



This is a repository copy of *Talking about sex with friends: perspectives of older adults from the Sex, Age and Me study in Australia*.

White Rose Research Online URL for this paper:
<https://eprints.whiterose.ac.uk/166020/>

Version: Accepted Version

Article:

Hinchliff, S. orcid.org/0000-0002-6180-1165, Fileborn, B., Alba, B. et al. (6 more authors) (2020) Talking about sex with friends: perspectives of older adults from the Sex, Age and Me study in Australia. *Culture, Health and Sexuality*, 23 (3). pp. 367-382. ISSN 1369-1058

<https://doi.org/10.1080/13691058.2019.1710568>

This is an Accepted Manuscript of an article published by Taylor & Francis in *Culture, Health & Sexuality* on 01 Jul 2020, available online:
<http://www.tandfonline.com/10.1080/13691058.2019.1710568>.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Talking about sex with friends: Perspectives of older adults from the *Sex, Age and Me* study in Australia

Sharron Hinchliff^{*a}, Bianca Fileborn^b, Beatrice Alba^c, Anthony Lyons^c, Victor Minichiello,^{cde} Catherine Barrett^f, Graham Brown^c, Sue Malta^g, Briony Dow^g

School of Nursing and Midwifery, University of Sheffield, UK^a; School of Political and Social Sciences, University of Melbourne, Melbourne, Victoria, Australia^b; Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Victoria, Australia^c; School of Medicine and Public Health, University of Newcastle, Newcastle, New South Wales, Australia^d; School of Justice, Faculty of Law, Queensland University of Technology, Brisbane, Queensland, Australia^e; The OPAL Institute, Melbourne, Victoria, Australia^f; National Ageing Research Institute, University of Melbourne, Melbourne, Victoria, Australia^g

*Corresponding Author: Sharron Hinchliff Email: s.hinchliff@sheffield.ac.uk

Acknowledgements

Thanks to the Australian Research Council who funded this study [Ref: DP150100739]. We also thank Wendy Heywood and Pauline Crameri for input into the study design, materials, and outputs. Finally, thank you to the community organisations and individuals who gave feedback or assisted in promoting the study, and the many participants who took part.

Declaration of interest

No potential conflict of interest.

Abstract

This qualitative study explored barriers and facilitators to sexual communication between older adults and friends. Fifty-three women and men aged 58 and older were interviewed about their intimate relationships and sexual behaviours and attitudes. Findings indicated that talking about sex with friends played an important role in providing support and sharing information. The privacy of the topic meant that trust and confidentiality had to be in place before sexual conversations occurred, and that discretion was required for those married or in a relationship due to potential breaches of privacy. Stereotypes associated with older age made talking about sex risky as participants were vulnerable to scrutiny. Growing-up during a time when sex was taboo influenced willingness and comfort in talking about sex today. For those who did talk with friends, women tended to talk to women and men to men. These findings are significant in the context of an increasing global population of older adults and the silence around sex and ageing. By exploring sexual communication outside of the healthcare context, where previous research has focused, the findings indicate novel ways to support the sexual health and well-being of older adults.

Keywords: older adults; sexual communication; peer education; friends

Introduction

Sex is an important part of human life, but also one of the most difficult topics to talk about (World Health Organization 2006). This is particularly so for older adults who have grown-up during a time where sex was not openly discussed; and is compounded by contemporary social stereotypes which position older adults, particularly women, as sexless. The denial of sexual agency in middle-later life can influence whether or not people feel comfortable talking about sex (Kenny 2013). Yet talking about sensitive topics with friends, in regards to relationships and health, is a source of support (Werner-Seidler et al. 2017). The majority of research conducted into sexual communication has, however, focused on young people with the aim to promote healthy sexual behaviours (for example Bell et al. 2017; Donoghue et al. 2017). The little research that has included older adults has explored sexual communication predominantly within the healthcare context, and in relation to health conditions that affect sexual function.

We know very little about older adults' sexual communication outside of such environments. Finding out about the barriers and facilitators older adults face when talking about sex with friends has implications for providing sexual health and well-being support. It can identify spaces for discussion, which is important when viewed in context of four key factors: 1) the increasing global population of people aged 60 and older (United Nations 2015); 2) the importance of sex and intimacy to older adults; 3) the connection between sex and intimacy and psychological well-being in older age; and 4) the limited sex and relationship education available to older adults. In this article, we explore the research question 'what are the barriers and facilitators to older adults talking about sex with friends?' with an objective to offer new insights into sexual communication beyond the healthcare context.

Sex and the over 60s

There is a consistent body of evidence that older adults enjoy sex and intimacy and that they play a role in health and well-being (Allen and Desille 2017; Ferris et al. 2008; Fileborn et al. 2015; Forbes, Eaton and Krueger 2017). This research, which counters the stereotype of a sexless older age, asserts that benefits are gained through connection with another person, physical exercise and the pleasure of sexual interaction. There are gender differences, with more women than men reporting the relationship benefits of sexual interaction (Hinchliff et al. 2017) which may reflect social and cultural norms where older women have been socialised to maintain a harmonious relationship. Older men consistently report higher levels of sexual activity than older women: again, this may reflect social norms as it particularly affects members of the older generation (Mitchell et al. 2019).

