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How important is sex in later life? The views of older people

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Abstract

Stereotypes of an asexual old age remain pervasive, shaping not only popular images of older people, but also research and policy agendas. However, older people's own attitudes towards the role and value of sex in later life remain relatively unexplored. This paper draws on both quantitative and qualitative data to examine how sex is prioritised in middle age and later life. Data collection methods involved completion of two quality of life measures (WHOQOL-100 and WHOQOL Importance Scale), followed by semi-structured interviews. In total the sample comprised 69 individuals recruited from the age/sex register of a general practice in Sheffield in the UK. This paper will focus upon the accounts of 21 men and 23 women aged 50–92 years. Ratings of the importance of sex to participants were gathered from the WHOQOL Importance Scale; the in-depth interviews enabled the basis for this prioritisation to be explored. Analysis identified the following key themes. Participants who did not consider sex to be of any importance to them neither had a current sexual partner, nor felt that they would have another sexual partner in their lifetime. Indeed, all participants who had a current sexual partner attributed at least some importance to sex, with many rating sex as 'very' or 'extremely' important. However, experiencing barriers to being sexually active led them to place less importance on sex; this was particularly apparent when health problems and widowhood were experienced. Age was seen as facilitating coping when sex became less frequent, or stopped altogether. This was explained in terms of sexual desire decreasing with age (for some male participants), the cessation of sex being easier to cope with in a relationship of long duration and the expectation that sex will become less possible with 'normal ageing'. The discussion considers the implications of these findings for this developing field. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

Despite societal preoccupations with sexuality, beliefs about 'normal' or 'appropriate' sexual behaviours remain firmly entrenched (Weeks, 1989). Indeed, although sex may be spoken about more than ever, as Foucault has identified 'in speaking we unwittingly define and proscribe who may have sex with whom, when and how' (1979) and nowhere is this more apparent than in attitudes towards sexuality and ageing. The stereotype of the 'asexual older person' remains pervasive and, despite having little empirical grounding, influences not only popular portrayals of later life, but also policy and research agendas.

The acceptance of this stereotype at a policy level is exemplified by two recent Department of Health directives, *The National Service Framework (NSF) for Older People (*DoH, 2001a*)* and the *National Sexual Health Strategy* (DoH, 2001b). Both documents set out the policy and service development agenda for the coming years in their respective areas. However, it is striking, if perhaps unsurprising, that neither make any reference to sex or sexual health in later life. The NSF for older people does not discuss sexual health, and the Sexual Health Strategy does not mention older people and is, indeed, very youth-focussed. The assumption appears to be that there is no need to develop policy in this area because it is probably irrelevant, or certainly unimportant, to the lives of older people.

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Researchers have similarly failed to challenge age-related stereotyping with many imposing upper age limits around studies of sexually related issues. The latest *National Survey of Sexual Attitudes and Lifestyles* (Johnson et al., 2001), for example, despite being considered by the Department of Health to provide a 'sound evidence base for policy making in key areas of public health' (Hunt, 2001), only recruited participants up to 44 years of age. Similarly, a large-scale study of 'adult sexual behavior in the United States' imposed an upper age limit of 59 years on participation (Laumann, Paik, & Rosen, 1999, p. 538). Placing older people (indeed, those from 45 upwards) outside the remit of national, population based surveys of sexuality and sexual health issues serves only to reinforce the notion that sex is not relevant to older people.

Such ideas are also dominant within gerontology and manifested in the lack of attention paid to sexually related issues in research with older people. Indeed, later life sexuality and sexual health issues have been 'annexed' as specialist and rather obscure research topics, rather than being considered as part of the totality of older people's everyday lives. Moreover, even those studies that have been carried out in this area tend to be small-scale and attempt to understand sexuality by quantifying it in terms of specific sexual acts and their frequencies. As such they do little more than confirm that people can and do remain sexually interested and active (however this is defined) well into later life. Studies that adopt a more multi-dimensional view of sexuality and ageing remain the exception (for example, van der Geest's (2001) study of sex and old age in Ghana).

Assumptions about the value and importance of sex in later life are beginning to be challenged, for example, MacNab (1994) claims that:

> Both sexes as they reach their elderly years rarely use sexual interest as a factor in their appearance and behaviour, without any conscious awareness that what they are thereby doing is denying or repressing a large part of what it is to be a living being. (MacNab, 1994, p. 141)

However, statements such as this have the potential to create a new myth about ageing sexuality, which is just as oppressive to older people as the stereotype it seeks to deconstruct.

Indeed, in both studies that reinforce, and those that challenge, stereotypes of later life sexuality, one set of voices is conspicuous by their absence—namely those of older people themselves. A key aim of the study presented in this paper was to capture these voices and feed them into this on-going debate. In particular, we wanted to gather older peoples' perspectives regarding the role and value of sex in later life, an area identified as a major gap in current knowledge (Vincent, Riddell, & Shmueli, 2000). In order to achieve this we used a mixed methods approach incorporating a quantitative element (self-administered questionnaires), but with a principle focus upon collecting qualitative data through the use of semi-structured interviews. This use of between-methods triangulation is explained in more detail below.

