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Sampling methods: methodological issues involved in the recruitment of older people into a study of sexuality

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Abstract

Objective

Sexual desire experienced by people over 65 years of age is a sensitive topic deserving serious and ethical research. The recruitment of participants into a potentially sensitive study poses particular difficulties including ethical challenges such as informed consent and confidentiality. This paper, drawing on a study of sexual desire in an older aged population group, outlines a range of purposive sampling methods that resulted in a high rate of recruitment, thus validating the methodology employed. The paper reports the outcomes of four recruitment strategies: word of mouth, advertising, community-based seminars and Sampling methods: methodological issues involved in the recruitment of older people into a study of sexuality direct solicitation that were employed in a study on sexual desire and ageing. The paper aims to encourage researchers and health professionals to consider looking more closely at topics often considered to be socially forbidden and outside the ambit of nursing research. Some of the ethical issues involved in recruitment for the study will also be considered.

Setting

An urban older population group living in the community.

Subjects

Fifteen women and 21 men aged 65 years and over.

Primary Argument

There is little research exploring sexual desire in older people due in part to the methodological demands inherent in conducting such research. Most research which has been undertaken in this area employs quantitative rather than qualitative methods. One reason for the paucity of qualitative data on sexual desire and ageing is the perception that older people are reluctant to discuss intimate details of their lives. In addition, older people are demographically situated within a marginalised and therefore vulnerable population group, creating an ethical challenge for health related research.

Consequently, it is imperative that researchers give due consideration to accepted ethical principles that govern properly conducted research and that are critically important when researching a potentially vulnerable population group. This paper outlines four sampling strategies and discusses some of the ethical issues involved in recruiting older people into a qualitative study. The paper argues that the findings will add to an understanding of a key element of the experience of sexual desire in older people and some of the ethics involved in achieving that understanding.

Conclusion

The adoption of a variety of sampling approaches has been shown to be successful in recruiting members of the older population into a phenomenological study exploring sexual desire.

Introduction

Purposive sampling is frequently selected for obtaining data in qualitative research. This methodology is both highly suitable and challenging for sexuality research (Wiederman and Whitley 2002). Given the sensitive nature of sexual desire and the cultural and social aspects that are associated with the older generation, the use of purposive sampling and an inductive methodology utilising in-depth interviews is one of the most appropriate methods for exploring sexual desire. Purposive sampling is often used when small samples are studied using intense, focused methods such as in-depth interviews (Curtis et al 2000). The in-depth interview offers a unique means of understanding complex human behaviour because the method is not limited by predetermined classifications found in deductive studies which demand ‘best fit’ but rather, results in the generation of large amounts of valuable data obtained from a free flowing communication process (Punch 1998). This methodology provides access to sensitive information from a population group who may have had limited access to sex education in their youth, restricted opportunities for open discussion within their own peer group (Gott and Hinchliff 2003) and who are likely to be reticent in discussing sexual desire unless they voluntarily choose to respond to an invitation to participate. The methods applied in gaining access to sensitive information also raise several ethical challenges including informed consent, confidentiality, reciprocity and voluntary participation; challenges that require careful consideration of the principles of integrity, autonomy and respect. The decision to conduct a phenomenological study into sexual desire and ageing was based on one main avenue of exploration: to explicate and describe the meaning of ‘sexual desire’ from a perspective which would lead to a greater understanding of the experience of sexual desire in an older population group. The questions underpinning the study were ‘What happens to sexual desire when an older person loses their partner or when their partner is no longer physically capable of engaging in the physical act of sexual intercourse?’ The methods to be outlined are based on a study which sought to investigate whether older people experienced feelings of unfulfilled sexual desire and, importantly, to understand the meaning associated with such experiences for the person in his or her social context. The study also explored whether people who identified feelings of unfulfilled sexual desire perceived that those feelings impacted on their sense of wellbeing. Ethical implications remained at the forefront of all methodological decisions that occurred throughout the study. Before discussing the sampling methods, the research process and participant demographics are outlined to provide a context for examining the recruitment of older people into a challenging study.

