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Fileborn, B., Lyons, A., Hinchliff, S. [orcid.org/0000-0002-6180-1165](https://orcid.org/0000-0002-6180-1165) et al. (3 more authors)  
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## Learning about sex in later life: sources of education and older Australian adults

Bianca Fileborn<sup>a</sup>, Anthony Lyons<sup>a</sup>, Sharron Hinchliff<sup>b</sup>, Graham Brown<sup>a</sup>, Wendy Heywood<sup>a</sup> and Victor Minichiello<sup>a,c,d</sup>

Corresponding author. Bianca Fileborn Email: [b.fileborn@latrobe.edu.au](mailto:b.fileborn@latrobe.edu.au),

<sup>a</sup> *Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia;* <sup>b</sup> *School of Nursing and Midwifery; University of Sheffield, Sheffield, United Kingdom;* <sup>c</sup> *School of Medicine and Public Health; University of Newcastle, Callaghan, NSW;* <sup>d</sup> *School of Justice; Faculty of Law; Queensland University of Technology, Brisbane, Australia*

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## **Abstract**

This paper examines the preferred sexuality education sources of older Australian adults in later life. Drawing on findings from qualitative interviews with 30 men and 23 women aged 60 years and older, we consider the sources that participants currently use, or would like to use, in seeking information on sex. Where relevant, we examine participants' experiences of learning about sex in later life using different sources, and the impact these had on their sexual expression, pleasure, and well-being. Preferred sources of information include the Internet, the media, healthcare providers, books, and workshops or discussion groups. A substantial number of participants did not actively seek information on sex. For those who had, these educational endeavours could profoundly shape their sexual practices. As such, learning about sex should be treated as a lifelong endeavour. Our findings carry important implications for the development and delivery of sexuality education for older adults.

**Key Words:** sexuality education; older adults; safer sex; Internet; aging and sexuality; Australia

## Introduction

Despite common stereotypes of the 'asexual' older person, many older individuals continue to be sexually active in a range of ways, with sexual activity often shifting away from penetrative intercourse to other forms of sexual expression and intimacy in later life (Fileborn et al 2015; Gott & Hinchliff 2003). Indeed, the Baby Boomer generation are often credited with 'doing' old age differently to their parents, which includes challenging the dominant norm that older adults' are not sexually active, desiring, or desirable (Fileborn et al, 2015). This suggests that sexuality in later life, including the need for and preferred sources of education and information, should not be ignored.

In discussing 'older adults' preferred sources of education about sex in later life, it is important to outline how 'old' age is conceptualised. The point at which one could be considered 'old' is shaped by a range of factors: cultural and social norms, socio-economic position, biological/chronological age, gender, health, and the materiality of the body (amongst other factors). All of these inform the point at which someone might be considered 'old' (Jones & Powell, 2006). Old age is a social construct that is actively *produced* as much as it is also informed by material changes to the body over time. The boundaries between old, young and middle-aged are unstable, constantly shifting, and in the process of being produced and reproduced. In research to date, older age has typically been defined as those aged 60 or 65 years and older.

There are indications that some older people may not be well-informed about sexual health, sexual risk, and safer sex practices. In recent years, rates of sexually transmitted infections (STIs) among those aged 60 years and older have rapidly risen in many industrialised countries, although they make up only a minority of new STIs overall (Altschuler & Katz 2015; The Kirby Institute 2015). Further research suggests some older people engage in 'risky' sexual behaviours with regard to STI transmission (Bourne & Minichiello 2009; Chaya & Bernert 2014; Foster et al 2012). Older individuals appear to have notable gaps in their knowledge about safer sex and sexuality more generally (Altschuler & Katz 2015; Falvo & Norman 2004; Ross et al 2013). Thus, research is needed to better understand the ways in which older people currently inform themselves about sexual health and their preferred educational sources on sex.

This paper examines aspects of the educative practices of Australians aged 60 years and older. Drawing on a qualitative sample of men and women, we consider participants' education about sex while they were growing-up; the sources they used, or would like to use, to find information about sex in later life; and the impact of this ongoing education for their sexual lives and identities. The findings present important implications for the development and delivery of sexuality education to older adults, and we consider these in the conclusion.