Methodological concerns

A key barrier to conducting work in the area of sexuality and ageing remains the perceived methodological challenges such a study would involve. Indeed, not only is sexuality and sexual health research generally considered to be problematic—as Ringheim (1995, p. 1692) states 'there are few social science research topics more difficult to study', but specific concerns have been expressed about doing such work with older people. Pointon (1997, p. 6), for example, considers that 'studies of sexuality in later life tend to be methodologically difficult because of the topic's sensitivity'. In particular, there have been few qualitative studies undertaken, probably because face-to-face interviewing is seen as 'threatening' in sexual health research (Catania, McDermott, & Pollack, 1986, p. 71) and having greater potential to upset or offend older people. Moreover, concerns have been raised about the validity of qualitative accounts of sexual attitudes and behaviours (Nicholas, Durheim, & Tredoux, 1994), as explored below.

However, the extent to which these perceived barriers to conducting qualitative research on sexually related issues with older people hold true is unclear, as very few studies have adopted this approach. Indeed, the study presented in this paper represents one of the first attempts to collect qualitative data within the UK about sexually related issues with older people.

Study design

The use of between-methods triangulation within this study was determined by several considerations. Firstly, the use of multiple methods is thought to add breadth and depth to the data generated (Begley, 1996); this was considered to be of particular importance given the lack of attention previously paid to the undoubtedly complex issue of sexuality and sexual health in later life. Furthermore, we also felt that using this approach had the potential to aid the validity of our findings, as it is recognised that this form of triangulation can help 'support a finding by showing that independent measures of it agree with it, or at least, do not contradict it' (Miles & Huberman, 1994, p. 266). This was a particular

consideration because of the concerns that have been raised about the potential for self-presentation bias in interviews exploring sexuality and sexual health issues (Bentler & Abramson, 1981; Brody, 1995). However, we would like to highlight that such concerns reflect, to some extent, positivist ideologies of identifying an objective 'truth' which we do not share. Indeed, it was not our aim to produce a 'complete picture' (Hammersley & Atkinson, 1983) or identify a single 'truth', but rather to use multiple methods to more fully illuminate an unexplored issue. Indeed, specific attention was paid to the three cases where there did not seem to be consensus between the quantitative and qualitative data gathered.

Methods

In-depth, semi-structured interviews were conducted with 69 people aged 30–92 years, who also completed quality of life questionnaires (WHOQOL-100 and WHOQOL Importance Scale) prior to interview. All participants were recruited from the patient lists of one General Practice surgery in Sheffield in the North of England. The surgery is located in an area of 'medium deprivation' (as measured by the Townsend Deprivation Index) with only 0.4% of patients from ethnic minority groups. Purposive sampling was used to maximise sample diversity, with the aim of recruiting approximately 10 men and 10 women from three age groups: 30–49; 50–69 and >70 years. The focus of this paper will be upon 44 participants aged >50 years[1] (Table 1). During initial interviews the influence of marital status upon the issues under investigation became apparent and attempts were made to include single individuals and those with partners, including people who were living as married, widowed and divorced. No participants identified themselves as other than heterosexual.

Participants were contacted by letter in the first instance and invited to return a prepaid response slip indicating whether they would be interested in participating in the study. The invitation stated that the study aimed to 'look at the importance of sexual health to people of all ages' and confirmed that all information given would be treated in strictest confidence. Those who were interested (25% of the initial sample) were contacted by telephone and an interview arranged at a convenient time. Participation rates were not equal by gender and age group and, in particular, a lower than average participation rate was achieved for men aged 30–49 years (16%) and women >70 years (18%). Respondents were asked to give reasons for non-participation (if appropriate) when replying: 70 people (24% of non-participants) returned the reply slip with this section completed. The majority of reasons given for not participating related to time constraints or personal circumstances (for instance feeling unwell, or suffering a recent bereavement). However, 16 respondents mentioned the subject matter of the study as a deterrent to participation. To further enable participation bias to be assessed participants were asked at the end of the interview why they had agreed to take part in the study. The main reasons given by the participants tended to be altruistic in nature and included the importance of the topic and wanting to help advance knowledge.

Most interviews lasted between 45 min and 2 h and were conducted at the surgery, although participants were offered the possibility of home interviews.

Due to the potential sensitivity of the topic, ethical considerations were paramount. An appropriate means of recruitment was negotiated with a GP working at the surgery who also screened the list of patients contacted to ensure that letters were not sent to those for whom an invitation to participate in a study of this nature may not be appropriate (for example, patients who had recently experienced a spousal bereavement and those with a diagnosis of dementia). Although this did open up the possibility of the GP acting as a 'gate keeper', by working closely with the research team, it was felt that the potential for this role to be adopted was minimised. Ethical approval was granted from the study from the North Sheffield Ethics Committee.

