



edu
sex
age

**User's Requirement
Report**



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Introduction to the project

Older adults can face difficulties in their sexual and social life as they age. Reduced opportunities for social contact can increase the risk of isolation and depression, while physical or cognitive changes, such as reduced mobility or lowered self-esteem, can create barriers that directly impact the general well-being of older people. The Education for healthy sexuality in older age (**EDUSEXAGE**) project aims to promote older peoples socialisation, improve self-esteem and contribute to them enjoying an active sexual life. In any project where there are partners from a number of different nations, who speak different languages, agreeing precise terms can be a challenge as some terms do not translate directly or very well to other languages. The partnership agreed that 'sexuality' would be the term used by the partnership and included within its meanings for the purposes of the project are 'sex, sex life, sexual activity and sexuality'. A key goal of the partnership's efforts is tackling the stereotypes that surround the topic of older people and sexual activity, which is frequently treated as a taboo topic. In order to help accomplish this goal the EDUSEXAGE project includes:

» Result 1: Users' report - Needs analysis of older people's needs and preferences.

The Users' report is a needs analysis that compliments the review of academic/scientific literature that the project partners undertook, and this needs analysis will serve as the foundation for the development of results two and three, which are educational courses for older people and health and social care professionals respectively. The needs analysis adopted a mixed methods approach with both a survey to gather quantitative data and focus groups/interviews to gather qualitative data. This report details the findings of the need analysis.

» Result 2: Educational programme for older people

Result two will involve the development of an educational programme to support older peoples' knowledge and understanding around aging and the enjoyment of an active sex life. Result two will include the development of digital tools to provide information on healthy aging and sex to support older people in boosting self-confidence. Online technologies have a strong potential to provide older people with social support networks and a sense of belonging. Thus, this programme will include an online learning section and interactive face-to-face course with group sessions, as well as written and visual material, evaluation quizzes, and interactive resources.



» **Result 3: Educational and training materials for health and social care professionals and those who work with older people.**

As highlighted in the needs analysis, older people have a preference for discussing matters of sexual activity and sexual health with health professionals. However, health and social care professionals and others who work with older people can confront a number of barriers, such as concerns over embarrassment, particularly where the age or gender of the older person and medical professional are different. Result three will develop educational and training materials for health and social care professionals and carers to assist them in supporting older people. As with result two, these materials will be provided in an attractive, interactive online format.

» **Result 4: Online learning platform**

The final result of the project is an interactive platform where the educational and training materials from Project Result 2 and Project Result 3 will be available, so as to facilitate open and flexible access.

The EDUSEXAGE project is co-financed by the Erasmus+ programme. The project started in November 2021 and ends in November 2023. The project consortium consists of NGOs, private companies, consultants, research centres and universities coming from France, Ireland, Slovenia, Germany, Italy and Spain.





Users requirement report

The objective of this result is to support the project partnership in defining the learning outcomes to be addressed by the two courses that will be developed as Project Results 2 and 3. It will focus on the needs of older people as expressed by them during the needs analysis (Project result 1). The data for the needs analysis was gathered through:

- a. An anonymous questionnaire for older people to gather quantitative data.
- b. Focus groups/interviews to gather more in-depth qualitative data.

The following report details the results of these mixed methods of data collection.





1. Survey results

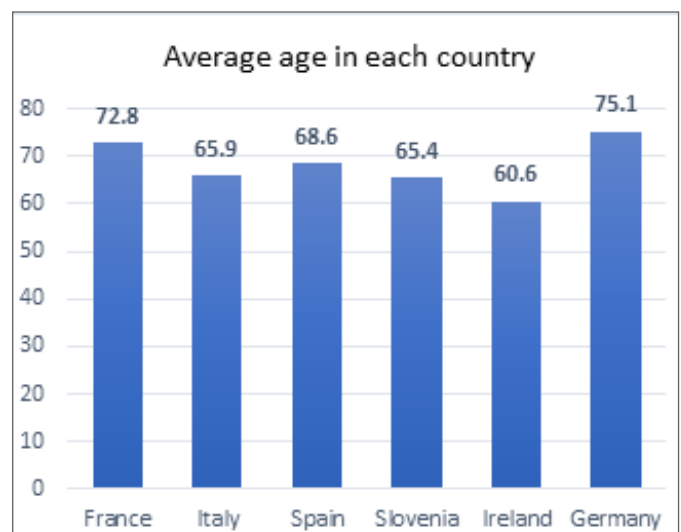
The consortium developed an online survey for the first phase of the needs analysis, so as to better understand older peoples' views and to compliment the findings of the review of literature. The survey included 20 questions, six of which gathered demographic data, while the remaining questions focused on older peoples' views and experiences, with many of the questions based upon a Likert scale approach. The survey was translated by the partners into their respective languages and distributed by each of the partners, with the goal of receiving 30 completed surveys per partner. In total, 224 surveys were completed by the partnership, with responses from France, Germany, Spain, Italy, Slovenia and Ireland. The results of the survey findings are presented below.

A. Demographics of the survey participants

A.1 Age

In total, 224 people participated in the online survey and the average age of participants was 68 years old. The youngest respondent was 52 (Italy), while the oldest was 89 (France). The average ages for each participating country are presented in the table opposite.

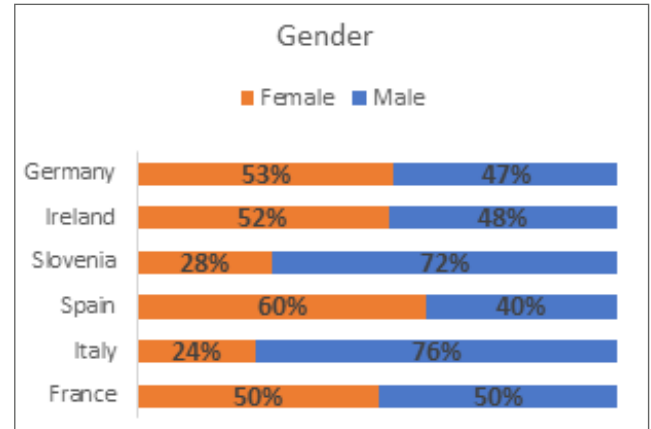
Though the target group was initially those of retirement age (65+), the partnership felt it important to include older people coming closer to retirement and the minimum age was agreed as 55+ years. A few completed surveys were received from slightly younger participants (52-53) and the partnership included these responses as well.