## Sexuality education

In this article, sexuality education is defined broadly as including, but not limited to, learning about safer sex and sexually transmitted infection, sexual practices and techniques (not limited to penetrative, penis-in-vagina sex), sexual consent and ethics, sexual pleasure, anatomy and physiology, changes to sexual function across the life course, and theoretical and conceptual discussions on sex (see also, European Expert Group on Sexuality Education 2016; Goldman & Bradley 2001). Sexuality education can include a diverse range of

approaches or emphases. Thaler et al (2009) conceptualise sexuality education for older adults as including: enhancement programmes, which aim to 'promote...healthy outlooks and cover a variety of topics that boost desire and enjoyment' (p.102); sexual attitude reassessment programmes 'aimed at confronting attitudes about sexuality' (p.102); and prevention programmes focused on safer sex practices and STI prevention. In contrast to definitions of sexuality education for school-aged people (e.g., Jones 2011), 'unofficial' sources of education such as the media are included within our definition of sexuality education (Attwood et al 2015), given that the majority of older adults are not engaged in formal education (Goldman & Bradley 2001).

Sexuality education is lifelong (Goldman & Bradley 2001; Thaler et al 2009). As our bodies and sexual expression change across time and with age, specific information needs or wants may arise (Berdychevsky & Nimrod 2015; Goldman & Bradley 2001; Hinchliff & Gott 2004; Thaler et al 2009). Drawing on a life course perspective, Ballard and Morris (2003, p. 134) argue that older adults' educational needs and wants 'must be examined within the context of both generational time and historical time' (see also Graf & Patrick 2015). Thus, we should view older adults' sexuality education needs and wants, and their preferred sources of education, as situated within 'the roles that people play in their lives (i.e., generational time)', the historical events they have lived through, and social expectations (for example, the dominant norms governing sex in later life) (Ballard & Morris 2003, p. 134). These sexuality needs and wants are fluid and context-dependent, and it is important to recognise the heterogeneity of needs/wants amongst those of the same chronological age (Ballard & Morris 2003).

There appears to be little research to date that addresses older adults' experiences of learning about sex in later life, the types of information they desire, or the ways in which they would like information delivered. Gedin and Resnick (2014) developed the Sexual Health for Older People group educational programme designed to improve older adults' knowledge of, and confidence using, sexual health and safer sex practices. Feedback from programme participants about this mode of delivery indicated that this approach was a feasible one, with participants 'willing to attend the sessions and repeatedly not[ing] that they learned a lot and appreciated the education' (p.193). Gott and colleagues' (2004) research illustrates that many older adults view their healthcare providers as a key source of information about sex. However, as Graf and Patrick (2015) note, many people express a preference for passive or indirect forms of sexuality education across their life course (such as books or pamphlets) rather than directly asking for advice. It appears that only a relatively small number of educational resources have been developed, for older adults and the majority of these remain, to the best of our knowledge, un-evaluated and, in some respects, limited in scope (Davis 2012; Garrity 2010; Thaler et al 2009; Orel et al 2005).

## **Method**

This paper presents the findings from 53 one-on-one, semi-structured interviews with middle- and older-aged Australian women and men conducted during August 2015 to January 2016. Within the context of this study, we designated the age of 60 as the starting point for 'older' age, as many existing large-scale studies on sex tend to exclude individuals older than 60 (e.g., Grulich et al 2003) (although two of our participants were aged in their 50s). These interviews form a subset of data from the *Sex, Age & Me* project, which explored older Australians' sexual practices, and the meanings and importance they assign

to sex. In this study we adopt a constructivist epistemological approach, recognising that knowledge is contextually situated and produced, with a focus on 'how and why participants construct meanings' rather than seeking to reveal some underlying, essential 'truth' (Charmaz 2006, p. 157).

### ***Sampling and recruitment***

Interview participants were recruited through the online survey conducted in phase one of the study, which attracted 2,137 participants from all States and Territories of Australia. Survey participants were recruited through an article written by two of the researchers for *The Conversation*, and the subsequent media interest this generated, social media advertisements posted on Twitter and Facebook, and a popular blog for older Australians, *Starts at 60*. Advertisements were distributed to local governments and seniors' groups. Towards the end of recruitment, we used paid Facebook advertisements to target older Australians from more diverse demographic groups (e.g., those with lower income or educational levels). Survey participants who were interested in taking part in a one-on-one interview provided their name and contact details. 517 individuals expressed interest in taking part in an interview, of which a random sample of 175 were contacted by email with further information, and asked to contact the interviewer (BF) if they would like to participate. From this group, 53 individuals from across Australia agreed to take part. The interview sample consisted of 30 men aged 60 and older, and 23 women, 21 of whom were aged 60 and older, and 2 were in their mid-to-late 50s. All participants identified as cisgender (that is, their sex and gender identities were 'male'/'man' or 'female'/'woman'). While we did not systematically collect information on interview participants' educational level and income, participants' comments indicated that they were often highly educated, and from a middle-to-upper class socio-economic background. We did not recruit any further participants as data saturation was reached in key areas of analysis. A profile of the interview participants is provided in Table 1.