While sexual activity declines as people get older, intimacy can become more important (Freak-Poli et al. 2017), especially if individuals experience changes to their sex lives. Changes include erection problems, low sexual desire, and inability to orgasm in men aged 60+ (Træen et al. 2017). Women aged 60+ are more likely to report vaginal dryness, and a lack of sexual interest than their younger counterparts (Træen et al. 2017). Some sexual difficulties connect with long-term health conditions which are more prevalent from midlife onwards. Importantly, but often overlooked in the older population, is that the medicines prescribed to manage long-term conditions can have sexual side-effects (Hillman 2008). One example is antihypertensive drugs, which can cause absent or delayed orgasm in women and ejaculation difficulties in men. Iatrogenic sexual dysfunction is likely to be common as older

adults are more sensitive to the effects of drugs overall (Bouman 2013). Yet doctors rarely inform their older patients of such sexual side-effects (Gott, Hinchliff and Galena 2004), leaving the patient unaware that a newly acquired sexual difficulty could be caused by medication.

Experiencing a sexual difficulty in older age can be a source of distress (Nicolosi et al. 2004). Relationship disruption and depression have been reported by people who experience sexual difficulties in middle and late adulthood (Hinchliff et al. 2017). Perz, Ussher and Gilbert (2014) found that women and men (mean age 50.7 and 61.1 respectively) with sexual changes from cancer treatment reported low levels of quality of life. Similarly, Jowett, Peel and Shaw (2012) identified that middle-aged gay and bisexual men with diabetes-related erectile difficulties experienced distress due to the embarrassment of not being able to maintain an erection and the fear of losing their partner. In instances such as these, older adults may benefit from talking with friends about sex.

Research has identified that sexual communication can help people to experience less distress, and renegotiate their sex lives, when they have a serious health condition (Frederick et al. 2017; Gillespie 2017; Hawkins et al. 2009). Communication about sex was a predictor of sexual functioning after treatment for cancer which, according to Perz, Ussher and Gilbert (2014), demonstrates the importance of talking about sex to deal with the changes and to develop new sexual practices. Gender is an important factor to consider. The Global Study of Sexual Attitudes and Behaviors found that some adults (aged 40+) sought advice for sexual difficulties from friends or family (Moreira et al. 2008a), and that, in Australia for example, more women than men had talked with a friend (Moreira et al. 2008b). This may be explained by gender-role socialisation where girls from a young age are encouraged to be socially engaged (Coupland 2014). Women who endorse the traditional female gender-role may find it easy to talk with other women. Similarly, being able to talk to women about sensitive topics might explain why women in same-sex relationships appear to manage better than those in heterosexual relationships when they encounter sexual difficulties (Gabb 2019; Winterich 2003).

The reasons why older adults might prefer to talk with friends about sex include not viewing the sexual issue as a medical one, ageism of the health professional, and not wanting to burden the health professional (Farrell and Belza 2012; Hinchliff and Gott 2011; Sarkadi and Rosenqvist 2001). Qualitative research has identified that older adults can feel a deep sense of rejection when their partner will not talk about their sexual difficulties, which can exacerbate distress (Hinchliff et al. 2017). At such times, the support gained from talking with friends, sharing experiences and receiving advice may be particularly meaningful. Furthermore, it is not uncommon for intimate relationships to be formed at midlife, and adults may be keen to share the excitement of having a new partner, or talk about ways to negotiate safer sex, with friends: both were identified as important in recent research (Dalrymple et al. 2017; Kirkman, Dickson-Swift and Fox 2015). They may also chat about sexual pleasure, or 'let off steam' about an unsatisfying sex life. As above, sexual activity and intimacy play a role in the quality of life for many older adults.

In the context of increased recognition of the sexual rights of older adults (Barrett and Hinchliff 2018), and the limited sex and relationship education available to people aged 60+, it is important to identify ways to support their sexual health and well-being. One way to do this is to explore sexual communication outside of the healthcare context. Studying sexual communication in non-clinical settings can help tailor support to effectively share information about sexual health and well-being. The purpose of this study was to explore the barriers and

facilitators to older adults talking about sex with friends. It forms one of a collection of articles from *Sex, Age & Me*: a national study of sex, sexual health and relationships among older Australians. Australia is a high income country in which 15% of the population are aged 65 and older; a third of whom were born overseas (Australian Institute of Health and Welfare 2019).

Materials and Methods

Participants

This paper focuses on the qualitative part of a mixed-methods study, which consisted of a quantitative survey and qualitative interviews. Participants (n=53) completed semi-structured interviews: 23 were women (43.4%) and 30 were men (56.6%). All were aged 60+ except two women aged in their late 50s (included to help the gender balance). Participants were of European heritage, highly educated, and the majority were in a heterosexual relationship. See Table 1 for participant characteristics. Participants had taken part in the survey (n=2,137) recruited from all states and territories of Australia, representing all main sociodemographic backgrounds.

[Table 1 around here]

Procedure

Participants were recruited for the survey through local and national older age organisations, senior citizens clubs and sexual health clinics. Social media was used to boost recruitment via an age-targeted Facebook advertisement and an article published in *The Conversation*. At the end of the survey, participants were invited to take part in an interview; those interested provided their contact details (stored separately from other survey data to protect anonymity). Around one-quarter of the survey sample (n=517) expressed an interest and, for the purpose of randomisation, we contacted every third person in that group (n=175).

The second author (BF) conducted semi-structured interviews one-to-one with participants by telephone (n=41), Skype (n=10) or in person (n=2). The location of the interview was determined by participant preference and geographical location. The interview guide, based on a literature review, asked participants about the importance of sex and sexual satisfaction, sources of information and support about sex, and understandings and practices of safer sex. Demographic details were also collected. Consent was obtained to audio-record interviews, which on average lasted 60 minutes. The interviews were transcribed by a professional service and anonymised.

To establish a relationship of trust, we chatted with potential participants during recruitment and at the start of the interview, answering any questions they had. It is always important to establish rapport in qualitative research, and particularly when the topic is sensitive. The interviewer was younger than the participants, but this did not appear to impede discussions. As noted by Thorpe et al. (2018), openness in sex-related interviews with different generations is developed through a process of connection. The study received ethics approval from LaTrobe University's University Human Research Ethics Committee. For further details about the study methodology see Lyons et al (2017).