Prior to commencing the interview, participants completed the WHOQOL-100 and WHOQOL Importance Scales (Skevington, 1999). These questionnaires were chosen because they are among the few quality of life instruments to include sexually related items. The interview schedule was developed following a systematic literature review and was deliberately broad. Further issues raised by participants were also pursued and time given for the disclosure of personal stories (some participants, for example, wanted to discuss a specific sexual health concern). Given the nature of the topic, questioning was handled sensitively by an experienced interviewer (SH) and it was made clear to participants that they did not have to answer particular questions and could stop the interview at any time (none did). Indeed, despite concerns about causing offence when discussing sexually related issues with older people, participants appeared to enjoy the experience in the main, and none reported being offended or upset by the discussion. Some told the interviewer how much they had enjoyed talking about sex within this context ('I've really enjoyed today')—many had never spoken about sex to anyone before.

[1] One participant >50 years was excluded from these analyses because he did not complete the sexually related item on the WHOQOL Importance Scale.

Table 1
The sample ($n = 44$)

Age group		How important to you is your sex life?				
		Not important	Little important	Moderately important	Very important	Extremely important
50–69 years	*Marital status*					
	Single					1
	Married	1	1	6	6	2
	Living as married			2		
	Divorced	2			1	1
> 70 years	*Marital status*					
	Single			1	1	
	Married	1	1	7	2	1
	Widowed	5	1	1		
50–69 years	*Gender*					
	Female	2	1	2	3	3
	Male	1		6	4	1
> 70 years	*Gender*					
	Female	4	1	5	1	
	Male	2	1	4	2	1

Data analysis

Quantitative and qualitative data analyses were conducted separately in the first instance. Analysis of the qualitative data adhered to the principles of grounded theory and followed the National Centre for Social Research 'Framework' approach, involving a structured process of 'sifting, charting and sorting material' according to key issues (Ritchie & Spencer, 1994). Recurring themes and concepts were identified to make up a thematic framework or index which was then systematically applied to the transcripts. Both investigators undertook analysis and reliability was enhanced by double coding a sub-set of transcripts and comparing inter-rater reliability. Few discrepancies emerged and where they did, consensus was negotiated.

Quantitative data were coded onto an SPSS database and checked for accuracy. Frequency distributions and selected cross-tabulations were produced for all single and composite variables. Given the sample size, it was not appropriate to undertake multi-variate analyses.

Analyses were then combined for the purpose of the findings presented in this paper. Qualitative interview data were considered in relation to participants' responses to the WHOQOL Importance Scale Item: 'How important to you is your sex life?' Responses to this item for the 44 participants aged 50–92 who are the subject of this paper are set out in Fig. 1. This shows that the majority of participants rated sex as at least 'moderately' important to them, with 10 rating it as very important and five as extremely important.

The role and value of sex as expounded in participants' qualitative accounts was compared between the following groups of respondents—those who rated their sex life as 'not important' or of 'little importance', those who rated it as 'moderately important' and those who rated it as 'very' or 'extremely' important. The aim of this analysis was to identify commonalities and differences in the attitudes and experiences of participants who prioritised sex in the same way. Findings from these analyses are presented below, structured around the aforementioned response categories. Recurrent themes that linked the groups will be summarised prior to the discussion.

Findings: how important to you is your sex life?

Not important/little important

Six women and three men aged 62–92 rated sex as 'not important' to them and one man and one woman aged 56 and 84, respectively, rated sex as of 'little importance' to them at the present time on the WHOQOL Importance Scale. All spoke openly in the interviews about why they did not prioritise sex, as well as reflecting on what it had meant to them earlier in their lives and what it was likely to mean to them in the future. Indeed, it was their current partnership status (eight did not have a current partner, four were not having regular sex with their partner) coupled with the fact that most thought they would not be sexually active

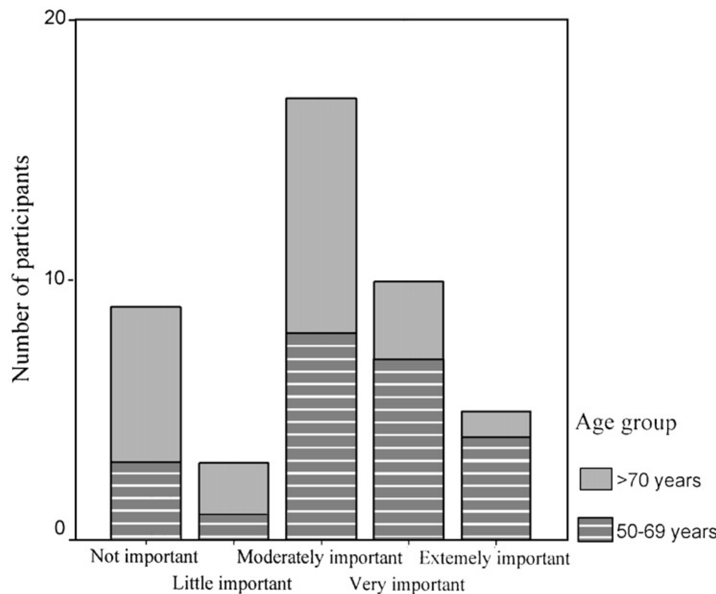

Fig. 1. Item from the WHOQOL-100 'How important to you is your sex life?'.