Table 1: Research stage and design

General study design	Phenomenological study using multiple in-depth unstructured interviews
Primary outcomes	
Phenomenological	Description of the meaning and experience of sexual desire from the older person's perspective An understanding of sexual desire and implications for wellbeing
Clinical	Inform health professionals and carers about older age sexual needs Sexual health care and education for older people within holistic health Promotion of healthy ageing
Psychosocial	Empowerment of the older person
Sample size	Thirty six (36) people of both gender aged 65 years and older
Recruitment sources	Word of mouth Advertising Community seminars Direct solicitation
Data explication	Interpretive phenomenological analysis (IPA)

Research Process

The first step in the research process was to seek participants who were aged sixty five years and over and who would be willing to share their experiences of sexual desire. While there was no pre-determined number of participants, it was anticipated that twenty participants would be a reasonable target figure, conforming to the norm of small

recruitment numbers typical of qualitative research using in-depth interviews as the method of data collection (Clarke and Jack 1998; Miles and Huberman 1994). To create more variability among the group, older people of alternative sexual orientations of both genders were actively sought out. The research design was a phenomenological study using multiple in-depth interviews with men and women aged sixty five years and older who lived in the community (see table 1).

Overview of participant demographics

All the participants in the study were white Caucasian with varying socioeconomic backgrounds, ranging from older people in paid employment, pensioners in public housing to self supporting retired persons. All participants lived independently and the majority reported good health. One participant had been diagnosed with a terminal illness and endeavoured to maintain social and physical activities while he was still able. Of the 21 men interviewed, five identified as homosexual. Two of the five men who identified as homosexual had previously been married and had children. The other three men who identified as homosexual had never married. Two of the men interviewed who identified as homosexual were in a long term relationship (> 40 years). All the fifteen women interviewed reported they were heterosexual and all were, or had been, married. The largest group were in the 70-74 year age range (31%), followed closely by the 65-69 year age range (28%). The majority were married or in a live-in relationship (47%) and lived in their own house (59%). Junior Certificate or equivalent was the highest level of education attained by 44% of participants, while 30% attained tertiary level and 14% did not receive schooling beyond primary school level (see table 2).

Table 2: Participant demographic characteristics

Characteristic	Male (n=21)	Female (n=15)	Total (n=36)
Age			
65-69	6	4	10
70-74	8	3	11
75-79	3	6	9
80-84	2	2	4
85-90	1	0	1
>90	1	0	1
Relationship status			
Never married	3	0	3
Married/defacto	11	6	17
Widowed	3	3	6
Divorced/separated	4	6	10
Education			
Tertiary/college	6	5	11
Trade certificate/ diploma	3	0	3
Senior school (16 to 18 years of age)	0	1	1
Junior school (12 to 15 years of age)	10	6	16
Primary school (8 to 11 years of age)	2	3	5

Sampling Methods

The four purposive sampling methods utilised were: word of mouth; advertising in local community and media; seminars presented to community groups; and direct solicitation.

Word of Mouth

Word of mouth required the support of other people to participate in the recruitment process by approaching potential participants on behalf of the researcher. For this study it

was often a health professional colleague who was involved in the recruitment process. Potential participants were subjectively assessed as meeting the study criteria in terms of age, command of the English language and willingness to participate in a research project concerning disclosure of sensitive information about their sexual experiences. An assurance of anonymity and confidentiality was emphasised on an information sheet provided to potential participants. Interested volunteers were invited to contact the researcher directly or give permission for the researcher to initiate contact and provide further details about the study at which time an interview was arranged if the person agreed to participate. Interviews were conducted in the non-threatening environment of the participant's home or at a location of their choice. Most interviews took place in the home setting. Alternative locations included a workplace, a park and a coffee shop.

Community Advertising

Advertising for the study required the distribution of flyers to shopping centres, senior citizens centres and other community groups where the older population was likely to meet. Flyers were also distributed in local libraries, adult shops, a University of the Third Age and a general practitioner practice who agreed to display the flyer (see figure 1).