[Table 1: Sample profile of Sex, Age and Me interview participants]

### ***Interview procedure***

The interviews were conducted by phone (n=41), Skype (n=10), or face-to-face (n=2) depending on the participant's preference and geographical location. Each participant took part in one interview. The first-named author, who is a young, middle-class, Anglo woman, conducted all interviews. The interview schedule focused on participants' understandings and importance of sex and sexual satisfaction, their understandings of safer sex and the safer sex practices they use, their help-seeking practices, and background demographic information. Participants were also asked about the sources they use, or would like to use, in seeking out information about sex in later life, and/or what they would say to a friend who needed advice on this topic. The interviews were semi-structured, with additional lines of questioning taken in each interview. The interviews took 30-60 minutes to complete, were audio-recorded with the participant's consent, and transcribed by a professional service. The transcripts were de-identified, and participants were assigned pseudonyms. Ethics approval was received from the La Trobe University Human Research Ethics Committee prior to the commencement of the research.

## ***Data analysis***

The data were analysed by the first-named author using the software package NVivo, following a thematic analysis procedure outlined by Braun and Clarke (2006). This involved an initial close reading and preliminary coding of the transcripts using the interview questions and core study aims (e.g., discourses on sex and relationships, understandings of safer sex) as initial code categories. Codes were also identified throughout this process based on emergent themes and patterns identified in the data. This process was then repeated in NVivo. Particular attention was paid to the recurrent themes and patterns in the data, but also to cases that contradicted, complicated or otherwise sat outside of the dominant thematic categories. This enabled us to account for the complexity and nuance in older people's experiences. A random sample of interview transcripts was independently coded by the fifth-named author (WH) to ensure the validity of the coding, with both coders agreeing on the dominant thematic categories.

## **Results**

### ***Sex education in early life***

What messages did participants receive about sex when they were growing up? While the notion that individuals in this cohort did not receive any sexuality education when they were younger is generally accepted as common knowledge, there is little research that documents and examines their experiences (May 2006). It is important to consider participants' experiences when younger as for some this provided the impetus for seeking out educational opportunities on sex in adulthood, and establishes the need for educational opportunities in later life. In keeping with a life-course perspective, this also helps to locate our participants' sexuality education needs and wants within a particular historical and cultural point in time.

Most commonly, participants recalled that sex was not discussed when they were growing up. Jack (64 years, heterosexual male, married) said, "my mother just said to me 'don't do it'". As a result, some participants felt they had been left uninformed about sex and sexual health. Aaron (65 years, heterosexual male, single) described his first wet dream as a "pretty horrifying experience" as he did not know what was happening to his body. Others reported that they learnt about sex through school yard discussion and (mis)information from peers. Another participant, Caleb (78 years, heterosexual male, married), commented that he learnt about sex "badly" in the absence of any direct discussion or education.

A minority of participants reported receiving limited advice on sex from parents or through school-based education. Tina (60 years, heterosexual female, married) recalled her mother's advice in her late teens to "make sure you're using contraception" if she had sex before marriage, "that was the only conversation we had about it". Indeed, pregnancy prevention was generally the core focus of discussions on sex, particularly for women, and the shame and stigma associated with sex and pregnancy outside of marriage was strongly instilled in participants. Even for participants who received some education about sex when they were younger, 'their knowledge base may no longer be accurate or adequate' (Graf &

Patrick 2015, p. 58), particularly within the context of limited sexuality education opportunities for adults.

For those growing up in religious households, any discussion on sex was predominantly negative and stigmatising. Shane (72 years, heterosexual male, married), who had been raised in a Catholic family, recounted the messages he learned about sex growing up:

That it was dirty, that it was wrong, that it was just something that you had to do in order to have children, and that if you had any sexual thoughts or inclinations it was sinful and you had to go to confession and confess it.