again in their lifetime, that emerged as the most significant determinants of their views towards sex. However, although this theme linked all 12 participants, individual differences did emerge when the basis for these attitudes was explored, particularly in relation to attitudes towards forming sexual partnerships in the future. For the eight participants who were widowed and divorced (and did not have a sexual partner), recurrent themes included 'not wanting anyone else', 'finding the one person' and 'running out of luck'. For the two men and two women who did have a partner (all were married) with whom they were not sexually active, physical and psychological barriers to having sex with this partner were central.

'Not wanting' anyone else

For four women who had been widowed in their 60s and 70s and not formed new partnerships following this, sex no longer assumed any particular importance because they 'didn't want' anyone else.

> R: So, when you were with your husband would you say that a sexual relationship was important?

> P: Oh it was yes, but I don't think I would want anybody else *(3351, widowed woman aged 77)*

Their age was not seen as a barrier to remaining sexually active:

> I know for a fact if (husband) was here we would still be having sex cause he was only three years older than me and we would still be having sex. I can't see why there should be a sudden stop, you know like I say you get to 75 and that's it, because I mean it's just a natural thing when you love somebody isn't it *(6392, widowed woman aged 76)*.

Not wanting to form a new sexual relationship was partly attributed to their satisfaction with their marital relationships. All reported having very good marital relationships, both emotionally and sexually, leading one woman to comment that it would not be 'fair' to form a new partnership because 'I'd always be comparing' *(6392, widowed woman aged 76)*. For two of these participants an additional factor was the fact that they lost interest in sex when their husbands died.

> You see the sexual desire does die perhaps for people like myself because you see I could never see myself in a relationship with another man *(2159, widowed woman aged 78)*.

However, the remaining two women did not report this and, indeed, talked about 'missing' sex. This 70-year old woman talked about how she had to come to terms with this prior to her husband's death, when he had developed erectile dysfunction as a side-effect of the health problems he was experiencing:

> P: I always enjoyed it (sex), (laughs), whenever

> R: So it was important and it gradually declines in importance?

> P: Well it had to in my case, you take a person for better or worse, you don't say because they can't

perform that's it, you know, after all them years, so you take what's dished out to you. *(6792, widowed woman aged 70)*

However, both these women felt that they had gradually lost interest in sex since they had been widowed and that they had now adapted to it not being part of their lives. One woman talked about how being older facilitated this adaptation:

> P: For about 2 years it was hardly any sex at all because he wasn't well enough and then after he had his operation for the cancer he never felt well enough, so actually, he's been gone about 11 years, it's about 13 years since I had any sex so it's not even part of my life anymore, if I speak the honest truth I am not even interested, I got no urges, no nothing. Then again, when you get to 76 it's not the most important thing is it?
>
> R: Yes
>
> P: It's a thing that's never bothered me, it's never, as I say it was good when (name of husband) was here, it was a good sex life that we had before he was poorly, but apart from that I've, erm, you know you get people who say 'oh I fancy him', I never fancy anybody. *(6392, widowed woman aged 76)*

'Your luck runs out'

Interestingly, 'not wanting' anyone else was not a key consideration for the two widowers in the sample who rated sex as 'not important' or of 'little importance' to them at the present time. Indeed, one had been widowed twice and the other three times and both discussed the importance sex had assumed for them in the past, as well as the possibility of forming a new sexual relationship in the future. The key barriers to them doing this were physical—both were experiencing health problems and one spoke of his reduced libido and erectile dysfunction which he attributed to not having a current sexual partner:

> P: Certainly, while ever the person has ability to perform sex I think it's a wonderful thing. As I say there comes a time when it just can't happen and when that happens well that's the end of the road unfortunately.
>
> R: Do you think it's just related to ageing?
>
> P: No I shouldn't really say so, I think when a man hasn't got a woman and he's sleeping by himself and he doesn't come in actual contact with a woman's body, you lose to a certain extent, sexual feeling.
>
> R: Yes.
>
> P: And I suppose then something just dies away, it just vanishes, cause you haven't got a sexual partner. Your luck's run out (laughs) *(2699, three times widowed man aged 92)*.

However, for the other widower, who rated sex as of 'little importance', age was seen as a significant influence upon his current attitude towards sex.