Media Advertising

Local media and a homosexual oriented magazine were approached with regard to promoting the research project and publishing articles about the study and a call for volunteers. The university media department organised a media release creating widespread interest and generating a number of requests from older people to participate in the study.

Figure 1: Local community advertising flyer

**Older Age Sexuality
TABOO or not TABOO!**
Older volunteers required to participate in a university
research project on sexual desire in the older population

Are you

- Aged 65 years or over and living independently
- Male or female
- Married, widowed or single
- English speaking
- Willing to be interviewed about sexual issues

You will

- * Be interviewed in your own home
- * Not incur any costs
- * Be helping us to gain a greater understanding of an aspect of older age sexuality

Identifying details relating to the interview material will be kept strictly confidential

Seminars

Community seminars involved a large mail out to various senior community groups, day respite centres and retirement villages seeking an invitation to present a session on the topic with a view to recruiting potential participants. Non-respondents to the letter were followed up with a phone call two weeks later. The seminar took the form of an information session about the research project, background to the study, and significance of the project with an emphasis on health and wellbeing. Each seminar provided an opportunity to assess audience interactivity and to note any particular issues arising during question time. At the end of each session attendees were invited to ask questions and to contact the researcher if they were interested in participating in the study. For this purpose, contact cards were distributed so that each person had the opportunity to discreetly arrange an interview at their own convenience.

Direct Solicitation

Direct solicitation occurred on two social occasions when opportunities arose for the researcher to approach two older people by chance, initiating a conversation about the research project and inviting participation in the study.

Results

Word of Mouth

Word of mouth yielded the largest number of participants and was the simplest mode of recruitment (see table 3). All 17 participants recruited through word of mouth gave permission for the researcher to contact them rather than initiating contact on their own initiative. Several unsuccessful approaches to friends and relatives were reported, which in itself, provided information about the reaction of some older people when approached about discussing sexual issues (Gott et al 2004). For example, those that refused did so with reported humour rather than with a more negative response.

Table 3: Source of participant recruitment

Source	Male	Female	Total
Word of mouth	11	6	17
Advertising	7	5	12
Community seminar	3	3	6
Direct solicitation	0	1	1
Total	21	15	36

Advertising

Twelve participants were recruited in response to advertising. Five participants responded to a local newspaper article; two in response to a flyer placed in a shopping centre; and five participants were recruited as a direct result of the media release. The media release was certainly influential in generating recruitment numbers. This strategy resulted in

nationwide media exposure that included researcher interviews and publication of several newspaper articles. Ten people responded, five of whom were suitable for inclusion in the study. Six respondents resided interstate and were initially excluded due to the difficulty of conducting in-depth interviews and follow-up over the telephone. The one exception was a participant who maintained telephone contact for over a year until travel made an interview and follow-up possible. The persistent interest in being included in the study highlights just how important it is for some older people to have their voice heard.

Community Seminars

Letters were sent to 50 community clubs and organisations that catered to the older population. Ten organisations responded and arrangements were made to present a seminar to their organisation. The seminar was approximately 45 minutes duration with 15 minutes question time. Attendee numbers ranged from 12 to 90 with an average of 40 people at each seminar. Six people were recruited in response to a community seminar.

Direct Solicitation

Direct solicitation was an opportunistic strategy based on incidental meetings with older people who were subjectively considered likely to meet the study inclusion criteria. Two were directly approached to participate in the study; one male and one female, however only the female subsequently participated. The male provided telephone contact but remained elusive after several attempts at contact.

Discussion

The demographic profile shows a relatively homogenous population group which is reflective of the older population demographic within the geographical sampling area and of the cultural and socioeconomic background of the researcher's peer group and colleagues who were involved in the recruitment process. The sampling methods being discussed need to be viewed within the context of the study. By way of context, it was assumed that females would be more likely to discuss sexual desire than males and therefore female participants would outnumber male participants. The assumption was based on life experiences suggesting that women were more comfortable than men in discussing sensitive issues such as intimacy and body function. The assumption was not borne out in the study results with 58% of participants being male and 42% of participants being female. All five of the interstate people excluded from the study due to distance were also male. In addition, six male participants initiated follow-up contact with the researcher. It is difficult to provide a reason for the gendered difference in recruitment numbers and interest in participation. Subjectively, social isolation may be the factor driving initiation of contact rather than a real desire to contribute to the study since five of the six participants who initiated follow-up were single and lived alone although it is also possible that these older male participants had not had many opportunities to discuss sexual desire and embraced the opportunity to do so.