A.2 Gender

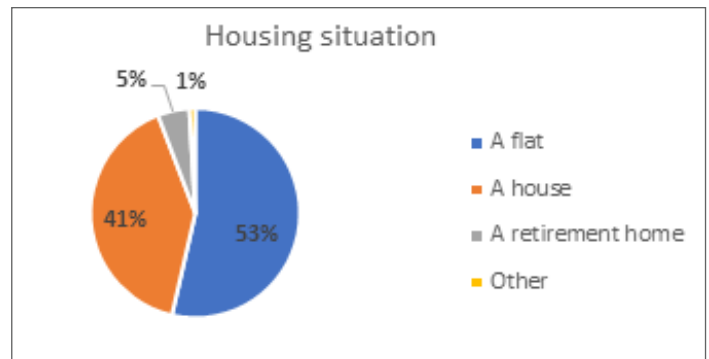
The survey responses reflected a gender balance overall, with females contributing 54.91% of responses, while males contributed 45.09% of the responses. There were national variations however. In France, Germany and Ireland for instance, there were very similar percentages of female and male responses, while in Slovenia and Italy only around a quarter of respondents were female, and in Spain one and half times more females than males completed the survey.



A.3 Housing

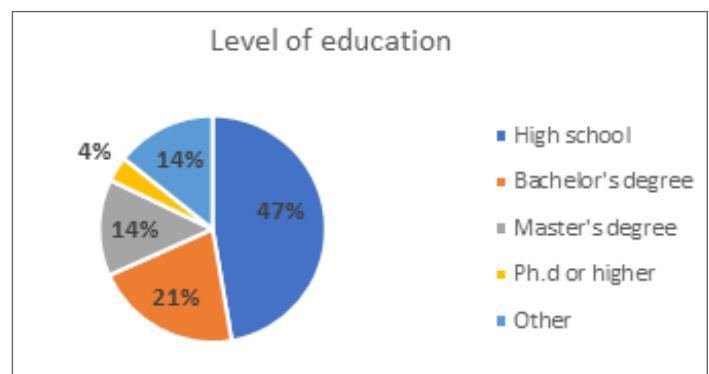
The majority of participants indicated they lived in a flat (53.60%), while 40.60% lived in a house.

Only 4.90% indicated living in a retirement home and only 1% lived in other types of accommodation.



A.4 Level of education

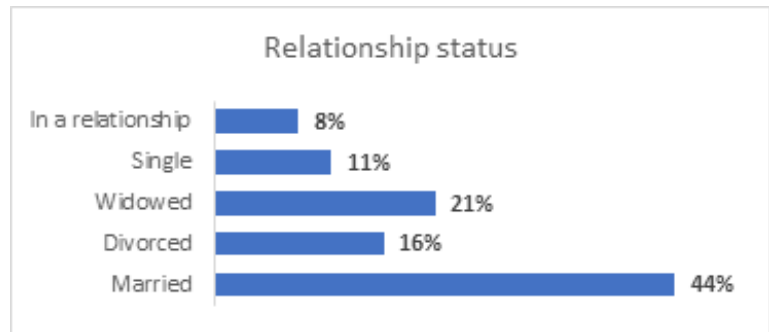
The majority of respondents (47%) noted their highest level of education was a high school diploma, while 21% had a Bachelor's degree, 14% a Master's, and 4% had a PhD. In addition, 14% indicated an "other" level of education, with changes in educational systems over recent decades no doubt shaping the make-up of responses.





A.5 Relationship status

Out of the 224 responses, 44% were married, 21% were widowed, 16% were divorced, 11% were single and 8% indicated they were in a relationship.

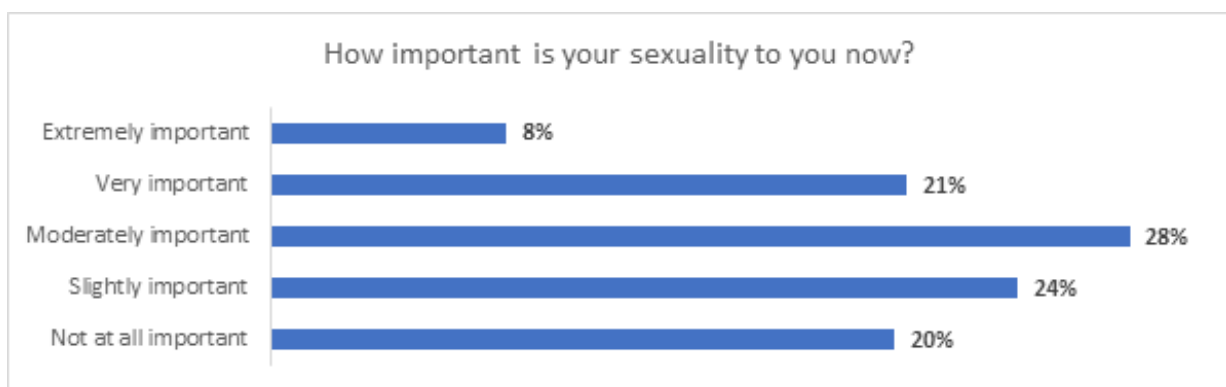


B. Analysis of the needs of older people

B.1 Importance of sexuality to respondents.

In total, 224 people participated in the online survey and the average age of participants was 68 years old. The youngest respondent was 52 (Italy), while the oldest was 89 (France). The average ages for each participating country are presented in the table opposite.

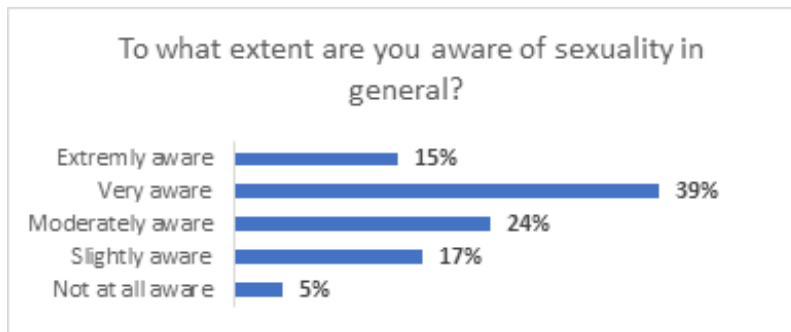
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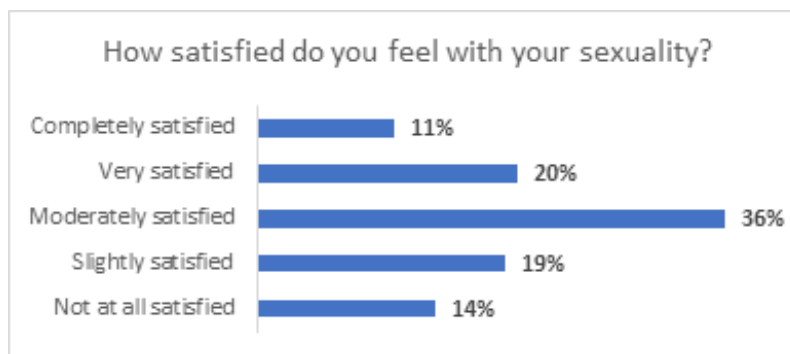
B.2 Awareness of sexuality in general

When it came to respondents feelings of awareness of sex and sexuality in general, a slight majority of respondents felt they were very well aware (39%) or extremely aware (15%) of the topic. While, 24% felt moderately aware, 17% felt slightly aware, and only 5% felt they were not at all aware of sexuality in general.