> Around my age group I don't think it's essential really, we've been through the various stages of life and we are mellowing off. In my case it doesn't worry me in the least, on the other hand I could meet a lady tomorrow and I could marry her, I don't know it could happen quite easily couldn't it? *(012435, widowed man aged 80)*

He added that if he did get married 'there's no doubt we'd have sex'.

'Our relationship has come to a standstill'

The idea that 'luck was running out' was also mentioned by an older married man, who explained that he was not having sex with his wife because of her long-term health problems. Although sex had played an important part in their relationship in the past he thought they would not be able to have sex again. He explained how they both felt about this:

> It hasn't upset us, we've accepted it, I mean we had to accept it. I suppose you could do something about it, but if it causes pain to one partner in particular then it's not satisfactory, *(3257, married man aged 77)*.

The idea that being older helped when sex is no longer possible was again mentioned:

> I suppose we've reached the age where it wasn't quite as vital as it would have been in our late 20s, 30s or even 40s. When you're 60-odd you can accept it better, nor do you feel as frustrated. I'm not saying you don't feel frustrated a little bit, but you can deal with it, whereas when you're younger it's more important. You might think of looking elsewhere (laughs) *(3257, married man aged 77)*.

For an 84-year old married woman, her partner's health problems had again led her to place a lower priority upon sex—she now rated it as of 'little importance', noting that 'we have nearly got past sex' *(4026 married woman aged 84)*. The notion that experiencing such problems makes it necessary for sex to assume lower priority was again discussed: 'It's just when you're not well things change don't they?' *(4026 married woman aged 84)*.

The two remaining individuals who rated sex as 'not important' or of 'little' importance again reported barriers to remaining sexually active. However, these barriers were not physical, but psychological. For one man, as well as having little confidence in his ability to satisfy his wife sexually ('I'm not the world's greatest

performer' *(5373, married man aged 69)*, he also felt that she was not interested in sex. He explained that he would have liked to have sex, but was anxious to stress that this was not to ensure his own sexual gratification:

> I mean if my wife were…if she were sexually interested and I was also, I would gain satisfaction, not sexual satisfaction, personal satisfaction in performing the sex act with her *(5373, married man aged 69)*.

The sexual side of a relationship 'coming to a standstill' was also an issue for a 56-year old woman who rated sex as of 'little importance'. Although she was married, she was estranged from her husband because of past, irreconcilable marital problems and did not want to have sex with him. She also did not want to find a new sexual partner:

> I think my quality of life would be better with a sexual relationship, but I'm not a person, even though I don't get on with my husband, I couldn't go out to have sex for sex sake and just for satisfaction, I could not do that, otherwise it would be easy wouldn't it? I could go and have my sexual satisfaction and carry on, but I don't see it like that. I made a commitment, we are married and that's it *(1756, married woman aged 56)*.

Finding the 'one person'

Two divorced women rated sex as 'not important' to them at the present time. Neither was sexually active (self-defined), nor thought they would be in the future. The primary reason for this was not being able to find a suitable partner, although one woman was more motivated to do this than the other:

> I'm not a person that could go with anyone just as a one night stand or if I didn't feel that way about them, I would have to be in a permanent relationship before the sexual side could kick in you see, yes that would be fine, that would be the answer actually, but it's finding that one person isn't it? *(3878, divorced woman aged 66)*.

> I'm not having sex and I'm fine. It doesn't bother me. If I can find someone that can look after me that's fine, but if he can't, why bother? I don't want the hassle (laughs) *(4960, divorced woman aged 62)*.

Being older was seen as reducing the likelihood of entering into a new sexual relationship ('the older you are the harder it gets' *(3878, divorced woman aged 66)*).

Sex 'moderately' important

Fifteen participants rated sex as 'moderately' important to their quality of life. Most reflected on the reasons why sex had become less important to them, with this again mainly attributed to health problems experienced by themselves or their partners. Age per se was not seen as an important determinant of their current prioritisation of sex, but being older, as well as being in a relationship of long duration, was again seen as an aid in coping when sex could no longer take place as frequently.

It's the 'last thing on your mind'

Three men and one woman (aged 72–76) each discussed the effect of their own, or their partner's, ill health upon the importance they attributed to sex. All considered that sex had become less important to them in light of the experience of ill health. As one man put it:

> Sex is a part of life… It's a part of your living definite. (But) nobody who feels poorly—it's going to be the last thing on their mind, sex. I mean when I had my heart operation I felt as low as anything (laughs), you don't feel like it do you? *(117, married male participant aged 76)*

He also talked about how not being sexually active was expected when you were older and that 'at my age you can't grumble (laughs), you've had your time'*(117, married male participant aged 76)*. This view was reiterated elsewhere:

> You're not satisfied (with your sex life), but you have to accept the fact you're getting on and you're getting older, you know luckily if you have got a good memory you remember when you did have a sex life (laughs). I think from an early age you realise that you're going to wear, wear out as it were *(2117, married male participant aged 74)*.