Word of Mouth

Word of mouth as a recruitment strategy was dependent on the willingness of friends and colleagues, most of whom were health professionals, to approach their friends and relatives and broach the subject of sexual desire which would not have been a particularly

easy thing to do. Therefore it was usually a health professional who introduced the subject to a potential participant which may have influenced consent for the study. Interpretation of informed consent implies autonomous self-determination and a balance in the power relationship between researcher (or those acting on behalf of the researcher) and participant. Older people tend to have a high regard for education and knowledge; social benefits that were not always available to them. For many older people in Australia raised in times of economic hardship there was an expectation they would contribute to the family income as soon as they were able-bodied, hence many older people did not have access to a formal education beyond primary level. Consequently, a request from a health professional in a potentially more powerful position may have influenced participation in the research project. To equalise the power relationship, the potentially vulnerable participant was provided with a detailed information sheet emphasising the voluntary nature of the project and of their right to withdraw from the project at any stage. All aspects of the project including purpose, method, risks, benefits and anticipated outcome were verbally conveyed as well as provided in written form. Confidentiality was important for all participants and particularly for those who were recruited by word of mouth. The researcher advised each participant recruited through word of mouth that their recruitment into the study would not be disclosed to the person who made the initial approach. Disclosure of that information would be their own decision thus adhering to the ethical principles of integrity, respect and autonomy. The benefits of word of mouth were that a wider target population group could be reached with no financial outlay and minimal time costs. The only potential problem was in offending the people invited to approach their friends and relatives. For this study, by drawing on a circle of health professional friends and colleagues, the risk of offence was minimised as most health professionals have an appreciation of the benefits of research that adds knowledge and understanding, particularly in relation to an under-researched area. As a sampling method, word of mouth was devoid of cost, required very little effort and yielded the best response.

Advertising

There was something of a snowball effect from community advertising and a blurring of the boundaries between advertising and word of mouth, with early respondents drawing attention to the advertisement amongst their friends. In one case, a respondent informed the researcher that she had removed a flyer with the specific purpose of discussing the research within her social circle. The researcher was then invited to talk to the small group ($n=5$). Two members of the group were subsequently included in the study. Confidentiality issues were raised when participants had knowledge of another person's inclusion in the study. However, provided that confirmation of inclusion was disclosed by the participant and not by the researcher ethical principles were not breached. In both of the aforementioned cases interviews were arranged outside of the group environment and in private. In the study, when the researcher was aware that a participant had responded to the advertisement on the advice of a friend, confidentiality of the study was re-emphasised. The creation of a relationship built on trust and respect between researcher and participant was critical. Trust was built on the ethos of diligent adherence to confidentiality and by emphasising that all data would be de-identified. Respect was achieved through the researcher's awareness of the responsibility to create rapport with

each participant and to develop a research relationship that was responsive to their needs. For example, in negotiating the conditions for the interview and in editing out information that the participant did not wish included in the study. Advertising in a magazine published specifically for the homosexual community was fruitful in contributing to the diversity of the study with two of the male participants who identified as homosexual being recruited through magazine advertisement. In relation to the media release, while the resulting recruitment numbers were small, the topic created a great deal of interest and discussion thereby achieving one of the overall aims of the study, namely, raising awareness of older age sexuality. The benefit of community advertising was the ability to reach a wide range of people, targeting the population group of interest by advertising in places where they were most likely to be exposed to the advertisement. The economic costs of advertising included the expense and time required for production and distribution of advertising material and the mail out to media and other community groups. The cost involved in the distribution of flyers was far greater than the benefit and could not be recommended as a productive sampling strategy. The only problem encountered with media exposure was timing. By the time the media release occurred, anticipated participant numbers had already been achieved. As a sampling method widespread media advertising is very effective and should occur early in the recruitment process and with the researcher prepared for the time commitment involved in media exposure.