Data Analysis

Thematic analysis is a flexible approach suited to exploring people's experiences. We followed the guidance of Ezzy (2002) and Braun and Clarke (2006), and the first step involved a close reading of the transcripts to enable familiarity with the data. Following that we identified preliminary codes, which indicate features relevant to the research question, from the whole dataset. Using the codes we developed a 'thematic framework' which was revised throughout data analysis. During this stage of analysis, we paid attention to patterns in the data that provided a complication or contradiction of the theme. The software programme NVivo helped us to manage the back and forth movement of the analysis. The second author (BF) carried out the primary analysis, and the third author (WH) assessed a random selection of 10 interviews to ensure agreement on coding decisions. We identified 26 key themes from this qualitative dataset. The first author (SH) further interrogated the theme 'talking about sex' to determine its story (Braun and Clarke, 2006). This entailed working with the subtheme to craft a narrative. Our interpretation of the data was informed by the social construction of sex, older age, and gender in recognition that people's lives are shaped by social forces.

Results

The theme 'talking about sex' had five subthemes: the role of sexual communication with friends; generational factors and societal shifts; the influence of working life; privacy and relationship status; and appropriate settings or the risk of scrutiny. We discuss each in turn below.

The role of sexual communication with friends

Analysis revealed that sex was not a regular topic of everyday talk and, because of this, participants knew relatively little about the sex lives of other older adults.

I don't know what the hell is normal. You assume that people who are active, healthy, you know I have absolutely no idea where I'm at on the scale, I'd like to think I'm reasonably normal, I don't want to see myself as a sex fiend or something but I have no idea. (Zane, aged 80)

Zane's reflection on what a 'normal' sex life is for his age group was triggered by recalling a conversation with a female friend whose husband had ended their sex life at age 70. This challenged Zane's assumption that people who were healthy were sexually active. Zane, like other participants, had no reference point to compare his own sex life to leaving him to question what 'normal' sexual behaviour for his cohort was.

Like Zane, participants were prepared to talk about sex if it came up. And when it did, it served to provide support and advice, particularly if a friend was going through a relationship difficulty. Sexual discussion also took place around meeting new partners, sexual adventures, sexual isolation (e.g. lack of a sexual partner), and an unsatisfying sex life.

We've often explored issues like what does one do if you're not having sex, or a good sexual experience, we've explored options like going to prostitutes to get some sort of relief, but none of us think that they want to do that. (Leroy, aged 73)

Talking with (male) friends about visiting sex workers reflects the gender norms of Leroy's generation, and the acceptability for men, but not women, to do this. For others who felt comfortable talking about sex, this had developed with age.

Generational factors and societal shifts

The majority of participants referred to taboos about sex from their childhood as having a long-lasting disinhibiting effect on talking about sex. Gender was important: women tended to talk to women and men to men, but the topic of sex was perceived as more 'off-limits' for older women than it was for older men.

I've wondered whether it's one of those taboo subjects for women of my generation because not a lot of them talk about it... I've led a very conservative life and I think a lot of that is relating to that early, very powerful messaging by my parents. They did an effective job. (Karen, aged 64)

Similarly, intergenerational comparisons were made by participants who assumed that the current generation of young adults did not face the same obstacles because of the social openness about sex. Even though the current generation of older adults had grown-up through significant social change, including the liberated 1960s, second-wave feminism and gay rights, the topic of sex remained taboo.

It'd improve everyone's life if you just talked about it and treated it as a normal part of life. I think the younger people do, my nieces and nephews talk about it a lot, it's just part of life... when I was brought up you didn't talk about it... in the 1960s we're the ones that broke away, my wife and I lived together for 10 years and that was not common. Now people are having babies and not getting married and no one gives a rat's arse. (Xavier, aged 65)

Xavier and Karen were close in age but described different experiences of how their upbringing influenced their sexual attitudes. Xavier observed that sex had become less taboo over time, and he assumed that talking about sex was normalised for young people today. Through these shifts in social attitudes he positioned himself as 'sandwiched' between the restrictive social norms of the past and the liberated present. Being part of the 'sandwich generation' meant that he was able to take risks (to live outside of wedlock) as a young man in the 1960s. He was part of a generation of young people who shirked social customs by resisting expectations, and thus helped to shape social attitudes of today.

The societal restrictions of childhood were raised by Opal who spoke about the well-being workshops she hosted with older adults:

I've got nearly 200 members, but sex is a subject that people are very reticent to talk about... I think we're very oppressed and our sexuality is suppressed. I think religion has managed to make it extremely shameful and sinful, the body is seen as something wicked and to be hidden. (Opal, aged 77)

The strict religious views about sex and the body that many Australians grew-up with had a lasting influence. The generational divide noted by participants, from their own and their parents' generation to the generation of young adults today, was salient. Attitudes towards sex have shifted, yet sex was still not a topic of discussion for most older adults. By reflecting back on their lives, participants perceived stark differences in the acceptability of talking about sex now compared to then.

People have inhibitions about it, you leave yourself open to criticism or to ridicule. When I was 21 the very idea of people in their 60's having sex was abhorrent! Imagine, how could those people do such a thing. Have they gone mad? (Paul, aged 67)

Paul's excerpt reveals that the stereotype of the sexless older adult, which was dominant when he was young, still influenced attitudes today. The generational shift was brought into sharp focus when Fred discussed his sexual behaviours which he believed only young people would understand because, he supposed, they were more accepting of diverse sexual behaviour than his own generation.

