Ageing Well, Ageism and Gay Men

Canada’s demographics are changing quickly. As the birth rate in Canada declines and the number of people living over 65 years increases, gay men of all ages will need to consider what their life will look like as they get older. This fact sheet examines the ideas of ageing well, ageism and general issues around ageing for gay men, including physical health, sex life and other practical matters.

What is Ageing Well?

Ageing well is the idea of growing old and staying healthy. More and more, people understand that getting older does not mean being less active. As people leave the working world and enter retirement, they have an abundance of time and energy. Gay men may continue to work past the 65 year mark or they may use their time and energy to volunteer for organizations, taking on leadership and mentoring roles in their communities, sharing their experience, knowledge and wisdom.

What is Ageism?

Ageism is a word used to express the idea that people are limited in what they can do because of their age. Ageism affects both the young and the old. In an average life span of 75 years, most people are considered youth for only a short period. The amount of time spent in ‘old’ age is considered to be significantly longer. Because of this, ageism against older people is generally felt over a longer period of time. Examples of common ageist thoughts include ideas that old people can’t or shouldn’t have sex, that they have no sense of humour, that they are forgetful and that they live in the past. Ageism also works against young people when, for example, the ideas and opinions of youth are dismissed without consideration because they are ‘too young’ and inexperienced. In either case, ageism prevents people from receiving the respect they deserve and from seeking the health care they need.

Older gay men and gay youth can experience both homophobia and ageism at the same time. An example of this is the stereotype of the older gay man as a pedophile. This stereotype is unfounded and can be challenged by supporting positive mentoring programs between gay youth and older gay men.

Another issue that may be experienced is ‘coming out’ as a senior citizen. Some gay men fear that it is too late. They feel that they have successfully dealt with homophobia by keeping their sexuality a secret for many years. Luckily, many of these men benefit from the fact that because they are older, they have a better idea of what they want out of life. They may also have more self-awareness in their old age, a key component of the “coming out” process.

One of the many myths of ageism is that getting old is a disease. A major part of ageing well is resisting these myths. Physical changes can be accommodated or corrected with aids and healthy
changes in living habits. Ageing well and fighting ageism relates to perceptions. How does one feel about ageing? How does one relate to an ageing body? Answering these questions with fearless honesty can reveal much in terms of how ageing is perceived.

For some the idea of growing old can be more easily accepted than originally thought. Connecting with others going through similar experiences and tapping into their resources is a good place to start.

**Physical Health**

The primary health concerns for all older men are heart disease, cancer and stroke, as well as changes in vision and hearing. While there is much interest and discussion regarding the effects of hormone loss in men (androgen and testosterone), there is some debate over the idea of male menopause, or “andropause.” These are all areas gay men have in common with heterosexual men. When looking specifically at gay men’s lives, prostate health, colorectal health and depression are significant issues. For men who are HIV-positive, hormonal changes and shifts in the muscle-mass to fat ratio are important concerns, as are the interactions of anti-retroviral medications with medications intended to treat the health concerns already mentioned above. Few studies have been undertaken to explore the effects of HIV disease and treatment in older gay men.

**Sex in Ageing**

Part of the physical changes men experience in ageing relate to sexual function. Personal perception influences the ways in which these changes are handled. How one relates to sexual partners and changes in sexual activities gives an indication as to one’s perceptions of sex and ageing. Sexual problems such as erectile dysfunction have received much attention, while others such as sex avoidance are less talked about. Health care providers who work with senior populations are aware that the sex lives of elders needs to be acknowledged. There is a need for discussions that include an exploration of safer sex practices and sexual health among seniors and to affirm that many older gay men lead healthy and happy sex lives.

**Practical Matters**

Everyone has concerns about their finances. Single gay men have one income with which to pay expenses, while gay couples may be sharing two incomes. Couples and singles alike should plan for retirement and their life as older gay men.

Shelter and health care that is affordable on a fixed income are amongst the highest priorities of older persons. As housing costs soar in urban centres and health care costs rise exponentially across the country, many people fear that these necessities will be beyond reach.

At present, senior care facilities and services are not uniform in their ability to serve older gay men. There is a small, but growing patchwork of services that recognize that gay men have different needs in old age. This is changing as gay senior’s groups lobby the government for changes to seniors’ services.

**Skills Learned in Fighting AIDS**

End-of-life issues may be one area in which gay men have developed a significant wealth of skills and experience, if at a tremendous price. The AIDS pandemic killed thousands of gay men, young and old. There are those who have survived, both HIV-positive and HIV-negative men, but they have lost friends and lovers. The pandemic proved to be a relentless training ground for dealing with issues such as palliative care, euthanasia and relationships with family members. Rights of access for partners to be at the side of their loved ones have come a long way since the beginning of the AIDS pandemic. Changes have happened to laws and policies concerning pension and testamentary rights. Through this shared experience, gay men and their supporters have acquired skills and knowledge that will serve society as a whole. However, it is through their experiences during the AIDS pandemic that many gay men have honed the skills of fighting for dignity, rights and access. These skills and experiences will help gay men age well and resist ageism.