Community Seminars

The most personally rewarding and most time consuming, but least effective recruitment strategy was in providing seminars to community groups and calling for volunteers. Presenting seminars was personally rewarding from the perspective of providing an opportunity to present the research project to a receptive audience and receive immediate feedback. It was also the most time consuming strategy with regard to contacting community organisations, preparation and presentation and the least effective strategy given that six participants were recruited after ten community presentations to a total of approximately 400 potential participants. However this strategy allowed the researcher to contend with one of the fundamental ethical dilemmas involved in the research process; the conflict between protection of human rights and the need to generate knowledge. In this case, the call for volunteers in a public forum was made in such a way that privacy and confidentiality were upheld at the same time as the benefits of the research project were emphasised. One of the issues with contacting community organisations was the role of the gatekeeper. Although ten community groups arranged a seminar, there was poor response from the other 40 contacted. One secretary telephoned a day after the letter would have been received with the advice that 'members would not be interested' leaving the researcher wondering how many members were involved in the decision. Another issue with community seminars is the long lead in time required. Many organisations have organised their speakers up to a year ahead so there can be a considerable delay between contacting the organisation and presenting the seminar. One effective strategy was in leaving contact details and being available to 'fill in' when a pre-arranged speaker became unavailable with little notice. Therefore, preparation and availability became important. Possible reasons for the poor recruitment result from community seminars may be peer pressure, with some older people not wanting to be identified organising an

interview centred on sexual desire although this dilemma was countered by providing an opportunity for interviews to be arranged in private and at the discretion of the potential participant. Another reason may have been the high level of demand placed upon older people who are involved in social activities. Where contact was made, the researcher was competing with other activities commensurate with the very full lives that many older people lead to negotiate a mutually convenient interview time. A further possible reason for lack of sampling success from community groups of older people is the well documented taboo that continues to surround sexuality and the reality that some older people prefer not to discuss their sexuality. Notwithstanding the potential bias involved, sexual taboos substantiate purposive sampling as a suitable method of gaining access to meaningful information about a sensitive topic which might otherwise never be forthcoming. The time and effort required in presenting seminars to community groups can be seen as indirectly addressing a criticism of researchers, that is, lack of reciprocity whereby researchers take the information imparted to them without providing a reciprocal benefit that may assist those who provided the information (Mackenzie et al 2007). Conducting community seminars provided an opportunity to raise awareness of the issues involved in understanding sexuality in older people and to promote the topic as one worthy of research. Presenting to community groups can also provide fresh insight for the researcher by paying careful attention to the comments or questions raised at the end of each session and thus contributing to an ‘action research’ process. Pertinent comments and questions might lead to previously unexplored relevant issues being highlighted. In addition, there was a pseudo Focus Group effect allowing the researcher to access, interact with and receive feedback from a group of people who may not have been otherwise willing to attend a focus group about sexuality. As a recruitment strategy community presentations were not productive. On the other hand, if community presentations are conducted early in the process valuable information can be gained and incorporated into the research design. Moreover, it can be argued that presenting seminars to community organisations partially fulfils the ethical imperative of reciprocity and the obligation for social research to redress social problems which, for this study, is the social problem of perceived lack of knowledge and understanding of older age sexuality. Direct solicitation was entirely incidental. On the first occasion the researcher became engaged in conversation with an older person in a social situation and realised that an opportunity to discuss the research and invite participation presented itself. The potential participant exchanged contact details but declined to be involved when later contacted. On a second occasion, the researcher noticed an elderly lady dancing alone, uninhibited and yet fully cognisant of her environment and actions and requested an exchange of contact details with regard to discussing a research project. When contacted a few days later the lady, aged 84 years, was recruited into the study. Literature supports the idea that a direct approach to older people is often successful in gaining access to conduct research as it allows the person approached to view the researcher and form an impression (Wenger 2001). However, in this study direct solicitation was not considered to be a reliable sampling strategy, yielding only one participant. This strategy requires considerable time to recruit sufficient numbers of participants and indeed, raises some ethical questions. For example, direct solicitation could lead to an unpredictable response from the person approached such as anger or distress. Further, there may be an implicit power imbalance if the person approached perceives that the researcher is an academic or