People get more conservative as they get older. So, people of my generation tend to be more conservative than your average 19 year-old. I think 19 year-olds would probably be more accepting although they might just think it's a bit creepy. Young people don't think that older people are sexual creatures. (Fred, aged 60)

There is a tension here, as the belief that young people are accepting of sexual behaviours sits alongside the view that they would find such behaviours unsettling due to the stereotype of the sexless older adult. Fred also made assumptions about his own cohort, positioning himself as different because he rejected the social customs of his generation by having multiple sexual partners. Like Xavier above, he broke the 'rules'. Clearly, ideas about what is deemed acceptable sexual behaviour differ within and amongst the older generation, which suggests that many factors play a role in whether or not older adults feel comfortable talking about sex.

The influence of working life

For some participants being comfortable talking about sex was connected to their careers. Two male participants who, after working predominantly with female colleagues and in jobs which required effective communication skills, disclosed that they spoke with female friends about sex more than they did with male friends.

95% of the people I work with are women, so I guess as you can imagine with two [hospital] emergency departments you have to be able to communicate with people, because I've had patients suffer otherwise – I've built up a better rapport with women than I have with men... I find it easier to talk to women than I do with men, but on other subjects like football, it's a different issue altogether. (Ryan, aged 65)

Communication skills developed through work, which were necessary for it to function effectively, filtered into life outside (at least for certain, gendered, topics). Another example came from Martha.

Because I've been in a male dominated work environment, I might speak a little bit more freely about it [sex]... the girls in the motorbike club, they're all nurses, they were great because we could talk very openly about things. (Martha, aged 61)

Both examples refer to hospital work and relate to the workplace as a community of practice which prepares staff to talk about sensitive topics. Gender was a salient factor. For Ryan it was working with female colleagues that empowered him to feel comfortable talking about sex, whereas for Martha it was working with men that had this effect. These gender dynamics suggest that it was the job type, and the work environment, that made the difference. Indeed, Yolanda (aged 64) and Fred (aged 60) had experienced negative reactions from work colleagues when they had tried to talk about sex, and this prohibited further discussion.

Privacy and relationship status

The relationship status of the speaker and listener influenced whether or not it was appropriate to talk about sex. For Wilma, there was a freedom associated with not having to consider a partner's perspective.

The assumption is when you're married, sex is your own private business because it involves the two of you and you're a unit together. Whereas single women, you talk about it because that's, maybe your latest adventure of what you've been up to, and you haven't got to consult with another person to say, 'Is it okay if I talk about that?' (Wilma, aged 61)

The relational context linked privacy and permission by implicating what could and could not be talked about. Igor added another layer of understanding here: discussing intimate topics might not be something that the friend's partner would welcome.

I've got a couple of male friends who I would feel happy discussing [sex] with, except I feel that if I talk about it, it's involving and discussing things that the wives may not want discussed, so I don't raise it... I don't feel I should be prying into the personal behaviours of my friends. (Igor, aged 78)

Not wanting to cross a boundary was a key issue as privacy was perceived differently in a dyadic compared to singular context. Elli found the absence of sexual discussions difficult:

Most of my friends are in relationships, and it's something that really saddens me; I mean my women friends are incredibly competent, high functioning people but there's still an incredible reluctance to talk about sex. (Elli, aged 59)

Here, Elli makes a distinction between being *able* to talk about sex (as 'high functioning people') and being *willing* to talk about sex. The assumption that there is a relationship between the two is interesting, and further supports the significance of individual differences in talking about sex. Humour was a strategy to facilitate sexual communication: it functioned to indicate whether or not the topic could be broached, gave permission to enter into intimate

conversations, and disguised any embarrassment participants were feeling. Only men mentioned humour.

Appropriate people or the risk of scrutiny

A friendship group could form a community that was conducive to talking about sex. For example, Ivy had made new friends, which she believed had facilitated discussions about meeting romantic partners. And Leila described how sex was often a topic amongst her circle of close friends:

I've always been much more talkative. We've always had Saturday afternoon sessions and we talk about politics and sex and religion and anything. (Leila, aged 61)

These communities of trusted friends afforded confidentiality and safety, for women in all female groups and men in all male groups. Fred alluded to this through his participation in a men's group (Men's Sheds) where they sometimes had conversations about sex (this group had ground-rules about confidentiality). As above, alternative views on what is deemed acceptable sexual behaviour could open him up to scrutiny.

The majority of people have fairly conservative views and... wouldn't approve of the promiscuous guy that I've been over the years. Especially at my age – strike me down... Certainly judgemental about it. (Fred, aged 60)

Throughout life, Fred had sexual relationships with women and men, and he perceived a taboo around bisexuality for his generation. Again, there is a tension: while Fred rejected the conservatism around sex which he associated with older age, he reinforced it by ascribing conservatism to other older adults.

Raising the topic of sex was not without risk. Yolanda gave an example where she thought the people (a group of women she knew) and the setting (regular informal get-together) were appropriate to such discussions. However, she had misjudged as her friends were critical when she tried to talk about tongue kissing and lube.

I remember several occasions where what I said was received negatively, and it was just minor comments... the group was quite critical of a couple of things that gave me the impression that my approaches to sexuality would not be warmly welcomed. (Yolanda, aged 64)

Rachel, who described herself as '65 and a bit horny', believed that her friends would not accept her choices: at the time of interview she had four concurrent sexual partners and chose who she saw according to her sexual needs. Clearly, there is a risk attached to talking about sex with friends. It was unclear whether the taboo that generally surrounds sex was at play, or if the taboo was particular to this generation. In the wrong setting or with the wrong people, talking about sex could expose the speaker to disapproval.

