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Sexual health and older adults: Suggestions for social science research

Abstract

The body of evidence on older adults' sexual health is beginning to grow. However, it remains an under-researched area particularly within the social sciences. This letter to the editor outlines four considerations for those who carry out social science research in this area: 1. defining the age category 'older adults'; 2. being clear about the types of sex under research; 3. capturing a range of diverse voices; and 4. considering the use of qualitative research methods to explore the topic in-depth. These suggestions are aimed at helping researchers to avoid some of the pitfalls of research in this area, as well as improving the evidence base in order to advance recognition of the issues and drive change in service provision.

Key words

sexual health; older adults; seniors; research; social science

Sexual health in later life: Suggestions for social science research

The stereotype of an asexual old age sits alongside an abundance of evidence that many older adults are sexually active.¹ Although research in this area is less extensive than it is for younger adults, the evidence base is growing. Quantitative studies have given an indication of the frequency and types of sexual activity older adults engage in (e.g. Lee et al.²) whereas qualitative research has provided rich insights about the sex lives of older adults. For example, it has demonstrated that not all women experience sexual desire loss during menopause,³ and not all older men experience erection difficulties as a failure of masculinity.^{4,5} Contesting taken-for-granted assumptions about sex, gender and ageing can be an important part of qualitative research, given the extent to which negative social stereotypes surround older adults.ⁱ

As the evidence grows, so does recognition of the sexual health needs of older adults. The World Health Organization (WHO) has made it clear that sexual health is a life-long concern. And older adults are now mentioned in some national guidelines for clinical practice and service provision (e.g. A Framework for Sexual Health Improvement in England, 2013⁶). This is a recent change, occurring since the turn of the millennium, and observed mainly in higher income countries. It is likely that the sexual health needs of older adults are receiving attention because of societal shifts - influenced by feminism and lesbian, gay, bisexual and transgender activism - in attitudes towards sex, relationships and being older. (There are now fewer restrictions imposed on who can have sex with whom.) The perceived importance of sex to ageing health and well-being has played a part, and sexual activity is currently promoted as part of an ageing well agenda which raises concerns about the creation of sexual 'dysfunctions' and the 'sexy senior' stereotype.⁷

But older adults are positioned outside of a sexual rights framework and do not always receive support for their sexual health needs in medical or social care settings.^{8,9} Indeed, the WHO report on sexual health and human rights asserts that the denial of access to education and services, the lack of protection from discrimination, and the failure to preserve privacy and confidentiality within health and social care can have a negative impact on health and well-being.¹⁰ Neglecting to address these issues is a failure of holistic care. Thus, the acknowledgement of older adults' sexual health needs by organisations and

government bodies is a significant step forward, legitimating the area for further research and consequently evidence-based recommendations for practice. In light of this, and in order to extend the body of knowledge in this area, I make the following suggestions for social science researchers.

First, consider how 'older' should be defined. Much of the existing research in the area includes people aged 50 plus; however treating adults as a homogeneous group is problematic – it cannot be assumed that the issues affecting an individual in her/his 50s are the same as those affecting someone in her/his 70s. The project could focus on one age group or split the sample, for example into middle adulthood (50-69) and late adulthood (70+) to explore differences in the data during analysis. How researchers categorise old age will be influenced by cultural factors, particularly life-expectancy which can vary significantly between low and high income countries.¹¹

Second, think about how sex is defined. 'Sex' constitutes a variety of sexual activities (oral, anal, kissing etc) and many older adults consider physical intimacy to be a large part of their sexual repertoire. In qualitative research it can be useful to ask participants during data collection for their own meanings of sex and then use this to frame the discussion. Or, if data are collected by questionnaire, then ensure that questions are clear when they ask about different types of sex, as this will help with the subsequent analysis.

Third, capture a diverse range of voices. There is a need for more research in this area with individuals who have non-binary gender identities and those who are lesbian, gay or bisexual. Researchers should pay attention to the ways that sexual health intersects also with disability, social class and race/ethnic group. Indeed, the current 'ideal' of the sexually active older adult is white, heterosexual, healthy and able-bodied. The implication of a lack of diversity is that the ideal is reinforced and sexually active older adults who do not fit it are marginalised. Ill health can make older adults particularly vulnerable so research should not focus only on those who are healthy. The responses of older adults to the construction of ageing sexuality is influenced by social and biographical differences, which in turn will affect the ways they negotiate ageing, resist ageism, and assert their sexual citizenship.

Fourth, conduct a qualitative project or incorporate a qualitative element into the study design. Qualitative research can deepen understanding of the experiences of sexual health, as well as the social, cultural and interpersonal contexts that surround it. It can thus allow researchers to explore the ways that such factors shape sexuality, gender and ageing as well as to capture the nuances of people's sexual lives.

These considerations are intended to be flexible and to be shaped further by researchers, academics, clinicians, activists and older adults themselves. They are also adaptable to suit the project at hand (it might not be possible to achieve all of the issues above in a single research project due to funding restrictions, for example). The more evidence that is collected about older adults' sexual health needs, the more it can be utilised to respond to those needs, lobby governments and other significant bodies, and drive change in service provision.

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ⁱ Much more qualitative research has been carried out in the area of ageing and sexual health; see Foley¹² for a review.