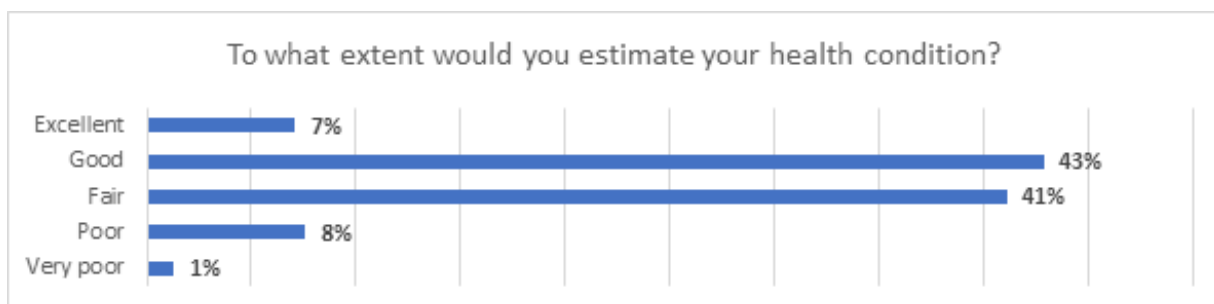
B.3 Level of satisfaction with their own sexuality

In terms of satisfaction with their sexual life a majority (36%) of respondents are moderately satisfied, 20% are very satisfied and 11% were completely satisfied. On the other hand, 19% are slightly satisfied and 14% were not at all satisfied with their own sexual life.



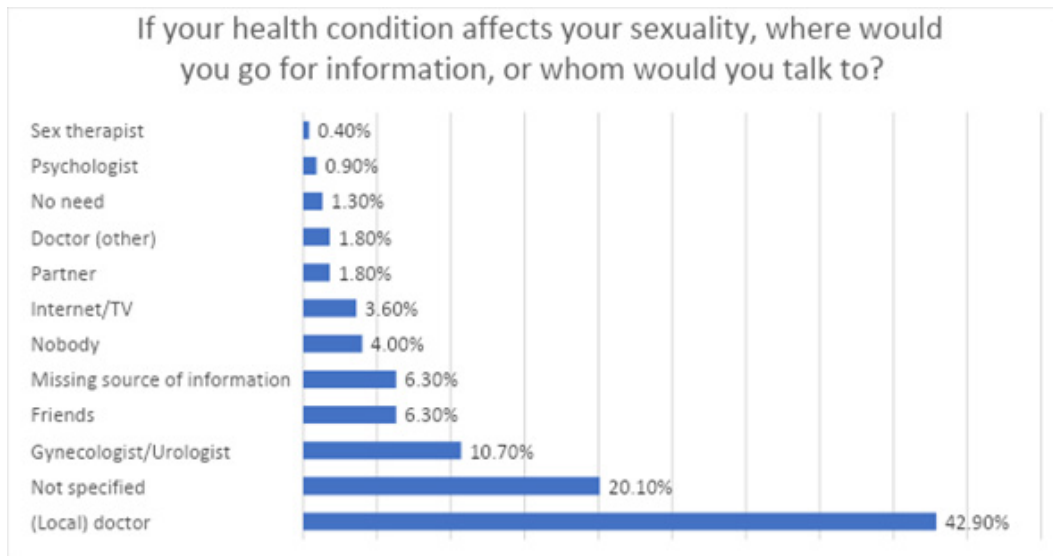
B.4 Health condition of participants

Respondents self-evaluation of their health were largely positive, with only 9% suggesting poor (8%) or very poor (1%) health, though at the same time only 7% felt they were in excellent health.





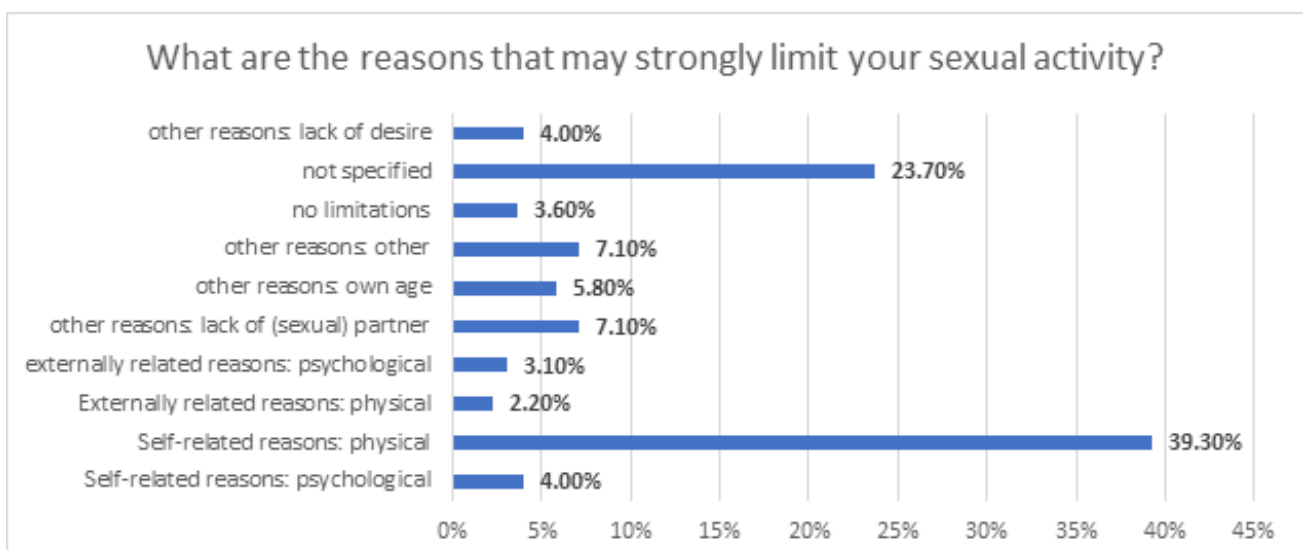
B.5 Seeking for information regarding sexuality



It is important to highlight that respondents could choose multiple response options to this question.

In terms of preferences when seeking or accessing information, the majority of responses (42.9%) indicated a preference for their local doctor (General Practitioner). This was followed by 'not specified' (20.1%), Gynaecologist/Urologist (10.7%) and a range of other response options. Of interest, participants suggested a preference for consulting a friend (6.3%) much more often than consulting their partner (1.8%). As the majority of respondents were in a relationship, this finding suggests that older people may be more likely to consult a friend than their partner about health conditions impacting their sex life.

B.6 Limitations of sexual activity among respondents.





In terms of sexual activity limitations among respondents, 163 or 72% of respondents provided an answer and ten categories of limitations were identified, with self-related physical reasons the most frequently noted category.

Among the self-related reasons (ie. physical and psychological) only 4% of participants indicated self-related psychological, with these respondents noting issues such as anxiety (stress), loneliness, fatigue and fear of impotence. In relation to the participants who noted physical issues, there were a diversity of limitations noted, including.