Discussion

The findings suggest that when it comes to sexual communication with friends, older adults negotiate rather complex interactional contexts. Outside of healthcare, where the majority of research has been conducted, some contexts or communities of practice were more amenable to sexual communication than others. Many factors were influential, and connected with the silence surrounding the sexual lives of older adults and the privacy of the topic.

This information is useful because research has identified that older adults seek help for sexual issues from non-medical sources including the Internet and friends (Farrell and Belza 2012; Hinchliff and Gott 2011; Malani and Solway 2018; Moreira et al. 2008a). Our findings support Moreira et al. (2008b) that women are more likely than men to talk about sexual issues with friends. Because sexual difficulties are linked with psychological distress and relationship dissatisfaction for older adults (Hawkins et al. 2009; Hinchliff et al. 2017; Perz, Ussher and Gilbert 2014), talking about sex with friends may play a supportive role when conversations with partners are difficult (Hillman 2008; Nicolosi et al. 2004).

Being raised at a time when sex was not openly discussed seemed to have a lasting impact on sexual communication by affecting participants' own comfort talking about sex or the comfort of their peers. During their formative years, ideas about sex were influenced by the teachings of Christianity and Catholicism in Australia, which placed sex firmly within marriage and for the purpose of reproduction not pleasure (McLaren 2005). A lessening of sexual conservatism over the decades has been identified as a key feature of the 20th century (Syme and Cohn 2016). Participants made reference to this and drew a distinction between the sexual attitudes of their cohort, their parent's generation, and current younger people. It seemed that participants were 'sandwiched' between the restrictive social norms of the past and the more liberated version of today. They viewed the younger generation as accepting of diverse sexual practices because, compared to their own generation, they faced less restrictions on their sexuality. While this holds some truth - research has found that young people have more liberal attitudes towards sex than previous generations - the same research identified that they show more conservative sexual behaviours (Twenge, Sherman and Wells 2015). The extent to which young people experience sexual freedom is also questionable: for example, young women still face harsh social judgement about perceived sexual behaviours and are subjected to 'slut shaming' (Van Royen et al. 2018). We would perhaps expect a difference between the generations based on young people having a vocabulary to talk about sex, and permission to broach the topic with friends, but this is not supported by research (Mastro and Zimmer-Gembeck 2015; Tanton et al. 2015).

Given the cultural influences upon people's behaviour, which in Australia are similar to those of other high-income, English-speaking countries, we might expect older women to be more conservative in talking about sex than older men because they were brought-up with restrictions on their sexual agency. Our finding that sex was perceived to be less of a topic of conversation for women than men possibly reflects an internalisation of the social construction of gender, which traditionally positioned women as sexually responsive to men. Women were socialised to protect their reputation. However, communities of practice such as the workplace made sex a legitimate topic of discussion. While some male participants talked to their friends about 'promiscuous' sexual behaviour and going to sex-workers, some female participants talked to friends about multiple sexual partners and their latest sexual adventures. These similarities in sexual communication indicate that the influence of gender was nuanced. Analysis revealed that women tended to speak with women, and men with

men, but there was variation and some mixed-sex conversations took place. Older adults navigate the 'rules' of interaction (e.g. with regard to maintaining privacy while being open, and providing support while holding concerns about censure) and different 'rules' apply in different communities of practice. A growing body of research is beginning to document the ways that gender and age affect the sexual subjectivities of older adults (Fileborn et al. 2015; Sandberg 2013; Wentzell 2013); future research could examine how these differences influence sexual communication.

The sexual invisibility of older adults reflects that of other marginalised groups, in particular people with disabilities (Shakespeare and Richardson 2018). It affects sexual communication because being excluded from the sexual 'ideal', they risk being judged negatively for showing interest in sex (Gewirtz-Meydan et al. 2019). This was evident in the findings above, and we suggest that one way to overcome it is to treat sexual agency as a 'normal' part of the life-course, regardless of physical ability and age.

While the majority of participants in this study were sexually active, sex was not a regular topic of discussion and they were not sure what was considered 'normal' sexual behaviour for their cohort. An implication of the silence around sex is that people accept changes in their sexual function as a 'normal' part of ageing and cease to be sexually active even though they would rather remain sexually active (Hinchliff et al. 2017). Starting the conversation about sex and older adults so that the taboo is removed would help practitioners to share information about the sexual changes with ageing and dispel misinformation. Knowing where to tailor support can enable effective communication. For example, sexual health initiatives that draw on peer influence to increase discussions about sex and relationships are used with young people (Brown et al. 2018). The foundation of these peer education programmes is to build the capacity of people within a culture who are already adept at navigating cultural norms and taboos in a sensitive way (Hendry et al. 2017). This idea can be applied to older adults, as there may be opportunities to draw on the strengths within existing networks to develop such initiatives. We know, from the present study, that for sexual communication to take place outside of a healthcare context certain conditions (e.g. a private setting) had to be in place. As permission to talk about sex was clearly important, the first part of the PLISSIT model (**P**ermission and **L**imited **I**nformation) could be useful: it has been found to be effective in sexual communication with many groups including cancer survivors (Perz and Ussher 2015). These new communities of practice could fill the gap made by a lack of support from health practitioners or, as earlier, intimate partners when sexual communication does not take place.

