Older people's mental health can benefit further from the provision of age-friendly primary health care services.³¹

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.³² 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.³³ It was also found that older women have less access to health care than older men.³⁴ 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.³⁵

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.³⁶ It is important to provide health care professionals with appropriate training to eliminate ageism.

GOOD PRACTICES: Interventions targeting the ageing population
TAILORING SERVICES TO OLDER PEOPLE AND THEIR NEEDS

The Family Planning Association of Hong Kong (FPAHK) has been providing services through the life cycle approach, where services are tailored to older people and their specific needs based on client assessments. This client-focused approach has led to an emphasis on such age-related services as menopause and osteoporosis treatment. In addition to these regular health services, FPAHK launched a pilot programme for mature couples (where at least one person in the couple must be over 50 years old). This included medical check-ups as well as a diagnostic assessment with 165 questions followed by a counselling session. These assessments and counselling sessions helped to raise awareness among the couples of their physical and psychological health needs that could then be communicated to health professionals in order to more effectively target their needs.

TARGETING ADVOCACY CAMPAIGNS AT AGE-FRIENDLY POLICY CHANGES

The worldwide Age Demands Action campaign, coordinated by HelpAge International, is a grass roots movement of campaigns in which older people's initiatives meet with decision makers and lobby local and national governments to push the issues that are most important to them onto the agenda. Since its launch in 2007, the campaign has made legislative and policy changes with different governments. Examples include the following: a new national ageing policy was successfully developed in Fiji; a new senior citizens' allowance for people over 80 was initiated in Sri Lanka; a new social pension programme was developed in the Philippines; free phone calls for older people to access crucial public services were introduced in Zanzibar.^{37,38}

ENCOURAGING ACTIVE PARTICIPATION OF OLDER PEOPLE TO ADD VALUE

The Planned Parenthood Association of Thailand (PPAT) has provided health care including SRH services for older people such as home visits and/or sexual counselling, and also conducted exercise activities. PPAT's unique approach is the involvement

of people over the age of 60, as well as those who are just approaching this age, as active conveners of services. Involving older people as active participants emphasises that they are rights-holders, not merely passive beneficiaries. Involving younger participants (55+) also allows them to better prepare for their future health needs. Through this programme PPAT helped to create awareness of the sexual lives of an ageing population and provide information and knowledge about SRHR, HIV/AIDS, STIs and gender.

PROVIDING CAREGIVER EDUCATION PROGRAMMES TO PREVENT POTENTIAL MALTREATMENT

For prevention of elderly abuse, a psycho-educational programme in Spain for caregivers of older people with Alzheimer's disease worked to alleviate stress and burden among participants. At eight sessions over four months, the programme provided caregivers with information about the disease, taught strategies for dealing with tension and stress caused by caregiving, and methods for handling patients' behavioural problems. As a result, the caregivers' well-being and mental health both improved significantly.³⁹ The educational programmes for caregivers have proved useful in mitigating risk factors for the maltreatment of older people.

SHARING KNOWLEDGE AMONG MEMBER ASSOCIATIONS FOR FURTHER ENGAGEMENT

The Japanese Organization for International Cooperation in Family Planning (JOICFP) has organized Ageing Workshops since 2013, with IPPF East and South East Asian Member Associations, in collaboration with Japan Family Planning Association (JFPA) and with support from IPPF. The workshops have served to build knowledge, share experiences on ageing and develop guidance and tools among Member Associations in line with IPPF's ageing policy.⁴⁰ Face-to-face workshops help promote in-depth understanding of the issues surrounding ageing, and provide an opportunity to learn about emerging good practices from other Associations. They also provide a platform to innovate and discuss emerging good practice around the provision of SRH services to older people.

Recommendations for Member Associations and other organizations

FOR SERVICE DELIVERY

Provide SRH services for older people

Member Associations need to:

- include older people as a target group in all SRH programmes and promote healthy and active ageing within these programmes
- ensure that policies and services are age-friendly and focus on the positive aspects of sexuality among the ageing population
- acknowledge diversity within and among older populations and make sure that policies and interventions take into consideration the needs of vulnerable groups among older people: women, people living alone and in residential care settings, those living with HIV, people living in rural areas, LGBTI communities, people from under-served ethnic groups and migrants
- begin targeting the ageing population as early as possible.

Integrate a life cycle approach in programming service provision

Integrating SRH services for older people into existing programmes ensures a life cycle approach to cope with the complexity of physical and mental health issues encountered within ageing populations. The life cycle approach includes interventions for adolescents and youth, women of reproductive age, and a focus on older women.

Train health professionals for age-friendly health care services with no prejudice

Provide training opportunities for health professionals and caregivers to improve their understanding of older people's health concerns and needs, including sexual health and mental health, and implement effective measures against ageism in health care. Age-friendly services will increase older people's access to health care.

FOR ADVOCACY

Participate in advocacy for ageing populations

- Get involved in policy development with national and local governments, particularly including the voices of the ageing population in national reviews of the implementation of SDG3.

Goal 3: Ensure healthy lives and promote well-being for all at all ages, will be instrumental in fighting age discrimination within health systems to ensure that older persons around the world enjoy their basic human right to the highest attainable standard of health and well-being as they age.⁴¹

UN HUMAN RIGHTS COUNCIL, REPORT OF THE INDEPENDENT EXPERT ON THE ENJOYMENT OF ALL HUMAN RIGHTS BY OLDER PERSONS

- Actively participate in the design of an ageing policy and plan to ensure that civil society can participate and that the content responds to the needs of the ageing population in terms of SRHR needs and gender aspects.
- Advocate for the adoption and implementation of age-friendly policies and legislation within the country context.

Promote Universal Health Coverage

Promote Universal Health Coverage (UHC) as a vehicle to ensure the health of older people without subjecting them to financial risks. Participate in discussions about UHC as well as national reviews of the implementation of SDGs for target 3.8 and other related targets on ageing.

Integrating sexual and reproductive health services for older people into existing programmes ensures a life cycle approach to cope with the complexity of physical and mental health issues encountered within ageing populations.

Socialization and empowerment of older people will contribute to the physical and mental well-being of an ageing population.

Involve and empower older people at every level and in all activities

Involve and empower older people, particularly women and those from marginalized and under-served communities, to be represented at all levels in the design, implementation and evaluation of programmes, policies and services, especially in the decision-making process. Socialization and empowerment of older people will contribute to the physical and mental well-being of an ageing population.

Raise awareness of health needs and rights of older people, ageism and elderly abuse

Organize activities to raise awareness and promote understanding of health concerns and the sexual health needs and rights of older people in national settings including local communities. Awareness raising activities should highlight prevention of elderly abuse and address ageism and other biases that hinder older women's equal access to necessary health care.

FOR KNOWLEDGE SHARING

Share experiences and tools

Share learning, experiences, models and programmes as well as gather tools and resources, translate pre-existing tools and share best and innovative practices with other Member Associations, civil society organizations and experts. Successes and useful materials should also be shared across a wider audience including health care providers, social workers and within family and residential care settings.

Contribute to data collection and research

Engage data collection from services and programmes for the ageing population as a means of monitoring and reviewing the success of interventions and furthering understanding of the sexual health needs and rights of older people.

Sustainable Development Goal 3 offers an important opportunity to promote more age-inclusive health systems and services and views older people's quality of life as a health priority.

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WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.



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