- Health issue in general (a majority indicated this);
- Cancer;
- Diseases;
- Erectile dysfunction;
- Radical prostatectomy;
- Illness (like prolapse, impotence);
- Fitness;
- Medications;
- Prostatic hypertrophy;
- Pain causes by surgery;
- Physiological changes related to post-menopausal hormone deficiencies.

External related reasons were largely related to the respondents partner. For example, items included in the external psychological related limitations included, relationship problems or a partner who was no longer interested in sexual activity. Whereas the external physical related reasons entries largely focus on physical limitations of the respondent's partner, such as ill-health or a disability.

Responses that did not fit any of the categories were also present and these included:

- No interest in a relationship (laziness);
- Dislike of the other sex;
- Fear of getting a sexually transmitted disease;
- The pandemic that has limited opportunities to have sex;
- Not having opportunities or interest to be in a relationship (or having other priorities);
- Menopause;
- Surgical complications (resulting in loss of desire).
- The weather;
- Complications or problems in life in general.

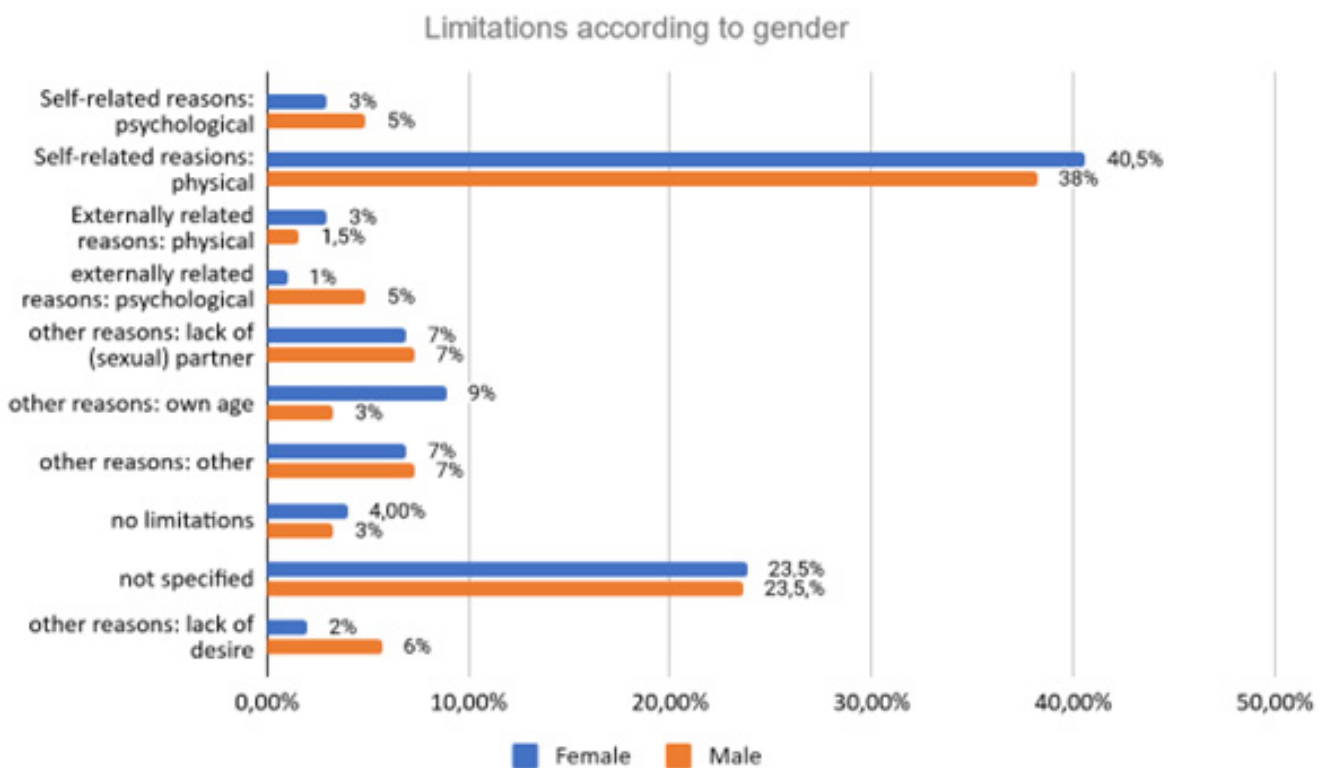
Only 4% of respondents suggested that they had no limitations and considered their sexual life as good, with no or few complications, one respondent did note that "he imagined that an illness could limit it".



The graphic below details the gender breakdown for the limitations noted above. Overall, there are few differences between the genders.

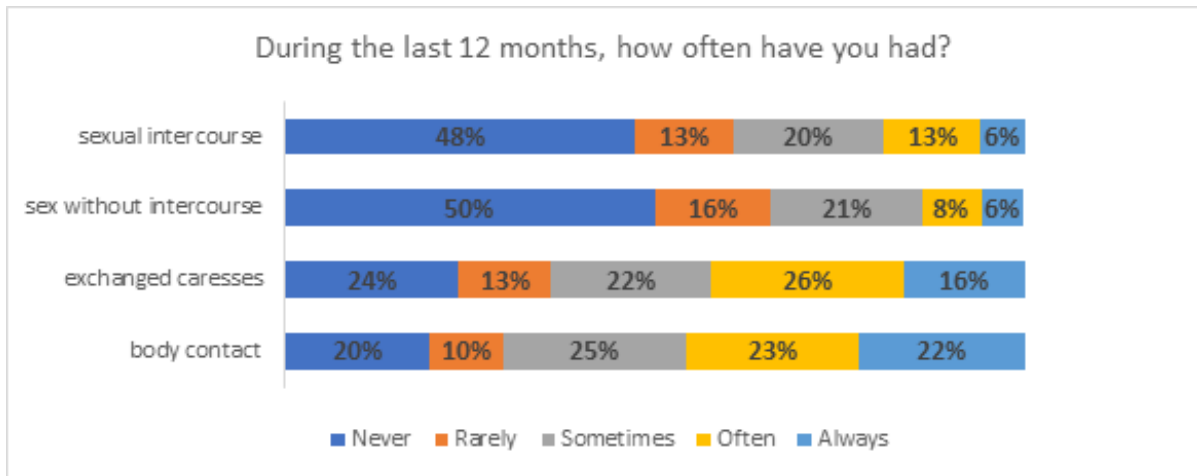
This graph represents the limitations for each gender in terms of sexuality. It should be read vertically. The percentages indicated correspond to the gender of the participant (orange for female, blue for male).

Eg: Lack of desire is a limitation for 6% of male participants and 2% of female participants.





B.7 Frequency of sexual activity among older people.



