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Improving the sexual lives of older Australians: perspectives from a qualitative study

Abstract

Objectives: To examine older Australian's perspectives on how their sexual lives can best be supported and/or improved.

Method: Fifty-three, semi-structured interviews were conducted with Australian men (n=30) and women (n=23) aged 60 and over.

Results: Participants identified a range of key issues and areas where their sexual lives could be further supported or improved upon, including: normalising the occurrence of sex and sexual desire in later life; increasing, and improving on the quality of, cultural representations of older adults; introducing policy, educational, and practice-based changes in aged-care facilities to support the consensual sexual expression of residents; and ensuring that sexual health campaigns and education are inclusive of older people.

Conclusion: Our findings present clear implications for further developing sexuality education and public health campaigns, training and education of health care professionals, and generating social and cultural change pertaining to the acceptability of the diversity of sexual expression in later life.

Key words: aging; sexual health; sexuality; education; old age homes

Introduction

Despite populist myths depicting older people as ‘asexual’, many continue to engage in a range of partnered and solo sexual activities throughout later life (1, 2, 3, 4). Indeed, recent research illustrates that sex remains important to many older people, though for some it becomes less important as they age (2, 4, 5). Consensual and wanted sexual activity in later life is associated with a range of positive health and well-being outcomes, such as increased emotional wellbeing (6), a greater sense of self-worth and connection (7, 8), greater independence, better cognitive functioning, and a lower likelihood of developing certain diseases (9). Fostering and supporting the sexual wellbeing of older adults, especially those who wish to remain sexually active, can play an important part in overall health and well-being in older age.

Later life can also present a range of challenges to remaining sexually active, fulfilled, and healthy. Health-related challenges or the physical changes that can accompany ageing may result in decreased interest in sex or changed sexual function (7, 10), while healthcare professionals are often reluctant to discuss sex with their older patients, thus resulting in these challenges often being largely ignored (8, 11). Sexually transmitted infections amongst the 60-plus cohort have been steadily rising in Australia and other Western countries (12; 13). In addition, cultural and social norms regarding sex in later life can influence both the sexual expression of older adults, as well as how others respond to this sexual expression (6, 8, 14).

As we live increasingly longer lives, institutional barriers can become an impediment to sexual expression, health and fulfilment. Recent research indicates that residential aged care facility staff do not always support the consensual sexual expression of residents, with some labelling such expression as ‘inappropriate’ and believing that sex is of little interest to

residents (6, 7, 14, 15, 16). Facilities also tend to lack appropriate policy and practice tools regarding sexual needs and expression (16, 17) and older cohorts are currently largely ignored in government policy, practice guidelines and education on sex and sexual health (6, 18, 19, 20, 21).

Given the clear evidence that many older people are sexually active, and face a range of challenges that may impinge on the quality of their sexual lives, it is important to consider how to best support, if not improve, the sexual lives and wellbeing of older people. It is also vital that the action taken in doing so is grounded in the needs, priorities and desires of older adults themselves. The Sex, Age and Me project was a national study undertaken in 2015 in order to examine the knowledge and experiences of Australian men and women aged 60 and older in relation to sex, relationships and sexual health. One of the projects' aims was to examine participants' suggestions for how their sexual lives could best be supported and/or improved. These findings have important implications for policy, education and practice, and we reflect on some of the ways in which they may be taken up by practitioners, educators and policy makers.

Methods

This article draws on findings from 53 qualitative interviews with Australian men and women aged 60 and over, with two female participants aged in their mid-to-late 50s. These women were included in the sample due to challenges in recruiting women for the interview phase of this project. These interviews formed a component of a larger, national study examining older Australians' knowledge and practices related to sex and sexual health. Ethics approval was received from [Institutional Ethics Committee – removed for peer review] prior to initiating fieldwork.

Interviewees were recruited through an online survey (n=2,137) undertaken in the first phase of this project. Survey participants were recruited through measures including an article written by two of the authors for *The Conversation* and the subsequent media interest this generated and Facebook advertisements, while hard copy advertisements were distributed to local government and seniors' groups across the country. Recruitment was also targeted towards individuals from different demographic backgrounds, ensuring that a diverse sample was recruited for the survey. In order to participate in the survey or interviews, participants had to be aged 60 and over (with the aforementioned exception of two interview participants), and currently living in Australia. Participants were otherwise self-selecting. Survey participants were asked if they would like to receive information about taking part in an interview, and 517 survey participants expressed interest. We contacted a random selection of these individuals, and completed interviews with 53 women and men from across Australia, with recruitment ceasing once data saturation was reached across the major project themes.