Several participants reflected on a process of beginning to challenge the Catholic sexual mores they were indoctrinated with as children, and discussed embarking on a process of 'relearning' about sex and sexuality as adults. Opal (77 years, heterosexual female, open relationship), for example, described how she became increasingly disillusioned with the Catholic Church as she:

Saw how their position had changed on contraceptives and thought well I'm not going to wait another 50 years until all these old men decide that we can use the pill. So I did it anyway and became very disillusioned with the teaching around that and started to develop my own thinking around it.

We consider these experiences of 'relearning' in more detail in the following discussion. It is important to note, however, that not all participants with religious upbringings had such negative experiences regarding sex and sexuality. Pippa (64 years, bisexual female, married) said that rather than receiving negative messages about sex growing up in a Jewish household, to the contrary "in Judaism... men have an obligation to have sex with their wives, and to be considerate of their wives." This is not to suggest that Pippa's experiences are typical of those who grow up in Jewish households, only that, for her, growing up in a religious household was not experienced as negative or repressive when it came to sex.

Nine participants indicated that the lack of education and discussion about sex earlier in life continued to shape their sexual practices. For example, Elli (59 years, bisexual female, single) commented that "our own sex education was pathetic, and so...talking about sex confidently and possibly being sexually confident...for people over 55 it's still quite...problematic". Similarly, Edwin (66 years, heterosexual male, married) reflected on how "talking about sex wasn't big" when he was growing up, and "we carry that culture with you through your life." Together, these findings highlight that older adults may require further information about sex and sexuality, and that some have actively sought out such information and learning opportunities. However, as we noted earlier (and explored further later), many older individuals do not or have not actively sought information on sex, and this may reflect an internalisation of the stigma of sex conveyed during their earlier learning experiences.

### **Key sources for learning about sex in later life**

#### ***Internet***



The Internet was the most common source used by participants for learning about sex in later life, with 44 participants mentioning this as an information source. However, it must be kept in mind that our sample was recruited through an online survey, and this has likely shaped our findings. As Tim (62 years, gay man, in a relationship) said, “the principal source [of information] is the Internet, no question”, and this well encapsulates the typical response from participants regardless of sexuality or gender. Participants discussed using the Internet to source a wide range of information on topics such as sexually transmitted infections and safer sex, sexual ‘dysfunction’ and ageing, sexuality and sexual pleasure, and to buy condoms and other sexual aides. The breadth of material available made the Internet an attractive source of information. As Tina (60 years, heterosexual woman, married) put it “Mister Google knows everything, doesn’t he?”

Most participants were highly discerning in their use of the Internet, and were aware of the potential pitfalls and limitations associated with information available through this avenue. This was apparent in Igor’s (78 years, heterosexual man, married) comment that:

I know that one needs to be a bit careful about the advice you get on the Internet... if they're legit[imate] and authoritative then there's a lot of very good stuff there.

Nearly all participants who used the Internet to seek information said that they were selective about which sites they used, and looked for certain criteria in judging the quality of information provided. For instance, participants discussed only drawing on information from government, medical, or university websites that were viewed as providing more credible and accurate information. In contrast, Gwen (65 years, heterosexual woman, single) said that she “keep[s] away from commercial sites...because they’re usually pushing some barrow”. While participants generally described themselves as critical purveyors of Internet material, they did not always view *other* people in this way. Marty (77 years, heterosexual man, in a relationship) commented that:

I’ve spoken to other people who don’t seem to use the same critical approach [as him], they come across something that looks interesting or convincing and so they believe it without examining the internal evidence to see whether the people who created the site really know what they're talking about, or whether they’ve got an agenda to do something else.

A minority of participants discussed negative experiences of searching for information online, or found the Internet a limited educational tool. For instance, after contracting herpes, Harriet (67 years, heterosexual woman, in a relationship) said she “looked up every single article... I absolutely trawled the Internet for information”. However, for Harriet it was not until she visited a medical clinic where she was prescribed medication to help manage her herpes breakouts that she experienced a “dramatic change” in her condition. Yet, Harriet said information about this medication “didn’t appear on any of the websites...none of them suggested that you could do that”. Thus, while the Internet was a useful source of information for Harriet, it did not replace the expertise of a healthcare provider. Shane (72 years, heterosexual man, married) also reported disappointing experiences in seeking out information and discussion of sex online. Shane

had engaged extensively with literature and academic theory on sex and sexuality throughout his adult life, in part as a strategy for moving on from the restrictive Catholic mores on sex he described having been subject to when younger. While Shane desired to engage in sophisticated discussion on sex and sexuality with others online, the established groups he had located:

Seem to be fairly simplistic, it's people that have a very narrow perspective...I haven't found anything really that sort of fits.