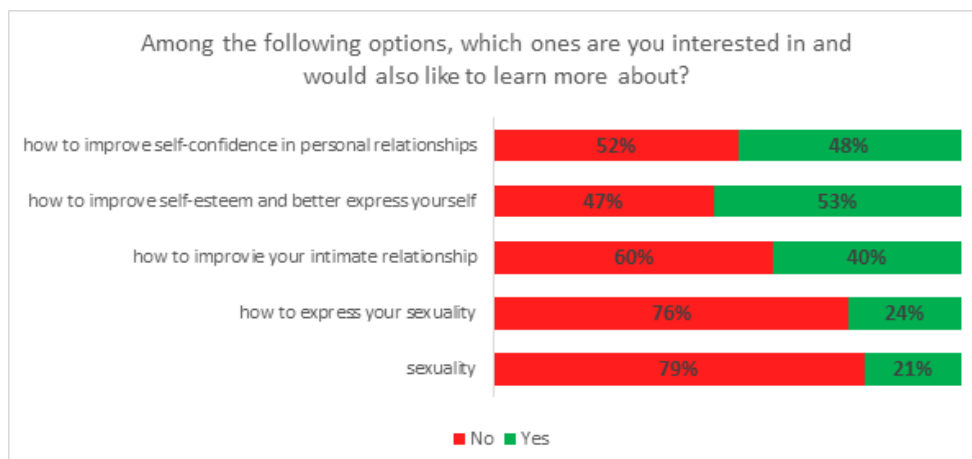
To the question “during the last 12 months, how often have you had body contact?” almost 25% said they had body contact sometimes, while 23% had it often and 22% always. In contrast, 10% indicated they rarely had body contact, while almost 20% indicated never having body contact within the previous 12 months.

In terms of exchanging caresses, 24% indicated they had not exchanged caresses in the previous 12 months, while 13% had done so rarely. In contrast, 22% did so sometimes, 26% often and 16% always.

A similar picture emerged when it came to sexual intercourse, with 48% indicating not having sexual intercourse in the previous 12 months, while 13% indicated having sexual intercourse rarely. In contrast, 6% had sexual intercourse always, 13% often and 20% sometimes.

The findings for sex without intercourse were very similar, with 66% having had sex without intercourse rarely (16%) or not at all (50%) in the previous 12 months, while 21% had sex without intercourse sometimes, 8% often and 6% always.

B.8 What are you most interested in and would like to learn more about?



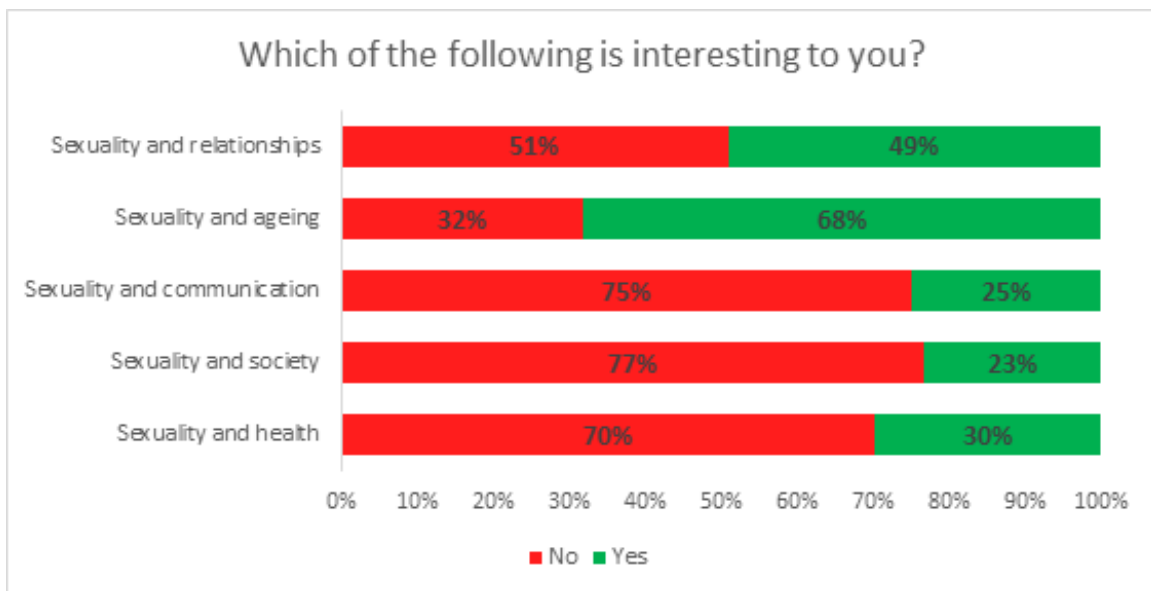


Among the respondents, the topic that was highlighted as most interesting and one that respondents would like to learn more about was improving self-esteem and expressing oneself, with a slight majority of responses indicated a preference for this topic.

The topic of how to improve self-confidence was indicated to be of interest to slightly less than half of respondents (48%).

How to improve intimate relationships was of interest to two fifths (40%) only, while over three quarters of respondents were not particularly interested in how to express their sexuality (76%) or sexuality (79%) more generally.

B.9 Most interesting topics regarding sexuality for older people.

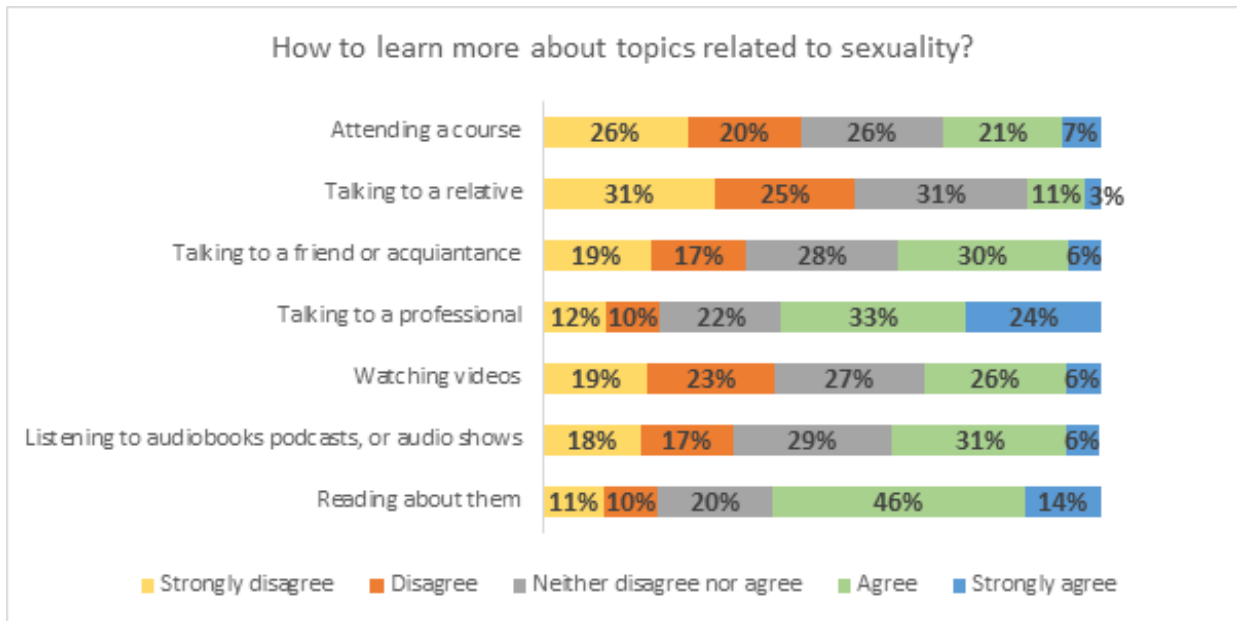


A clear distinction emerged around the topic of most interest to respondents, with over two thirds (68%) interested in sexuality and ageing, while slightly less than half (49%) expressed an interest in sexuality and relationships.