Interview questions included participants' definitions of sex, sexual practices, understandings of safer sex, and safer sex practices. In closing each interview, participants were asked to reflect on what they thought could or should be done to help improve or support the sexual lives of older Australians, and we draw on these responses in the following discussion. Interviews were conducted in person (n=2), or via phone (n=41) or Skype (n=10) according to the participants' preference and location. On average, interviews took between 30-60 minutes to conduct, were digitally-recorded, and transcribed by an external agency. Transcripts were anonymised and all participants are referred to by a pseudonym.

Data analysis drew on a thematic analysis procedure (22, 23). An initial close reading of the transcripts was undertaken to identify emerging themes, drawing on the interview questions and core study aims as initial code categories. Additional codes were also developed based on emergent themes and patterns located within the transcripts. The process was repeated using the software package NVivo, with data sorted into codes and sub-codes. While attention was paid to the recurrent themes and patterns in the data, we also sought to identify cases that contradicted and complicated dominant accounts in order to pay heed to the complexity and nuance in older people's experiences. A sample of interview transcripts was independently coded to ensure the validity of the coding, with both coders agreeing on the key thematic categories. A total of 26 higher-level codes were developed, one of which ('improving/supporting sexual lives') we examine here. There were 5 sub-codes relating to participants' suggestions for improving or supporting the sex lives of older Australians.

Results

An overview of participant demographics is provided in Table 1. Overall, 30 men and 23 women were recruited. Participant ages ranged from 55-80, with a mean age of 66.6 years. The majority of participants were heterosexual, and reported a wide range of relationship types. All participants were from an Anglo-Saxon background. In the following discussion we examine participants' suggestions for how to improve or support the sexual lives of older Australians. These suggestions centred on five key themes, four of which we consider here: normalising sex in later life; cultural representations of sex in later life; aged care facilities; and education. Participants also mentioned the need to train and educate healthcare providers about sex in later life. However, we cover these findings in detail in a forthcoming publication (authors, under review).

[Table 1: Overview of interview participants.]

Normalising sex in older age

By far the most dominant theme with regard to how older people's sexual lives could best be supported was the need to normalise the occurrence of sex in later life. Many participants were aware of the stigma surrounding sex in later life, and the ingrained stereotype that older people are 'asexual'. Challenging these misconceptions about older people's sexuality and increasing the visibility of older people as sexual beings was thus seen as central to supporting or improving older people's sexual lives. Brian (62 years, heterosexual, married), for example, said that:

I think there's a bit of a stigma to older people having sex, I think people look at you oh you dirty old buggers...I think we should be saying in your 60's, 70's, 80's as long as you're comfortable with it and you want to do it there's nothing wrong with it.

Another participant, Aiden (63 years, heterosexual, in a relationship), highlighted the importance of beginning to challenge misconceptions about sex in later life in younger cohorts. In Aiden's experience his "sex life now is the best it's ever been in my life and I don't think people imagine that's probably going to happen". Thus, by shifting attitudes towards sex in later life, Aiden suggests that we will open up possibilities for sexual expression, and create the space for individuals to envision sexual pleasure in later life. The need to address attitudes in younger generations was also apparent in terms of the impact that younger people's attitudes could have on older people's sexual expression. For example, Ivy (62 years, heterosexual, single) discussed how a key problem surrounding sexual expression

in later life was “children who say ick. Rather than celebrating ‘oh isn’t this lovely that they’re so affectionate’ it’s like ‘oh no, old people shouldn’t do that’.”

Participants made suggestions for how we might normalise sex in later life. Karen (64 years, heterosexual, single) highlighted the importance of including images of older people in sexual health promotion campaigns. Likewise, Elli (59 years, bisexual, single) believed that having more accessible information about sex in later life and avenues to discuss it would be of assistance. Elli suggested that having more open information and discussion could “make people less self-conscious and make them feel that they’re not alone, and that there’s nothing necessarily wrong with them.” Another participant, Yolanda (64 years, lesbian, single), commented that public discussion about sex in general was already generating cultural and attitudinal change and that we need to keep “that change going”. Yolanda provided an example of a popular YouTube channel on sex as one avenue for generating more open discussion and shifting views on sex.

However, while many participants highlighted the need to normalise sex in later life, one participant expressed concern about the potential for this to result in a prescriptive expectation that creates an imperative for older people to remain sexually active. As Vaughn (71 years, heterosexual, in a relationship) said, “if people aren’t having sex and it’s put forward that it’s normal to have it, they’d be thinking they’re under pressure to do something”. Vaughn’s comment suggests that rather than normalising sex in later life per se, it may be beneficial to normalise the diversity of sexual expression and desire.