The implications for health policy and practice are important given the value that older adults place on sex for well-being and relationships, and the limited sex and relationship education available to them (Allen and Desille 2017; Forbes, Eaton and Krueger 2017). They are credible because they are based on the experiences of older adults themselves. The qualitative sample had a good balance of participants who were married, in a relationship, or single. There were slightly more men than women, and while the difference was not large (30 men, 23 women), it may affect the transferability of the findings. One limitation is that the majority of participants were heterosexual, and none identified as transgender. We recommend that future research explores the experiences of older adults with non-binary gender identities and sexual orientations to increase the knowledge base in this area. The qualitative sample mostly comprised of participants in their 60s, with a small proportion in their 70s, and one participant in their 80s. While this may reflect that sexual activity usually decreases from around age 60 (Lindau and Gavrilova 2010), finding ways to include a higher

number of the older-old should be considered in research. The majority of participants were sexually active which may have influenced their decision to take part, well-educated 'baby-boomers' which afforded certain privileges. Again, these factors will affect transferability of the findings. The Sex, Age and Me study was the first large study to specifically examine sexuality in older Australians, and it was designed to be exploratory. Thus, the topic of sexual communication with friends only arose at interview. To develop the area further, surveys could collect data on patterns of sexual communication to complement the qualitative findings presented here.

Conclusion

This study has demonstrated that privacy, trust, and knowing that they would not be judged were important facilitators to sexual communication outside of healthcare settings. Stereotypes associated with older age made talking about sex risky as participants knew they were open to scrutiny. Gender was important, and it intersected with personal circumstances (e.g. relationship status), personal histories (e.g. upbringing), and communities of practice (e.g. professional career) to influence the degree to which participants were comfortable talking about sex with friends. The findings will help practitioners to support the sexual health and well-being needs of a growing population of sexually active older adults.

References

- Allen, M. S., and A. E. Desille. 2017. "Health-related Lifestyle Factors and Sexual Functioning and Behavior in Older Adults." *International Journal of Sexual Health* 29: 1-5. <https://doi.org/10.1080/19317611.2017.1307301>
- Institute of Health and Welfare. 2019. Older Australia at a Glance. Australian Government. Accessed 14 December 2019. <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians>
- Barrett, C., and S. Hinchliff, eds. 2018. *Addressing the Sexual Rights of Older People: Theory, Policy and Practice*. London: Routledge.
- Bell, S., P. Aggleton, J. Ward, and L. Maher. 2017. "Sexual Agency, Risk and Vulnerability: A Scoping Review of Young Indigenous Australians' Sexual Health." *Journal of Youth Studies* 20: 1208-1224. <https://doi.org/10.1080/13676261.2017.1317088>
- Bouman, W. 2013. "Sexuality in Later Life". In *The Oxford Textbook of Old Age Psychiatry*, edited by T. Denning and A. Thomas, 703–723. Oxford: Oxford University Press.
- Braun, V., and V. Clarke, 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3: 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, G., A. Lyons, S. Hinchliff, and P. Cramer. 2018. "The Challenges in Reducing STIs while Fulfilling and Enhancing the Sexual Rights of Older People". In *Addressing the Sexual Rights of Older People: Theory, Policy and Practice*, edited by C. Barrett and S. Hinchliff, 111-124. London: Routledge.
- Coupland, J. ed. 2014. *Small Talk*. London: Routledge.
- Dalrymple, J., J. Booth, P. Flowers, and K. Lorimer, 2017. "Psychosocial Factors Influencing Risk-taking in Middle age for STIs." *Sexually Transmitted Infections* 93: 32-38. <https://doi.org/10.1136/sextrans-2016-052588>
- Donoghue, C., C. Bonillas, J. Moreno, O. Cardoza, and M. Cheung. 2017. "Young People's Perceptions of Advice about Sexual Risk taking." *Sex Education* 17: 73-85. <https://doi.org/10.1080/14681811.2016.1236016>
- Ezzy, D. 2002. *Qualitative Analysis*. Crows Nest: Allen and Unwin.
- Farrell, J. and B. Belza. 2012. "Are older patients comfortable discussing sexual health with nurses?" *Nursing Research* 61: 51-57. <https://doi.org/10.1097/NNR.0b013e31823a8600>
- Ferris, J. A., A.M. Smith, M.K. Pitts, J.M. Shelley, J. Richters, and J. Simpson. 2008. "Self-reported Sexual Activity in Australian Sexagenarians." *British Medical Journal* 337: 367. <https://doi.org/10.1136/bmj.a1250>
- Fileborn, B., R. Thorpe, G. Hawkes, V. Minichiello, M. Pitts, and T. Dune. 2015. "Sex, Desire and Pleasure: Considering the Experiences of Older Australian Women." *Sexual and Relationship Therapy* 30: 117-130. <https://doi.org/10.1080/14681994.2014.936722>
- Forbes, M. K., N.R. Eaton, and R.F. Krueger. 2017. "Sexual Quality of Life and Aging: A Prospective Study of a Nationally Representative Sample." *Journal of Sex Research* 54: 137-148. <https://doi.org/10.1080/00224499.2016.1233315>
- Freak-Poli, R., M. Kirkman, G.D. Lima, N. Direk, O.H. Franco, and H. Tiemeier. 2017. "Sexual Activity and Physical Tenderness in Older Adults: Cross-Sectional Prevalence and Associated Characteristics." *Journal of Sexual Medicine* 14: 918-927. <https://doi.org/10.1016/j.jsxm.2017.05.010>
- Frederick, D. A., Lever, J., Gillespie, B. J., and Garcia, J. R. 2017. "What Keeps Passion Alive? Sexual Satisfaction is Associated with Sexual Communication, Mood Setting, Sexual