In contrast to the notion that you can find 'anything' online, Shane was unable to find likeminded communities of individuals to discuss sex and sexuality with.

Although participants in this study generally presented themselves as highly computer literate and were recruited online, they were not representative of all older people. While the digital divide between the old and the young is closing, older individuals are nonetheless less likely to use the Internet (Australian Communications and Media Authority 2015). Amelia (73 years, heterosexual woman, in a relationship), for example, said that "nearly half of my friends don't even own a computer, or if they have one it's something that maybe they send emails... and have a look on Facebook". It is important to keep in mind that while online sources of information and learning are increasingly accessed by older cohorts, there are many who do not and will not access the Internet.

### ***Media***

Less commonly, participants identified the media as a key or preferred source of information and education about sex, with 18 participants mentioning this during their interviews. Five participants identified the Australian Broadcasting Corporation (ABC, a government funded media service) as a reliable and useful source of information about sex. Karen (64 years, heterosexual woman, single), for example, said that "a lot of us seem to watch the ABC, I think that's the over 60s channel" and that she would like to use this as a source of information about sex. Similarly, Juliet (69 years, heterosexual woman, in a relationship) commented that she would like to use the radio as a source of information about sex because it was a "lazy way to get information", in that it required fairly passive engagement from the user. Another participant, Elli (59 years, bisexual woman, single), lamented what she saw as a lost opportunity to integrate "educative awareness around sexual infection or even contraception" into popular media forms such as cinema.

### ***Healthcare settings***

Participants commonly mentioned healthcare professionals and settings as a source of education about sex. Twenty-eight participants indicated that they used (or would use) information from healthcare settings, making this the second most popular source of information after the Internet. Elli (59 years, bisexual woman, single) said that she had sourced most of her information on sex from "brochures from various clinics and doctors surgeries". However, not everyone found the information provided in brochures or similar documents helpful. Marty (77 years, heterosexual man, in a relationship) said that he did not find these sources "very persuasive" as for him "they're too general, they don't have enough information". That said, he acknowledged that these sources may be helpful in

encouraging individuals to seek further information or medical advice, so they could be a useful starting point for education. Marty's comments highlight the need for a diverse range of educational sources for older adults that take into account different levels of prior knowledge.

Healthcare professionals, including general practitioners and nurses, were generally viewed as an authoritative source of information. However, it is interesting to note that participants often raised this suggestion when discussing advice they would give to a friend who needed information on sex and sexual health, or in discussing where they would hypothetically go to obtain information. Participants less commonly raised it as a source they had *actually* used to obtain such information. While Brendan (71 years, heterosexual man, married) indicated that he would visit a sexual health clinic about any questions or concerns; he said, "I don't even know where the [sexual health] clinics are, to tell you the truth". Another participant noted that some individuals would feel more or less comfortable discussing sex with healthcare providers. Finn (60 years, heterosexual man, widow) said that he would encourage his friends to "talk to a professional" if they needed information on sex. However, he also acknowledged that "some of my friends wouldn't be comfortable doing that", and mentioned that other sources, such as Internet sites, would be more appropriate for them.

Given that existing research has documented the reluctance of doctors and older individuals to talk to each other about sex (Gott, Hinchliff & Galena 2004), this is likely to function as a major barrier to healthcare providers acting as a source of education for older individuals. Indeed, this is likely reflected in the fact that few participants discussed firsthand experiences of seeking information from this source. Several participants had suggestions for how this barrier could be overcome, or for strategies to encourage older individuals to feel comfortable asking about sex and sexual health. Beverly (66 years, heterosexual woman, single) recalled an experience visiting a health centre where:

The nurse came out and she... looked great she was quite sexy and groovy and I noticed the sign on her door and it said sexual health information, information on STIs, no appointment necessary... I thought maybe I should just go in one day and just ask to see her. I found that really helpful to see that sign on her door and to see her looking really sexy.