Cultural representations

Participants also raised the potential of cultural representations to help achieve the normalisation of sex in later life. Cultural representations of older people, such as in the media or in film, were viewed as a potentially powerful tool shaping the general public's perception of older people generally, as well as older people as sexual beings. As Tim (62 years, gay, in a relationship) said in relation to cultural goods such as advertising and television shows, which he saw as routinely excluding representations of older people's sexuality, "all those sorts of things...shape public opinion and public thought". Yet current representations of older people in the media were seen to be limited and promoting ageist stereotypes, or excluding older people entirely. Fred (60 years, bisexual, single) observed that "in films and TV shows you don't see elderly people being physical and sexual with each other. It's invisible. But it's not a reflection of reality." By gradually including representations of older people as sexual beings, Fred believed we could reach a point where "you'd get used to that being normal". Similarly, Elli (59 years, bisexual, single) expressed a sense of dismay at the perceived failure of films to promote safer sex practices, commenting that sex scenes "virtually never feature condoms, and that's pretty astounding at this point in human history". Elli argued that "there's still no sense that the cinema industry plays a hugely educative role in terms of expectations" about sexual practices, and that by including references to older couples using condoms this could help to shift the sexual culture of older people to promote safer sex.

Carolina (55 years, heterosexual, single) opined that even where older people, and specifically older women, are represented in popular culture, such representations are often problematic:

There's these movies about two older women and everyone says isn't it really good...but when you see them semi-naked...they've been air brushed within a bloody inch of their bloody lives and you think 'oh her body's not bad but it's not real'...People need to know what older bodies look like.

Carolina's comments illustrate that simply having older people represented in cultural outputs is insufficient to generate cultural and attitudinal change regarding sex in later life. It is vital to examine and question how older people are being constructed within popular media to ensure that such constructions are not counterproductive, or reinforcing age-related ideals of beauty.

Aged care and supported-living facilities

While all participants were community-dwelling, many expressed concern and/or anxiety about what would happen to their sexual lives and expression if they moved into an aged care facility or other supported living environment in the future. Many felt that aged care facilities were not supportive of residents' need for sexual expression or intimacy – reflecting current research in this field, discussed earlier – and identified this as an area that required attention through policy, training and education. For some participants, this was based on first-hand exposure to aged care facilities through friends or family members living in these environments. George (69 years, heterosexual, in an open relationship) recounted how when his parents were moved into a care facility after over 50 years of married life:

They were in separate rooms...suddenly she was in one room on one floor and he was in another room on another floor. And it was devastating for them. Even

though there might not have been physical sex, it was emotional bonding, the emotional sex that goes with it. They suddenly didn't have each other anymore.

George believed that this separation directly contributed towards his father's rapid physical and mental decline, and questioned whether things would have been different had his parents been able to share a bed, or even a room, together. That said, another participant, Pippa (64 years, bisexual, married), commented that for some being separated from a partner (particularly one who is very unwell) may be a relief, and we should be careful not to create an imperative for couples to remain together within aged care facilities.

Other participants believed that the institutional environment of aged care facilities was not conducive towards or accommodating of residents' need for intimacy. Leroy (73 years, heterosexual, in a relationship), for example, argued that there was a "conflict between the needs of the organisation to have access to people" and residents' need for privacy. As a result of this institutional imperative, Leroy believed that "the institution wants to have control of what's happening, and when people want to...have some intimacy, then it's not something that they easily accept." Other participants, such as Fred (60 years, bisexual, single), acknowledged that staff have a duty of care towards residents, and this could make it challenging to strike a balance between respecting residents' privacy and need for sexual expression, and ensuring residents' wellbeing and safety. Nonetheless, Fred speculated that "most of the staff in places like that would regard that [sex between residents] as something best avoided."

However, some participants, such as Rachel (64 years, heterosexual, in a relationship), said that the baby boomer cohort were unlikely to tolerate aged care or residential facilities that

did not enable residents' sexual expression. In line with the notion that the baby boomer generation has been responsible for challenging the sexual, gender, and aged-based norms of the previous generation, Rachel believed that:

When this wave of baby boomers start moving into retirement villages, we're not going to be wanting to do line dancing and then be going back to our rooms to sleep at 9 o'clock. I think the whole way of life will include sex and sexuality for baby boomers, because of the generational changes that occurred in the 70s.