- Variety, Oral Sex, Orgasm, and Sex Frequency in a National U.S. Study." *Journal of Sex Research* 54: 186-201. <https://doi.org/10.1080/00224499.2015.1137854>
- Gabb, J. 2019. "The Relationship Work of Sexual Intimacy in Long-Term Heterosexual and LGBTQ Partnerships." *Current Sociology*, In-Press.
- Gewirtz-Meydan, A., Hafford-Letchfield, T., Ayalon, L., Benyamini, Y., Biermann, V., Coffey, A. and Zeman, Z. 2019. "How do older people discuss their own sexuality? A systematic review of qualitative research studies". *Culture, Health & Sexuality* 21 (3): 293-308. <https://doi.org/10.1080/13691058.2018.1465203>
- Gillespie, B. J. 2017. "Correlates of Sex Frequency and Sexual Satisfaction among Partnered Older Adults." *Journal of Sex and Marital Therapy* 43: 403-423. <https://doi.org/10.1080/0092623X.2016.1176608>
- Gott, M., S. Hinchliff, and E. Galena. 2004. "General Practitioner Attitudes to Discussing Sexual Health Issues with Older People." *Social Science and Medicine* 58: 2093–2103. [DOI:10.1016/j.socscimed.2003.08.025](https://doi.org/10.1016/j.socscimed.2003.08.025)
- Hawkins, Y., J. Ussher, E. Gilbert, J. Perz, M. Sandoval, and K. Sundquist. 2009. "Changes in Sexuality and Intimacy after the Diagnosis and Treatment of Cancer: The Experience of Partners in a Sexual Relationship with a Person with Cancer." *Cancer Nursing* 32: 271-280. <https://doi.org/10.1097/NCC.0b013e31819b5a93>
- Hendry, N. A., G. Brown, G.W. Dowsett, and M. Carman. 2017. "The Association between Sexually Transmissible Infection Testing, Numbers of Partners, and Talking to Partners and Friends about Sexual Health: Survey of Young Adults." *Sexual Health* 14 (4): 378-382. <https://doi.org/10.1071/SH16076>
- Hillman, J. 2008. "Sexual Issues and Aging within the Context of Work with Older Adult Patients." *Professional Psychology: Research and Practice* 39: 290-297. <https://doi.org/10.1037/0735-7028.39.3.290>
- Hinchliff, S., and M. Gott. 2011. "Seeking Medical Help for Sexual Concerns in Mid-and Later Life: A Review of the Literature." *Journal of Sex Research* 48: 106-117. <https://doi.org/10.1080/00224499.2010.548610>
- Hinchliff, S., J. Tetley, D. Lee, and J. Nazroo. 2017. "Older Adults' Experiences of Sexual Difficulties: Qualitative Findings from the English Longitudinal Study on Ageing (ELSA)." *Journal of Sex Research* 55: 152-163. <https://doi.org/10.1080/00224499.2016.1269308>
- Jowett, A., E. Peel, and R.L. Shaw. 2012. "Sex and Diabetes: A Thematic Analysis of Gay and Bisexual Men's Accounts." *Journal of Health Psychology* 17 (3): 409-418. <https://doi.org/10.1177/1359105311412838>
- Kenny, R. 2013. "A Review of the Literature on Sexual Development of Older Adults in Relation to the Asexual Stereotype of Older Adults." *Canadian Journal of Family and Youth* 5 (1): 91-106. ISSN 1718-9748
- Kirkman, L., V. Dickson-Swift, and C. Fox. 2015. "Midlife Relationship Diversity, Sexual Fluidity, Wellbeing and Sexual Health From a Rural Perspective." *Rural Society* 24 (3): 266-281. <https://doi.org/10.1080/10371656.2015.1099272>
- Lindau, S. T., and N. Gavrilova. 2010. "Sex, Health, and Years of Sexually Active Life Gained due to Good Health: Evidence from two Us Population Based Cross Sectional Surveys of Ageing." *British Medical Journal* 340: c810. <https://doi.org/10.1136/bmj.c810>
- Lyons, A., W. Heywood, B. Fileborn, V. Minichiello, C. Barrett, G. Brown, S. Hinchliff, S. Malta, and P. Cramer. 2017. "The Sex, Age, and Me Study: Recruitment and Sampling for a large Mixed-methods Study of Sexual Health and Relationships in an Older Australian