While encouraging healthcare providers to look 'sexy' to encourage discussions on sexual health may not be appropriate, Beverly's comments do highlight how written or verbal communication that welcomes patients to talk about sex can create the space and comfort for these discussions to be initiated.

### **Books**

Five participants had engaged in extensive reading and research on sex throughout their adult lives. Several of these participants were individuals who had highly negative or restrictive education about sex growing up and were seeking to re-learn and expand their understandings of human sexuality. As noted earlier, Shane (72 years, heterosexual man, married) was one participant who had experienced what he viewed as a detrimental Catholic education about sex when he was younger, and had spent much of his adult life challenging what he learnt in his formative years. In particular, Shane had sought to expand

his understanding of gay male sexual orientation, and felt that he had been denied the opportunity to explore male-male sexual encounters as a younger man on account of his education. These learning endeavours were instrumental in allowing Shane to explore aspects of his sexual identity that he had previously felt unable to. For example, he discussed developing male-male sexual fantasy as an avenue for exploring and developing his sexual desires.

Another participant, Leroy (73 years, heterosexual man, in a relationship), also discussed learning about sexuality through reading critical feminist texts, such as Simone de Beauvoir and Germaine Greer, both as a younger man and older adult. This enabled him to think critically about the relationships between gender and sexuality, and informed his approach to sex and sexuality saying that:

I see it very much as a shared thing between two people that want to express themselves physically and sexually and enjoy it...not something that's male dominated or that's come through the male, or to be the domain of the man.

### ***Workshops and groups***

Seven participants discussed active involvement in groups or workshops on sexuality, or indicated that they would like to be involved in such groups as a way of learning about sex in later life. George (69 years, heterosexual man, open relationship) discussed his ongoing involvement with an organisation that runs workshops on love, intimacy, and sexuality. George believed that these workshops had a profound influence on his understandings and experiences of sex, saying that:

This [the workshops] changed my attitude to things which opens me up to talking to you and having occasional threesomes and foursomes, and believing that there's a lot better things in life than just missionary position.

Thus, for George, participating in these workshops enabled him to transform his attitudes towards sex, and opened up possibilities for sexual exploration and pleasure.

While George had positive experiences with groups, this was not the case for other participants. As noted earlier, some participants had disappointing experiences with online discussion groups. Similarly, Leroy (73 years, heterosexual man, in a relationship) attempted to establish a 'real life' discussion group to "explore... how [people]... expressed their sexuality, but it didn't come to anything...didn't get enough take up of the programme". Likewise, Carolina (55 years, heterosexual woman, single) said that she "would really like a support group that I can go to and say I didn't know how to manage that situation" and to receive advice from peers on a range of sexual matters. For Carolina, such a group was seen as important because her attempts to raise issues about sex with her friends had not been well received. However, she had been unable to locate the type of support group she desired.

### ***Did not seek education about sex***

Finally, it is important to highlight that just over a quarter of the participants indicated that they did not actively seek information or educational opportunities on sex. While Jack (64 years, heterosexual man, married) said he would use the Internet to seek out anything he needed “it’s not information I’ve ever sourced”. Some participants indicated that information on sex, sexuality or sexual health was not relevant to them, or “not something that’s high on my agenda” (Frances, 67 years, heterosexual woman, in a relationship). Frances indicated that information on sexually transmitted infections and safer sex was not relevant in her current monogamous relationship. However, she said that this might be different if she were to start a new relationship. Juliet (69 years, heterosexual woman, in a relationship) reflected that some older individuals might not seek out information on these topics because “they just assume it’s all okay and safe somehow”. This suggests that in providing educational opportunities for older adults, it is simultaneously vital to challenge various myths and stereotypes about sex in later life, in this case the (mis)perception that sexually transmitted infections only affect younger people. It is also important to consider the extent to which the perceived need to seek information on sex is shaped by current relationship status. For example, a majority of the participants in our study were in long-term, monogamous relationships, and this may influence the extent to which seeking information is deemed necessary.