For many participants, this generational attitude created the imperative for change within aged care residential facilities when it comes to the acceptance of residents' sexual expression. It should be noted, however, that there are substantial differences between residential aged care facilities and retirement villages in terms of the levels of control and regulation over residents' lives. Participants' had a range of suggestions for how such change may be generated. Educating staff was a common suggestion. Marty (77 years, heterosexual, in a relationship), for example, suggested that "if nursing home providers are shown that really it's okay for older people to have sex lives, then it'll become easier for older people to experience that". Others suggested actions that would work to normalise the occurrence of sex in aged care facilities. For example, Igor (78 years, heterosexual, married) suggested facilities could make "condom vending machines available so that...people don't have to be embarrassed, they can choose their time and pick them up".

Education and public health campaigns

Finally, many participants believed that educational and awareness-raising efforts addressing all aspects of sex, sexuality, and sexual health were vital to improving and supporting the

sexual lives of older Australians. Initiating educational efforts was often discussed as helping to normalise sex in later life, as well as addressing perceived knowledge gaps in the older cohort.

Several participants stressed the need for educational efforts about sex to occur across the life course, as this early education was seen to set the course of our sexual lives. As Martha (61 years, heterosexual, married) said, reflecting on the lack of sexuality education she received when she was growing up, “we missed out so much, so if you can get into the kids in a nice way, in an earlier year, I think it could be most helpful.” For some participants introducing educative campaigns was seen as necessary to attempt to counteract some of the negative or inaccurate messages about sex and sexual health they had received growing up. Wilma (61 years, heterosexual, widow), for example, argued the need for an educational campaign promoting a:

Paradigm shift in thinking yes it's okay to have sex, and get down and dirty, if you're...60 plus, and we're not going to judge you for that...And talking about it more...as you're out there on your new adventures this is what you need to consider, that STIs aren't just for 18 year olds.

Participants suggested a range of avenues for delivering information on sex in later life. Beverly's (66 years, heterosexual, single) comments reflect some common suggestions:

Maybe those dating sites could have information on them. Maybe GP's...this could be included in their training...So maybe just across a whole range of different places raising awareness that older people like me do have sex.

Other participants also suggested that education on sex could be delivered through seniors' groups or clubs, although some were sceptical as to whether older individuals would attend public events about sex. Shane (72 years, heterosexual, married), suggested that a national organisation set up "to disseminate information to set up discussion groups, to be able to provide information to channel people to professional sources to deal with problems and difficulties" could also be an effective means of education and awareness raising about sex in later life.

Several participants were critical of the potential for education and awareness-raising activity to generate significant change in the lives of older Australians. Tina (60 years, heterosexual, married), for example, argued "you can't force people to do anything they don't want to do, so you can just put the information out there into the ether and hope that people will pick it up". This suggests that it may be challenging to generate significant change in the lives of older individuals who, for example, view information about sex as irrelevant to them. Another participant, Dylan (65 years, heterosexual, long-distance relationship), was wary of the potential for such campaigns to be counterproductive in nature, particularly those addressing 'risky' aspects of sex such as STIs. Dylan observed:

For a lot of people...who are constantly told implicitly by advertising and media...that they're unattractive...for them to engage in a meaningful, happy, successful, adventurous, fulfilling...sex life, to...have an unnecessary [hurdle] put in front of them would be a great shame I think.

Dylan draws our attention to the need to think carefully and critically about the ways in which we seek to support older people's sex lives, and highlights the potential of well-meaning efforts to inadvertently create additional barriers to sexual expression.

Discussion

This paper has examined older Australians' suggestions about the ways in which their sexual lives might best be supported or improved. Participants' suggestions predominantly focused on four broad areas relating to the visibility and normalisation of sex in later life, cultural representations of sex and older people, and the need to provide sex-positive aged care and retirement home facilities. These findings have key implications for government policy, education, and service provision.

First, there is a clear need to take steps to normalise sex in later life. That is, we require a shift in social and cultural norms that depict older people as 'asexual', and to challenge the stigma that can surround sexually active older adults. Some work has been initiated that seeks to achieve such change. For example, a number of books on sexuality and ageing have now been produced for public consumption, such as those authored by Joan Price (27). That said few of our participants appeared to be aware of these endeavours, suggesting that ongoing efforts are required here. Likewise, while there have been some recent Australian (e.g., the 'Little Black Dress' campaign run by Family Planning NSW) and international campaigns addressing sexual health among older people, Brown and colleagues argue that these 'have generally been small ad-hoc responses' (29). However, as one participant highlighted, it is vital that efforts to normalise sex do not inadvertently create a perceived imperative for older people to remain sexually active, or feel undue pressure to do so (2, 24). In this sense, it may be more productive to normalise the diversity of sexual expression and desire in later life,

rather than only privileging and promoting the ‘sexy’ older person.