In contrast, only a minority of respondents were interested in sexuality and health (30%), sexuality and communication (25%) and sexuality and society (23%).

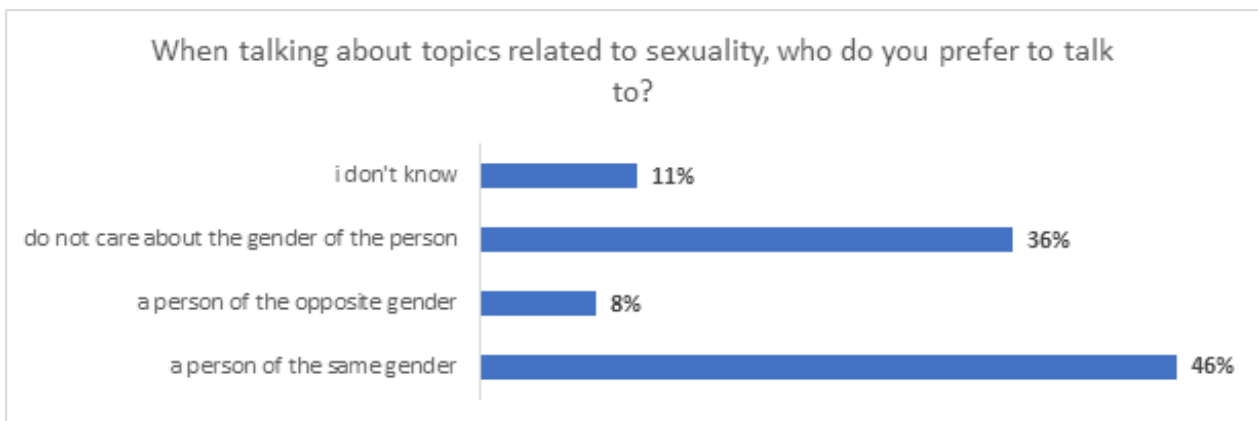


B.10 Sources for learning more about sexuality



A strong preference among respondents for reading about (60%) or talking to a professional (57%) was noted when it came to learning more about topics related to sexuality, while talking to a relative was considered the least (14%) preferable option.

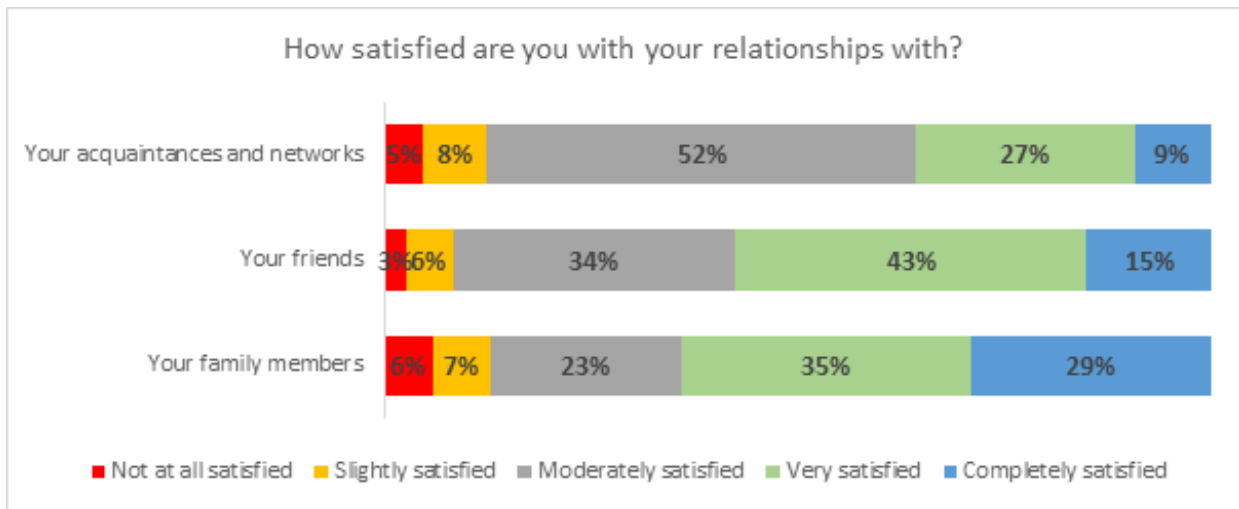
B.11 Older peoples’ preference for discussing about sexuality



There was a clear divide amongst the respondents in terms of gender preferences when it came to discussing topics related to sexuality, with 46% noting their preference was to discuss the topic with individuals of the same gender as themselves, while only 8% preferred a person of the opposite gender. Almost half (47%) or respondents did not care about the gender of the person they would discuss topics related to sexuality with, while 11% indicated they did not know.



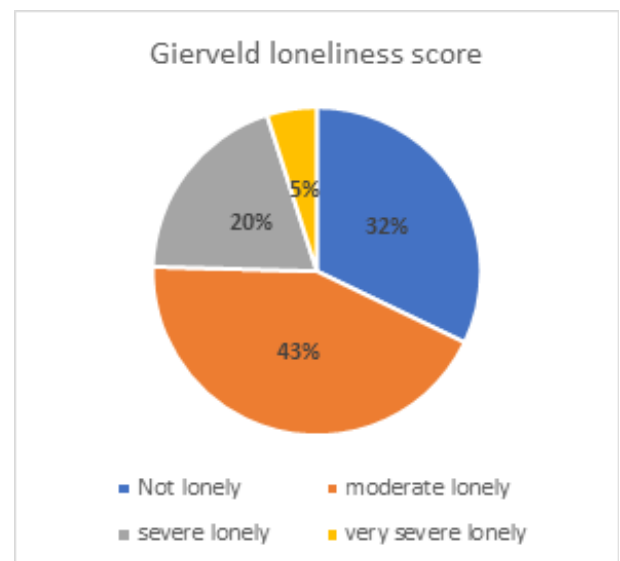
B.12 Older peoples' satisfaction in relationships