That it was physical problems associated with ageing, rather than age per se, that led some participants to place a lower priority on sex than they had done when they were younger was a view expressed by all these participants. An older woman whose husband was experiencing health problems reflected upon this:

> I think the older you get and move away from what actually sex is for it comes down to basically just enjoying yourself. Without sort of strings attached to it, it's back down to as-and-when you want you know and of course I suppose it dwindles, but I don't think it ever disappears. I know for myself and my husband we have got really strong feelings and if (husband) was physically fitter I think things wouldn't be so very different to many years ago. It's physical problems that make your sex life less really, not the actual needs and wanting, it's just whether it's physically possible, well it is in our circumstances *(3342, married woman aged 76)*.

She also talked about how they had adapted to this, and that physical touching remained very important to her because 'while they are touching you you're assured they're caring' (*3342, married woman aged 76*). The potential for 'sex' to take on a wider meaning when health problems were experienced was also discussed by others among this group of participants. In particular, one man talked about this in relation to his reduced capacity to have sex due to 'his age':

> Obviously as you get older you act differently and you adjust to our age, but I consider that a cuddle is sex isn't it?
>
> I mean obviously intercourse doesn't take place as much when you're getting older, you're not able, but the desire to love someone is there and love it takes a different form *(2117, married male participant aged 74)*.

'He can't make sex'

One man experiencing erectile dysfunction and three women whose partners were experiencing this, also talked about the importance of 'cuddling' and maintaining physical intimacy if it was not possible to have sexual intercourse. For one woman, this cuddling was seen as of greater importance than sex per se—she attributed this to her age:

> My personal opinion is that as you get older I don't think a sexual relationship as such is as important as a love and cuddle, like we do. I don't think the sexual part is as important now that we are getting older. We have had our sexual harassments and whatever in our younger days *(2074, married woman aged 72)*.

However, the two other women whose partners were experiencing ED did find the lack of sex frustrating:

> The partner I live with he can't make sex, it you understand what I mean? He just can't do it anymore, but he's only a couple of years older than me, but he's not interested in the sexual side at all. But I still think a lot of him, it doesn't make me think any less of him, if you understand what I mean? *(4172, living as married woman aged 52)*
>
> I would like sex obviously, but it's just not there, I don't go anywhere else for it (laughs). Sometimes you get frustrated and flare up, but then you're all right again *(4172, living as married woman aged 52)*.
>
> Personally speaking I think I could be aroused if I had a toy boy (laughs), but of course you know my husband hasn't been interested in sex for a few years now, but I think I could be capable of a relationship which rather surprises me actually, I thought it would fade away all together, but if Joan Collins can do it! *(779, married woman aged 71)*

'She's lost interest'

The impact of a partner's lack of interest, or lack of ability, to have sex on individual prioritisation of sex was also mentioned by three married men in their 50s whose wives were currently experiencing menopause and/or hysterectomy.

For two men, being older was again seen as facilitative of coping with a reduced frequency of sex. For one, the issue of reduced desire for sex as you get older was seen as a key factor:

> Your sexual urge………diminishes once you get older. You can go to bed and think I would rather have a good nights sleep (laughs) *(767, married man aged 51)*.

However, for the other, age was seen as bringing 'maturity' to cope with problems such as these:

> It's obviously been a difficult time for her and it obviously puts that stress on the sexual side of the relationship as well, but I think I am old enough and mature enough to appreciate those sort of problems and bear with it. I'm not saying that it doesn't, erm, at times, it isn't frustrating, erm, I think you just accept it more *(3991, married man aged 55)*.

Indeed, he disagreed with the idea that sex assumed a lower priority as you get older, explaining that:

> I think sex is more important for older people—I think it's more important when you're getting on a bit to show that the physical attraction's still there, despite the fact that you have been together a long time *(191, married man aged 55)*.

'I've done more in these last two years'

The account of one older widowed woman who rated her sex life as 'moderately important' warrants further attention because her experiences diverge from those of the remainder of participants in this group (as well as in all other groups). Indeed, she was the only widowed participant to report that her sex life had become more important to her since her spouse had died. She described her attitude when her husband had been alive.

> I suppose he (husband) thought it (sex) was a waste of time because he knew I wasn't right bothered. Sometimes when he was trying for me he would get fed up and tired. There must have been something but I don't know what it was, happen we weren't made right in that region *(5207, widowed woman aged 73)*.

However, following his death sex had become important to her because she had started using a sex aid.

> I never felt like it in all my married life, never felt like sex, but I've done more in this last two years than all

the time I was married *(5207, widowed woman aged 73)*.