## **Discussion**

In this paper we have sought to explore the sources that older Australian men and women use, or would like to use, in seeking educational opportunities on sex in later life. Our findings illustrate that while participants used a diverse range of sources, they most commonly relied on the Internet as a site of information. This reflects emerging work highlighting the use of the Internet for sexuality education, discussion and support across both young and old age groups (Adams et al 2003; Berdychevsky & Nimrod 2015, 2016; Daneback et al 2012). As use of the Internet increases amongst older adults, it is likely that this will be a key site of education, and a space in which specific resources for older adults should be made available. However, it is important to note that not all older adults use the Internet (ACMA 2015). It is therefore necessary for sexuality education targeted towards older individuals to also be available across a range of settings and modes of delivery. This could include, for example, information provided in healthcare settings, discussion in popular media (such as television shows, radio, or newspapers) (Attwood et al 2015), or through advertisements in public spaces. As the experiences of some of our participants show, while the Internet is a vast source of information, it does not replace the expertise of healthcare professionals. In line with existing research (e.g., Graf & Patrick 2015), participants overwhelmingly indicated that they used (or would prefer to use) passive sources of information in learning about sex. In contrast to existing research (Graf & Patrick 2015), participants did not identify friends as a key source of sexuality education. The reasons for this difference are unclear, though it may be that both Australian socio-cultural norms and cohort-level effects (e.g., growing up in a time where sex was not openly discussed) are at play.

While healthcare professionals were identified as a key source of information and education on sex, participants who had not actively sought information on sex raised this avenue most commonly. Others indicated that they would only see a healthcare

professional if something was 'obviously' wrong, or indicated that people may feel uncomfortable discussing sex with a healthcare professional. Given that healthcare professionals were viewed as reliable and authoritative sources of information, particularly on sexual health and sexually transmitted infections, in many respects they represent an important source of potential information and education. However, as existing research illustrates the reluctance of healthcare professionals to discuss sex with older individuals (Gott, Hinchliff & Galena 2004), the findings of our research reaffirm the need to train and educate healthcare professionals to confidently discuss sex with older patients, and to dispel misconceptions held about sex in later life.

Most participants had limited experiences of sexuality education in early life, and many received negative messages about sex and sexuality growing up. Some older individuals may thus have internalised stigma around sex, and feel uncomfortable raising issues related to sex and sexual health. This further reinforces the importance for professionals to provide ways of encouraging such discussions. The provision of materials and signs in healthcare settings that are inclusive of older adults, such as brochures, may be another useful strategy here. These may encourage older individuals to discuss sex with their healthcare provider. Given that facing greater health problems may also mean that some older people need to adapt their sexual practices to accommodate physical limitations, providing information on who they can talk to about this may be useful in healthcare settings. In this respect, our findings also provide further support for the need to provide age-specific educational resources, while also highlighting the utility of a life-course approach to sexuality education (Orel et al 2005; Thaler et al 2009). While the specific content of sexuality education for older adults was not a central focus of this article, given that participants generally had limited experiences of formal sexuality education this suggests there is likely a need for resources that address general 'gaps' in older adults' knowledge as well as age-specific issues.

Our findings illustrate the value of ongoing sexuality education across the life course. For several participants, the opportunity to engage in further education had a profound impact on their sexual lives. Learning about sex could enable participants to challenge and dismantle negative messages about sex from their youth. Education could provide new frameworks for understanding sex and sexuality, and could open up the space and freedom for sexual exploration and the development of sexual skills (such as communication, sexual ethics, safer sex practices, and refining sexual techniques). Sexuality education cannot, and should not, be treated solely as the remit of the young: it represents a vital mechanism for fostering sexual health, pleasure and wellbeing across the life course. This further supports Graf and Patrick's (2015, p.63) U.S.-based research on sexual health literacy, who argue that ensuring older adults maintain sexual literacy 'may help to protect one's own sexual well-being' as well as supporting 'intergenerational health communication with children and grandchildren'.

Not all participants wanted or had the perceived need to engage in ongoing sexuality education, but for those who did, such opportunities were often invaluable. For those who did not actively seek information on sex, this was occasionally linked to perceptions that such information was irrelevant to them, or that there was nothing further they could learn. While for some individuals this may be the case, it is also important that social norms and stereotypes that limit opportunities for education and support be disrupted. For example, the misconception that only young people are affected by sexually transmitted infections meant that some older individuals did not actively seek information on sexual health. Since not all

participants actively sought out information on sex, this suggests that there is a need to deliver education to those not actively seeking it. For example, advertisements on online dating websites targeted towards older users may be one strategy for achieving this. Government-driven sexuality education strategies and campaigns would also benefit from being more inclusive of older individuals.