- Population." *Culture, Health and Sexuality* 19 (9): 1038-1052.
<https://doi.org/10.1080/13691058.2017.1288268>
- McLaren, A. 2005. *Twentieth-century Sexuality: A History*. USA: Blackwell.
- Malani, P., and E. Solway. 2018. Let's Talk about Sex: A National Poll on Healthy Aging. University of Michigan. Accessed 22 June, 2019.
<https://www.healthyagingpoll.org/report/may-2018-report-sex-after-65-health-gender-differences-and-lack-communication>
- Mastro, S., and M.J. Zimmer-Gembeck. 2015. "Let's Talk Openly about Sex: Sexual Communication, Self-Esteem and Efficacy as Correlates of Sexual Well-being." *European Journal of Developmental Psychology* 12 (5): 579-598.
<https://doi.org/10.1080/17405629.2015.1054373>
- Mitchell, K. R., Mercer, C. H., Prah, P., Clifton, S., Tanton, C., Wellings, K., and Copas, A. 2019. "Why do men report more opposite-sex sexual partners than women? Analysis of the gender discrepancy in a British national probability survey." *Journal of Sex Research* 56 (1): 1-8. <https://doi.org/10.1080/00224499.2018.1481193>
- Moreira, E. D., D.B., Glasser, A., Nicolosi, F.G., Duarte, C., Gingell, and GSSAB Investigators' Group. 2008a. "Sexual Problems and Help-Seeking Behaviour in Adults in The United Kingdom and Continental Europe." *British Journal of Urology* 101 (8): 1005-1011.
[10.1111/j.1464-410X.2008.07453.x](https://doi.org/10.1111/j.1464-410X.2008.07453.x)
- Moreira, E. D., D.B., Glasser, R. King, F.G. Duarte, and C. Gingell. 2008b. "Sexual Difficulties and Help-Seeking Among Mature Adults in Australia: Results from the Global Study of Sexual Attitudes and Behaviours." *Sexual Health* 5 (3): 227-234.
<https://doi.org/10.1071/SH07055>
- Nicolosi, A., E. Laumann, D. Glasser, E. Moreira, A. Paik, and C. Gingell. 2004. "Sexual Behavior and Sexual Dysfunctions after age 40: The Global Study of Sexual Attitudes and Behaviors." *Urology* 64: 991-997. <https://doi.org/10.1016/j.urology.2004.06.055>
- Perz, J., and J.M. Ussher. 2015. "A Randomized Trial of a Minimal Intervention for Sexual Concerns after Cancer: A Comparison of Self-help and Professionally Delivered Modalities." *BMC Cancer* 15 (1): 629. <https://doi.org/10.1186/s12885-015-1638-6>
- Perz, J., J.M. Ussher, and E. Gilbert. 2014. "Feeling Well and Talking about Sex: Psycho-Social Predictors of Sexual Functioning after Cancer." *BMC Cancer* 14 (1): 228.
<https://doi.org/10.1186/1471-2407-14-228>
- Sandberg, L. 2013. "Just Feeling a Naked Body Close to You: Men, Sexuality and Intimacy in Later Life." *Sexualities* 16 (3-4): 261-282. <https://doi.org/10.1177/1363460713481726>
- Sarkadi, A., and U. Rosenqvist. 2001. "Contradictions in the Medical Encounter: Female Sexual Dysfunction in Primary Care Contacts." *Family Practice* 18: 161-166.
<https://doi.org/10.1093/fampra/18.2.161>
- Shakespeare, T., and S. Richardson. 2018. "The Sexual Politics of Disability, Twenty years on." *Scandinavian Journal of Disability Research* 20 (1): 82-91.
<http://doi.org/10.16993/sjdr.25>
- Syme, M. L., and T.J. Cohn. 2016. "Examining Aging Sexual Stigma Attitudes among Adults by Gender, Age, and Generational Status." *Aging and Mental Health* 20: 36-45.
<https://doi.org/10.1080/13607863.2015.1012044>
- Tanton, C., K.G. Jones, W. Macdowall, S. Clifton, K.R. Mitchell, J. Datta, R. Lewis, N. Field, P. Sonnenberg, A. Stevens, K. Wellings, A.M. Johnson, and C.H. Mercer, C.H. 2015. "Patterns and Trends in Sources of Information about Sex Among Young People in

- Britain: Evidence from three National Surveys of Sexual Attitudes and Lifestyles." *BMJ Open* 5 (3): e007834. doi: 10.1136/bmjopen-2015-007834
- Thorpe, R., G. Hawkes, T. Dune, B. Fileborn, M. Pitts, and V. Minichiello. 2018. "Hidden Boundaries and Shared Meanings: The Roles of Researcher Characteristics and Cultural Norms in Shaping Understandings of Sexuality in the Unstructured Interview Setting." *International Journal of Social Research Methodology* 21 (2): 205-217. <https://doi.org/10.1080/13645579.2017.1350016>
- Træen, B., G.M. Hald, C.A. Graham, P. Enzlin, E. Janssen, I.L. Kvaem, A. Carvalheira, and A. Štulhofer. 2017. "Sexuality in Older Adults (65+) - An Overview of the Literature, Part 1: Sexual Function and Its Difficulties." *International Journal of Sexual Health* 29 (1): 1-10. <https://doi.org/10.1080/19317611.2016.1224286>
- Twenge, J. M., R.A. Sherman, and B.E. Wells. 2015. "Changes in American Adults' Sexual Behavior and Attitudes, 1972–2012." *Archives of Sexual Behavior* 44 (8): 2273-2285. <https://doi.org/10.1007/s10508-015-0540-2>
- United Nations. 2015. World Population Ageing 2015 (ST/ESA/SER.A/390). Accessed 22 June, 2019. http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf
- Van Royen, K., K. Poels, H. Vandebosch and M. Walrave. 2018. "Slut-Shaming 2.0". In *Sexting: Motives and Risk in Online Sexual Self-presentation*, edited by M. Walrave, J. Van Ouytsel, K. Poet and J. Temple, 81-98. Switzerland: Palgrave Macmillan.
- Wentzell, Emily. 2013. *Maturing Masculinities: Aging, Chronic Illness, and Viagra in Mexico*. USA: Duke University Press.
- Werner-Seidler, A., M.H. Afzali, C. Chapman, M. Sunderland, and T. Slade. 2017. "The Relationship between Social Support Networks and Depression in the 2007 National Survey of Mental Health and Well-being." *Social Psychiatry and Psychiatric Epidemiology* 52 (12): 1463-1473. <https://doi.org/10.1007/s00127-017-1440-7>
- World Health Organization. 2006. Defining Sexual Health: Report of a Technical Consultation on Sexual Health 28–31 January 2002, Geneva. Accessed 22 June, 2019. http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf
- Winterich, J. A. 2003. "Sex, Menopause, and Culture: Sexual Orientation and the Meaning of Menopause for Women's Sex Lives." *Gender and Society* 17: 627-642. <https://doi.org/10.1177/0891243203253962>

Table 1: Overview of participants

	Male (n=30)	Female (n=23)
Age range		
55-59	-	2
60-69	21	16
70-79	8	5
80+	1	-
Sexual orientation		
Heterosexual	27	20
Gay/Lesbian	1	1
Bisexual	2	2
Relationship status		
Married	13	5
In a relationship	7	6
Single	5	8
Open relationship/ multiple partners	4	2
Widow	1	2