Using sex aids was also mentioned by a married woman who found her husband's ED and lack of interest in sex frustrating. She joked that she had asked her daughter to buy her one, but was 'still waiting' before asking the interviewer: 'Have they got any in Sheffield (shops)…where I can go and buy myself a vibrator?' (laughs) *(779, married woman, aged 71)*.

Sex 'very' or 'extremely' important

Eleven participants aged 54–79 years rated sex as 'very important' and four aged 52–81 years as 'extremely important' to them at the present time. All but one had a regular sexual partner and most attributed the importance they attached to sex to the close relationship they had with their partner and the sexual attraction they felt for them:

> Very important, but there again it's different for other people, but for me it's (sex) very important. He's brilliant my husband and that's a big part of it and if that wasn't good I don't think we would enjoy life so much *(3931, married woman aged 57)*.

> Well we have always had a good sex life. I suppose I'm fortunate in a lot of ways. My missus is a size 12 and she's quite attractive even though she's 65, folks don't think she's that age and so I think that's a lot to do with it, you know what I mean? You've got that sex appeal type of thing *(3632, married man aged 65)*.

> I've heard so many women say 'oh no, sex, we don't want that' and I've thought that's awful, you know that really is awful (laughs). And I think why, I can't get enough (laughs), kind of thing, we've got a good relationship *(5597, married woman aged 51)*.

Four participants who had recently entered into new relationships compared past partners and relationships with current ones to highlight the importance of a good relationship as providing the context for a satisfying sex life. An older divorced man, who had been in a stable relationship for the last three years, talked about how sex had become 'a prime issue' since his divorce, as compared to when he was married and sex was not important to him. Similarly, a divorced woman, who had just started a new relationship, felt that sex was very important to her at the moment because of the 'big physical attraction' between herself and her partner. She discussed the benefits of being in a sexual relationship:

> I've got some lovely friends (but)….I've still felt lonely cause you tend to not feel like a woman and I've not been well over the last few years and not felt right great about myself, so it is nice that someone is interested in me as a woman and I find that to be the best bit *(3358, divorced woman aged 52)*.

Similar benefits of being in a sexual relationship were reiterated by another woman who felt that sex had become better for her as she had got older due to being 'more relaxed', not worrying about pregnancy and having more experience:

> We know what we are doing, we've had plenty of practice (laughs) and I would never have believed that it gets better as you get older, but it does *(6938, married woman aged 52)*.

Overall, therefore, sex was valued by these participants as a way of expressing love for a partner, helping maintain their relationship, as well as for giving them pleasure and improving self-confidence, including for some women, body image.

Triangulating findings: divergent cases

There was good consistency between ratings on the WHOQOL importance scale and accounts given in the interviews. Only one participant who rated sex as ('moderately') important on the WHOQOL Importance Scale contradicted this in the interview—he was experiencing ED as a result of taking prescribed medication, but told the interviewer he was not 'too bothered' about this and that sex 'wasn't really an issue' in his life. However, some of his comments did not support this view (for example he talked about losing confidence in his ability to 'perform like a normal man') and it may be that his response on the WHOQOL more accurately reflected his views. Indeed, self-presentation bias may be an important factor in these attitudes which were expressed in the interview situation.

Two participants who rated sex as not important on the WHOQOL Importance Scale indicated that it did have at least some importance for them at the present time. As this view emerged as a result of considering the issue at length it may more accurately reflect their feelings, although the different methods of data collection may have been capturing different aspects of their experience and attitudes.

However, overall, consistency was good, with one data source validating the other.

Summary

An exploration of the findings presented above identified the following recurrent themes as the main determinants of older people's perceptions of the value of sex in later life.

1. All participants who had a current sexual partner attributed at least some importance to sex.

2. Those participants who placed a lot of importance on sex discussed this within the context of their relationship as a whole; none experienced particular barriers to sex.
3. The sub-set of participants (typically widowed) who did not consider sex to be of any importance to their lives neither had a current sexual partner, nor thought that they would form a new sexual relationship in their lifetime.
4. Experiencing barriers to being sexually active (notably not having a partner and/or own or partner's health problems) led participants to reprioritise the value they placed on sex.
5. Participants in their 70s and 80s rated sex as less important than those in their 50s and 60s, but this was not attributed to age per se. Rather the prevalence of those barriers that resulted in the reprioritisation of sex increased, and became more insurmountable, with age.
6. Age, and being in a relationship of long duration, facilitated coping when sex became less frequent, or stopped altogether.
7. A minority of participants reported that sex had become more pleasurable, and assumed greater importance for them, as they had got older.

Discussion

The purpose of this paper was to explore how older people value sex in later life and under what conditions sex is prioritised. This was examined by collecting both quality of life and in-depth interview data from 44 participants aged 50–92 years. Our findings support several conclusions.