a health professional in a position of relative power and is potentially intimidated into participation. Voluntary informed consent may be an ethical issue. To address this issue, we propose that direct solicitation includes an additional step whereby the potential participant is provided with detailed information on the study including a phone number and provided with the request that they phone the researcher back 24 hours later if, after consideration, they are still willing to participate in the research interview, thus exercising their right to self-determination.

Ethical Considerations

The demographic profile of participants in this study is reflective of a relatively homogenous population group who are often marginalised by what is perceived to be a youth-oriented society in Australia and therefore are a vulnerable population group. Marginalisation stems from the reality of being an older person in a youth oriented society which has physical, psychological and social implications. Physical implications may result from the experience of physical decline in a cultural environment where there is increasing pressure to remain healthy and active. Awareness of increasing physical limitations and from loss of control over aspects of life can lead to psychological tension in older people. Social factors that increase vulnerability may include isolation, absence of family support and lack of education; particularly with regard to sex education. Accordingly, conducting research that involves a potentially marginalised and vulnerable population group requires diligent attention to ethical principles such as integrity, respect, autonomy and justice. Some of the ethical challenges that were encountered in this study were informed consent, confidentiality, setting project boundaries and dealing with unrealistic expectations. Informed consent is always complex, particularly when working with a potentially vulnerable population sample or when dealing with a highly sensitive topic. While approval for the study was granted by the university Human Research Ethics Committee, the issue of informed consent deserves further consideration. The main implications of the formal approval mechanisms were that participants were fully informed of the nature of the study and were willing to provide written informed consent to be interviewed. The issue of informed consent and true voluntary participation is, however, called into question if social isolation is a driving force for participation in the study. In our experience it is often difficult to determine whether social isolation may be involved and to what level isolation influenced participant responses. In this study confidentiality was paramount and participants were assured that any documentation resulting from the study would be non-identifiable and that raw data would not be distributed to any persons not directly involved in the research. During the interview some participants required reassurance about confidentiality. At follow-up interview participants were advised of the pseudonym allocated to them on the transcription which was offered for review demonstrating concrete evidence that their information had been de-identified. They were also invited to select a pseudonym of their own choice. The importance of reciprocity within the research relationship was considered. All participants agreed that raising awareness of the older person as a sexual being was important and was their main reason for participation in the study. In effect, involvement in the study allowed their voice to be heard on behalf of the older person although all participants were advised that results from a small qualitative study could not be generalised to the older population. Nevertheless, all participants identified that their

contribution was given for the greater good of their peer group. All were advised that they would receive a copy of the final documentation produced from the study and were provided with a progress report throughout. In conducting research it is very important from the beginning to clearly set project boundaries, to confirm the purpose of the research and to be alert to the need for reiteration of the purpose of the research. In this study the information sheet gave a detailed description of the purpose of the project. However during the research process it was clear that two of the participants had unrealistic expectations with regard to the purpose and outcome of the study. For example, one participant was concerned about the long term effects of domestic violence on female genitourinary function and stressed the importance of raising awareness and exploring that issue in greater depth. Another participant wanted the research to focus on clitoral function and the importance of female satisfaction within a relationship. While both issues are important and can be broadly addressed within the study, the focus of the study was not entirely on either issue. There is an ethical responsibility for the researcher to ensure that the study is committed to the purpose for which ethical clearance was obtained and does not succumb to pressure to become a platform for conflicting vested interests.