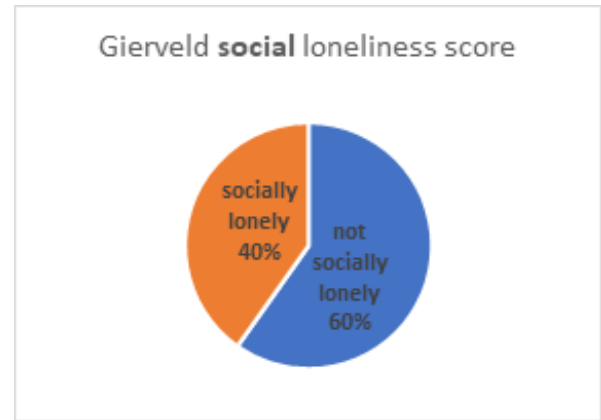
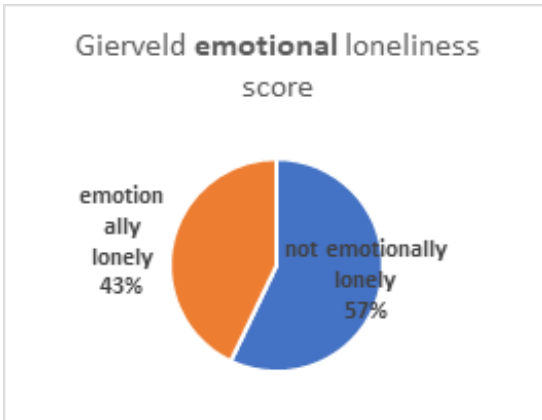


The vast majority of respondents were overwhelmingly satisfied with their relationships, regardless of whether those relationships were with family, friends or acquaintances and wider social networks. Indeed, when it came to both family and acquaintances 86% and 87% respectively were satisfied with their relationships.

B.13 Gierveld loneliness score

The loneliness scale, developed by De Jong Gierveld, was designed to measure variations in the intensity of feelings of deprivation, i.e., missing of social relationships (Manual Loneliness Scale, n.d.). The scale score was used to compare responses along a continuum from not lonely to very severely lonely. The scores were separated into categories to facilitate the display of information in as accessible a manner as possible.

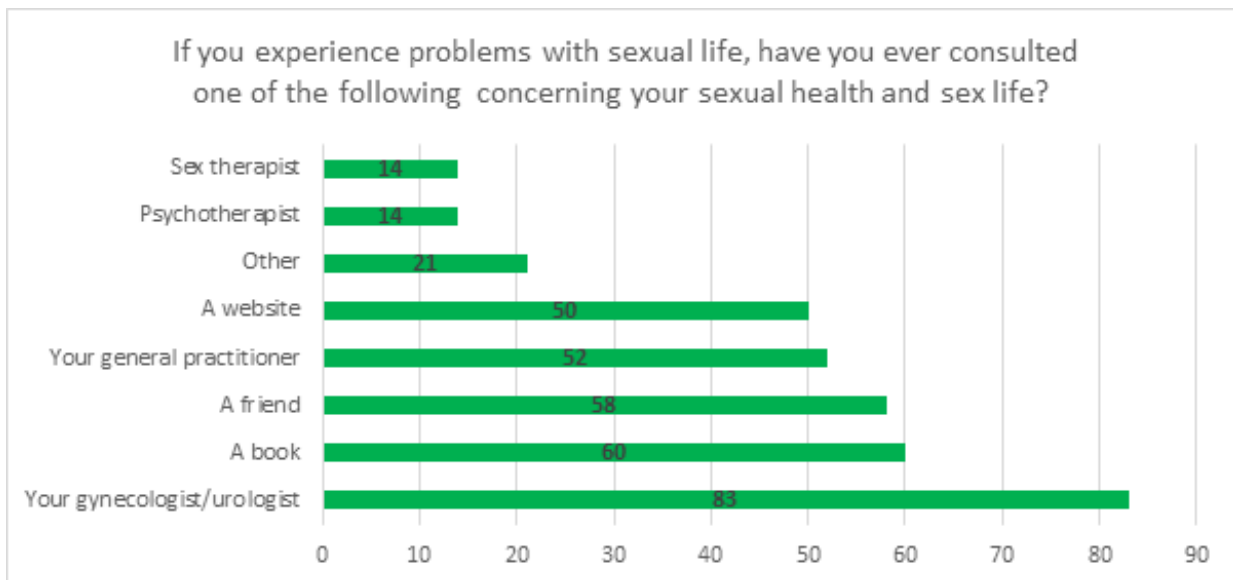




Amongst the respondents, 32% were not lonely, 43% were moderately lonely, 20% were severely lonely and 5% were very severely lonely.

When the responses are examined in relation to the subscales of emotional and social loneliness there is consistency across these elements. Some 60% of respondents were not socially lonely, while 57% were not emotionally lonely. In a similar fashion, 40% were socially lonely and 43% were emotionally lonely.

B.14 Have you ever consulted one of the following concerning your sexual health and sex life?

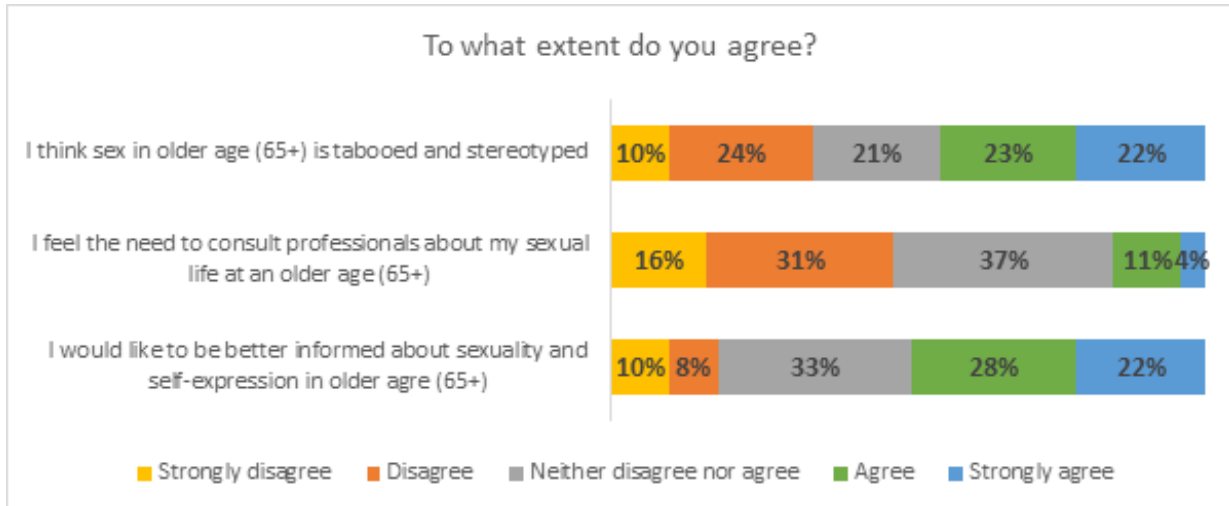


The consortium extracted the positive answers to this question in order to understand patterns of information seeking in circumstances where a problem was encountered. Participants could select more than one answer. There was clearly a preference amongst the respondents for addressing issues with a health professional, most often a gynaecologist/urologist or a general practitioner. Only a small number of respondents had consulted a sex therapist or a psychotherapist. However, friends were often consulted and so information seeking was not confined to healthcare professionals.