First, these accounts revealed that sex is seen as an important component of a close emotional relationship in later life, although no interest was expressed in sex outside this context, for example in the form of 'one night stands'. Indeed, for those participants who were not involved in a relationship, sex did not assume high priority; this was particularly notable for people who did not feel they would be sexually active again in their lifetime (typically due to widowhood and health problems) and could be termed 'sexually retired'.

Second, experiencing barriers to remaining sexually active, notably health problems, can lead older people to reprioritise the role of sex within their lives. Participants discussed how sex 'is the last thing on your mind' when ill health is experienced and also expressed concerns about causing pain for their partner during sexual intercourse. That this may lead people to redefine what 'sex' means to them was indicated in several interviews. Indeed, maintaining physical intimacy through cuddling and 'touching' appears central to well-being when penetrative sex is no longer possible. Whether participants were engaging in other forms of sexual activity when intercourse was no longer possible was not fully explored and can be seen as a limitation of the study as discussed below.

Third, age per se does not have a direct impact upon how sex is prioritised in later life. Rather, factors associated with being older can lead people to place a lesser importance on sex, notably widowhood and experiencing health problems (self or partner). Another perceived attribute of older age related to coping when sex could not happen as frequently, or was not possible at all. This was explained in terms of sexual desire decreasing with age (for some male participants), the fact that not being able to have sex was easier when the relationship was of long duration, and that a reduction or cessation of sexual activity was an expected aspect of 'normal ageing' and just something that 'had to be' accepted.

Our results allow a more in-depth understanding of findings reported in previous studies. For example, although past research has shown that not having a sexual partner and having poor health status are related to not being sexually active (for example, Diokono, Brown, & Herzog, 1990; Deacon, Minichiello, & Plummer, 1995; Matthias, Lubben, Atchison, & Schweitzer, 1997) these quantitative surveys could not illuminate how older people adapt and reprioritise sex when faced with such barriers. Moreover, it seems previously to have been assumed that if older people are not sexually active sex is not important to them. However, our study indicates that this is not necessarily the case—indeed, we found that only when the barriers to remaining sexually active were seen as so insurmountable as to be completely prohibitive did sex assume no importance, regardless of age.

On a methodological note, we have demonstrated that fear of causing offence should not be a barrier to conducting research on sexually related issues with older people. Indeed, many of our participants welcomed the opportunity to talk about sex and discuss issues they had never talked about before (some reported that they had not discussed these issues previously even with their sexual partner). Our use of multiple methods also indicated that self-presentation bias does not appear to be a particular issue when attitudes towards sex are explored with older people within an interview context. Whether this would remain true if particular sexual behaviours were discussed, however, is unknown.

This study did have several limitations. First, with only one quarter of the initial sample contacted actually participating in the study participation bias is likely. Although this does not have significant implications for the 'logical generalisability' of our findings, it must be acknowledged and will be explored further through comparisons of the WHOQOL data collected in our survey with data collected using the same instruments

from demographically similar samples, but in studies which did not address sexual health issues.

Second, in terms of questioning participants about 'sex' the different meanings this term can have for people was not fully explored (although this information was volunteered in some instances). In particular, although it became apparent that some participants equated sex with penetrative sex, this was not discussed at length for fear of intrusion. However, this reflects our sensitivities and concerns and, as such, does not mean that such a discussion would not be possible.

Third, the 'older people' who participated in the study were drawn from a relatively large age group (from 50–92 years). This wider conception of 'older' was adopted because the term has taken on a particular meaning within sexual health research, with 'older people' typically defined as those over 50 (see, for example, Brecher, 1984; Askham & Stewart, 1995; Gott, Rogstad, Riley, & Ahmed-Jusuf, 1998; Gott, 2001). However, we acknowledge that adopting this definition in the current study did have limitations. Notably, where the attitudes and behaviours of participants in their 50s differ from those of participants in their 80s it remains unclear as to the extent to which this reflects age differences and the extent to which it reflects cohort differences. Indeed, changes in sexual mores during the latter part of the 20th century and, in particular, the 'uncoupling of sex from marriage and reproduction' (Hawkes, 1996, p. 105) are likely to have had a particular influence upon the sexual behaviours of those socialised during the 'swinging 60s' who are currently in their 50s and 60s. These cohort changes, which reflect understandings of sexuality as a 'historical construct' (Foucault, 1979, p. 105), must also be acknowledged if attempts are made to extrapolate these findings to future generations of older people.

Finally, our sample was exclusively heterosexual (self-defined), although this was not our intention. It is likely that to include the estimated 10% of the population of a non-heterosexual orientation (Reinish & Beasley, 1990) recruitment needs to be more targeted and methods such as snowball sampling employed.

To conclude, this paper does not support the stereotype of an 'asexual' old age, but rather illuminates the diversity of views older people hold about the value of sex in later life. Moreover, this heterogeneity of later life attitudes and experiences also calls into question emergent myths of sex as a necessary component of successful ageing. As ever, there is a danger in assuming commonality by age because this rarely exists.

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