Conclusion

Research methodologies addressing sensitive topics deserve special consideration. Purposive sampling is a relatively novel methodology in the area of sexuality involving older people. This methodology has been shown to be an effective strategy in conducting research into a potentially sensitive topic. Purposive sampling was selected for the study because of the uncertainty involved in determining the response to an invitation to participate in a study about sexual desire in older age. The study used in-depth interviews that yielded valuable data from the perspective of the older person and therefore necessitated targeting members of the population of interest. In the process, a number of ethical challenges were addressed including informed consent, confidentiality, reciprocity and voluntary participation. Due to the sensitive nature of the topic in the context of an older population all available methods of purposive sampling were implemented. Word of mouth was the most successful strategy but depended on the commitment of friends and colleagues to assist in the recruitment process by acting as the source of referral between the researcher and potential participant. Using contacts within a health environment certainly assisted in the recruitment process but may have implications from a voluntary informed consent perspective. The question is whether the participant agreed to participate because a friend or relative who was a health professional made a personal request. However each of the participants was free to withdraw at time of interview and follow-up and appeared to be more than willing to participate in the study. Voluntary consent was confirmed with ongoing participation at follow up which took place more than a year after commencement of the study. Community-based advertising involving the distribution of flyers required more time and effort; yielded a poor response; and contributed to the homogeneity of the population group. Media exposure was effective in recruiting participants into the study and in creating widespread interest in the topic and therefore, is the optimal strategy provided that it is implemented early in the study. Presenting seminars to community organisations brings its own intangible rewards in providing greater insight into the topic of interest, in meeting social research obligations

and in providing a means for reciprocity between the researcher and the population group. However as a recruitment strategy, the outcome was very poor when considered in the light of recruitment numbers. Use of this strategy needs careful consideration of the balance between time, effort, cost and potentially poor results against the intangible benefits of greater insight into the topic and in fulfilling social and ethical demands. Direct solicitation did not yield a satisfactory result and indeed, in this study, was opportunistic rather than being employed as a methodologically sound technique. Some studies have used this strategy very successfully (van der Geest 2001) however as a sampling method, the researcher should use direct approach with caution and be mindful of ethical implications. Overall, purposive sampling was very appropriate for this particular study which sought to gain a greater understanding of sexual desire in older age and achieved recruitment numbers far in excess of expectation.

Limitations

There are several limitations to adopting a purposive sampling methodology. A small sample size and the non random nature of the sample may place severe constraints on the ability to generalise findings to the general population. It should be noted however that a phenomenological approach centres on gaining knowledge and understanding through the explication and illumination of the lived experience of those involved in the study rather than generalisation to the wider population. Within this paradigm, small sample sizes may not be an issue. For instance, in the current study of sexuality, more diversity would have been achieved if older people from multicultural backgrounds had been included in the sample. However despite a lack of cultural and socioeconomic diversity, the results confirm that some older people are willing to discuss sexual desire if provided with the opportunity. Despite the obvious bias of purposive sampling, the techniques involved in this study can be applied to a larger or different population group and therefore have some applicability on a broader basis. A second limitation associated with the sampling strategy adopted in the current study was the ‘gatekeeper’ effect. For example, where letters of approach to community groups may have been ‘vetted’ by an organisational representative making a unilateral decision on behalf of the organisation with regard to the suitability of including a seminar about sexuality on the program. In that instance, greater diversity may have been achieved if a wider population group had been reached. The gatekeeper effect may have been overcome by more vigorous attempts to contact members of the various community groups and organisations, for example, by taking a participant observational approach and joining the group prior to seeking recruits; a strategy requiring a certain level of time commitment and assimilation with the group. Greater diversity could also be achieved by approaching specific cultural groups to seek participants from multicultural backgrounds. The sample population for this study was relatively homogenous in terms of ethnic origin, socioeconomic status and urban geographical location and could be used as a basis for comparative analysis with diverse older age population groups.

Recommendations

To reduce the problem of homogeneity a future study could compare the outcomes of sampling strategies between a regional older population and an urban population within the same peer group to determine whether different sampling strategies would yield

significantly different results. Future studies could also investigate sexual desire as experienced by different cultural, socioeconomic or older age-stratified groups which could be compared to the results of studies such as this one, providing broader knowledge by virtue of increased diversity. In addition, future research could specifically address the ethical issues involved in older age sex research.

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