It was also apparent that some participants desired educational opportunities that were not currently available. For instance, several reported difficulty in locating or establishing discussion and support groups. However, this was not a commonly preferred option, which sits in contrast to the findings of Gedin and Resnick (2014), whose participants valued participating in group-based education. That said, our participants generally did not have first-hand experience of sexuality education in this type of setting. Nonetheless, this suggests that for at least some older adults there are unmet educational needs, and the development of further resources is necessary, particularly given the relatively small range of resources specifically designed for older adults currently available (e.g., Davis 2012; Garrity 2010). While others, such as Thaler et al (2009), have developed comprehensive resources for sexuality educators in working with older people, it is notable that virtually none of our participants reported visiting a sex therapist or educational session where this type of information would be delivered. There is undoubtedly benefit in training sexuality educators to be inclusive of older adults' learning needs. However, given that direct interaction with a sexuality educator was not common for participants, this suggests that we cannot solely rely on professional sexuality educators to deliver information about sex in later life. Professional sexuality educators may also benefit from developing online or other passive resources for older people (Graf & Patrick 2015; Thaler et al 2009).

Our findings support the need for a broad range of resources and modes of delivery. There was no single resource preferred by all participants, and all sites of education were accompanied by their own limitations. A number of researchers have also highlighted the potential for adult sexual education through more 'unconventional' means, such as information provided at sex toy parties (Fisher et al 2010), or at sex stores (Nodulman, 2016; Reece et al 2004). It is worthwhile exploring and developing innovative modes of delivery, particularly given that older adults generally cannot be educated as a 'captive' audience in the same way that school-aged people can.

### ***Limitations***

There are a number of limitations with this qualitative study. The sample size was intended to gain a breadth and depth of experiences, and was not intended to be representative of older Australians. Additionally, participants were generally highly educated, with many having university degrees (both undergraduate and postgraduate). As such, it is possible that their experiences of seeking information about sex, and their preferred sources of education are quite different to those from other demographic backgrounds, and particularly individuals with lower levels of education. It is unclear to what extent our findings are transferable to other demographic groups, and future research may benefit from exploring this topic with diverse samples. Likewise, the socio-cultural context of Australia is unique, and the extent to which these findings are transferable to difference cultural contexts is also unclear. Interview participants were recruited through an online survey, and this is likely to have biased the sample towards those who use the Internet, who have more advanced technological skills than average, and a potentially greater ability to

critically evaluate information on the Internet. These individuals were also comfortable talking openly about sex, and as such may have different educational habits or preferences to other older individuals. The majority of participants were cisgender and of a heterosexual sexual orientation. Lesbian, gay, bisexual, transgender and intersex (LGBTI) older people have distinct educational needs (Chaya & Bernert 2014), and are often excluded from the small number of sex education resources developed for older adults (Davis 2012). Further exploration of older LGBTI people's educational needs and preferences is warranted.

As noted throughout this paper, many of our participants discussed educational sources that they would theoretically use if they needed information on sex but had not actively used these sources. It is unclear to what extent these theoretically preferred sources would actually meet participants' educational needs if used. Likewise, that participants desired these sources of education does not necessarily mean that they are effective modes of sexuality education, and this requires examination in future research.

## **Conclusion**

*Sex, Age & Me* is the first Australian study to examine the preferred educational sources of older individuals, and one of only a handful of studies to do so internationally. Findings highlight a need to develop educational resources for older individuals across a range of settings, with a predominant focus on Internet-based resources and healthcare settings. There is a clear need to acknowledge that many older people are having sex, and that some need information and support, particularly in the face of rising levels of sexually transmitted infection but also to foster pleasurable and ethical sexual experiences across the life course. Ongoing sexuality education represents one avenue for achieving this, and the results discussed here provide some initial insights into how future educational opportunities may be developed and delivered to older cohorts.

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Table 1

*Sample profile of Sex, Age and Me interview participants (n=53)*

Characteristic	Males	Females
Total	30	23
Sexual orientation		
Heterosexual	27	20
Gay/Lesbian	1	1
Bisexual	2	2
Current relationship status		
Married	13	5
In a relationship <sup>a</sup>	7	6
Single <sup>b</sup>	5	8
Open or non-monogamous relationship <sup>c</sup>	4	2
Widow	1	2

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

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

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