A multi-faceted strategy is required to achieve such a shift – and, given that substantial social and cultural change is required, we do not suggest that achieving this will be a straightforward or short-term endeavour. Increasing the visibility of sexual expression in later life was a core focus of our participants, and we echo their calls for this as a key strategy for shifting social and cultural norms. Given that, for example, older adults are currently absent from the majority of policy on sex and sexual health (20), it is vital that their specific needs are identified and represented in policy guidelines. As one example, as STI rates are currently increasing in the 60-plus cohort (12; 13), sexual health and STI prevention and treatment policy and practice protocols should explicitly address this cohort. While the majority of STIs are among younger adults, the omission of any reference to older people in most national STI and sexual health policies has follow-on implications for practice and service provision, resulting in the nuanced needs of older people being unaddressed in terms of STI education, testing and treatment. Likewise, education and training for healthcare providers on how to discuss sexual health with older patients may also be helpful in ensuring that older people’s sexual healthcare needs are met, and in beginning to normalise such discussions within healthcare environments. This suggestion echoes similar calls made in international literature (11). Some educative initiatives have recently been implemented within an Australian context (28), however it is too early to determine the impact of these.

Ensuring that older people are made visible in health promotion and education relating to sex and sexual health will also assist in challenging the notion that older adults are ‘asexual’. This should include materials targeted towards the general population and younger people (for example, school-based sexuality education, or STI testing campaigns), as this would go some

way to both shifting cultural attitudes toward sex in later life, whilst normalising the possibility of sexual expression in later life from a young age.

Ensuring that aged care facilities and other supported living environments are accommodating of residents' sexual needs and expression was a central concern raised by participants. Most believed that such facilities do not support or enable (consensual and wanted) sexual expression, and is supported by current research (6, 7, 14, 15, 16). Participants' comments highlight the need for further endeavours to ensure that residential facilities develop a 'sex-positive' culture that is supportive of residents' sexual needs. Efforts to educate facility staff about sex in later life and promote strategies for respecting and supporting residents' sexual expression, such as that developed by Bauer et al (15) and through the Older People and Sexuality (OPAL) Institute (28), are clearly warranted. The concerns of our participants' support the need for the widespread implementation of such education, as well as accompanying policy. Any such policy should be made available to prospective residents so that they are able to make informed decisions about their care environment (16).

There are several limitations with this work that must be taken into consideration. Participants were predominantly heterosexual, of an Anglo-Saxon background, well-educated, and willing to talk openly to a researcher about sex. The extent to which their suggestions represent the needs of the broader population of older Australians is unclear, and warrants further examination. For instance, sexuality and gender-diverse people are likely to have distinct needs and experiences (25). When it comes to aged care facilities, for example, LGBTIQ people often fear homophobia or transphobia and are 'forced' back into the closet (26). This demographic may therefore have different suggestions for how their sexual lives

may best be supported or improved upon. Likewise, there were surprisingly few differences in the concerns raised by participants regardless of their sexuality or relationship status. However, this may reflect the fact that the majority of our participants were heterosexual and in established relationships, and future research may benefit from recruiting more diverse samples.

Conclusion

Limitations aside, the findings presented here provide a useful starting point for starting a conversation and beginning to take practical steps to support the sexual lives of older people. We call on practitioners and policy makers to take up the insights provided here to continue working towards a culture where the sexual well being of older Australians is promoted as a central aspect of aged care.

Key Points:

- There is a need to normalise the diversity of sexual expression and desire in later life
- Older adults believe that aged care facilities do not support consensual sexual expression, and would like this to be addressed through policy, education, and practice-based changes.
- Increasing and improving the quality of cultural representations of older adults may help to normalise sex in later life.
- Educational and public-health campaigns on sexual health should be inclusive of older people.

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Tables

Table 1: Overview of interview participants (n=53).

Characteristic	Males	Females
Total	30	23
Sexual orientation		
Heterosexual	27	20
Gay/Lesbian	1	1
Bisexual	2	2
Current relationship status		
Married	13	5
In a relationship ^a	7	6
Single ^b	5	8
Open or non-monogamous relationship ^c	4	2
Widow	1	2
Age (years)	Mean (range) 67.6 (60-80)	Mean (range) 65.2 (55-77)

Notes: a 'In a relationship' refers to participants who were in an established, long-term relationship. This included de-facto relationships, those living apart together, and a long-distance relationship.

b One 'single' participant reported that he was in what he considered to be a long-term relationship as a client of a sex worker.

c 'Open or non-monogamous relationships' included those who had multiple partners at the same time. This included a participant with three simultaneous partners, and participants with one 'main' partner who had sexual relationships with others.