The respondents also showed a preference, though only slight, for consulting a book rather than a website.

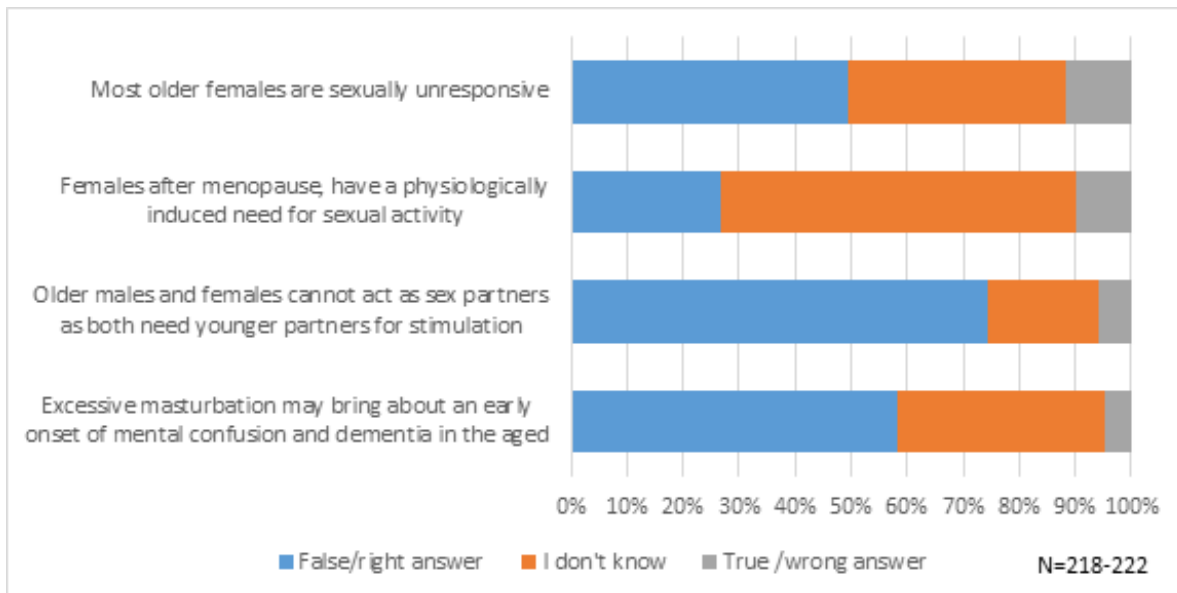
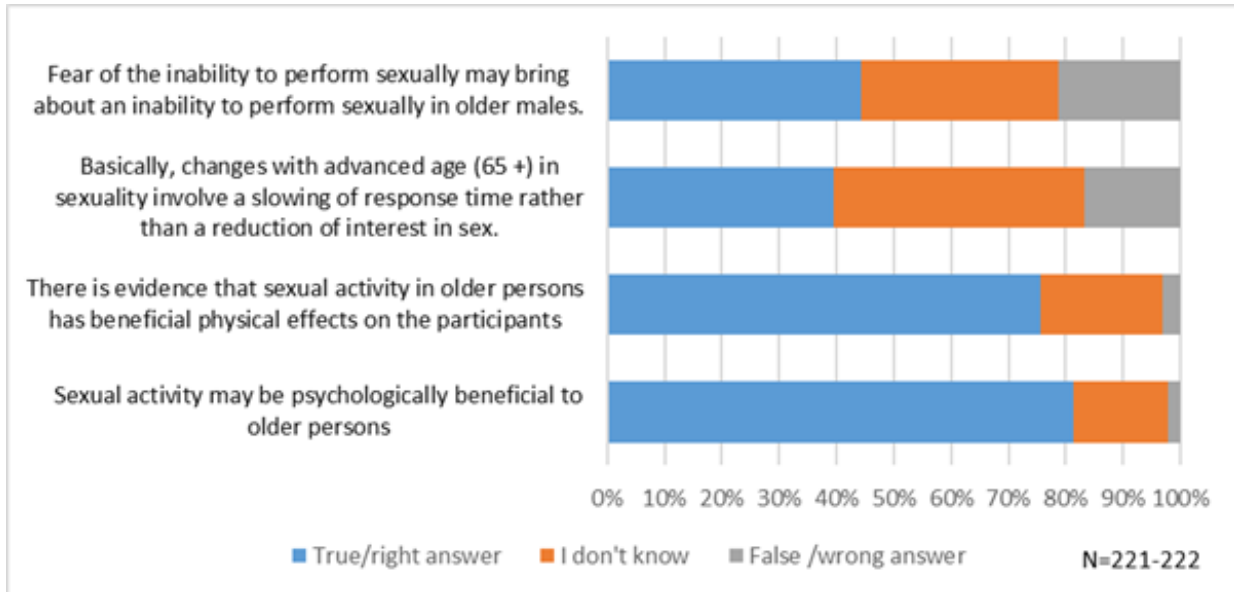
Agreement with the statements



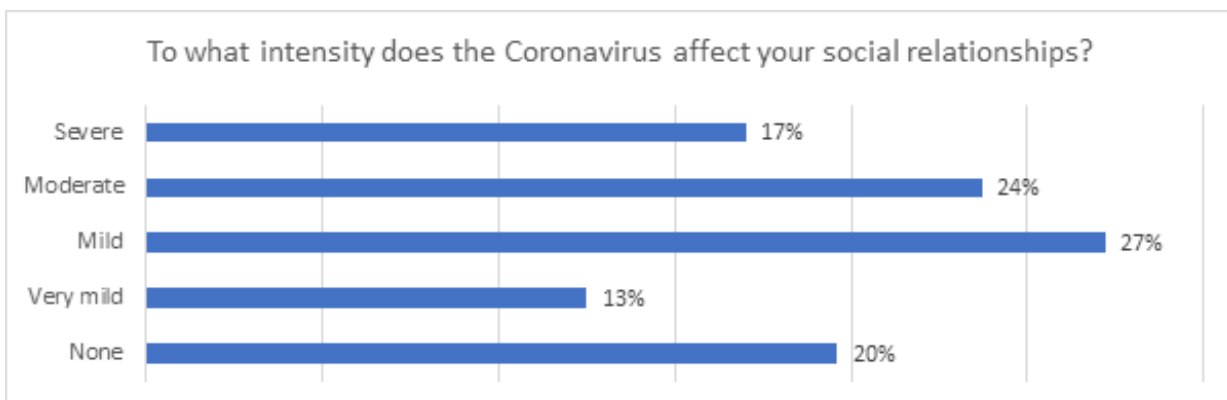
Half of the respondents agreed or strongly agreed that they would like to be better informed about sexuality and self-expression in older age. However, only 15% indicated that they felt the need to consult a professional. Almost half felt that sex in older age was considered a taboo subject and subject to stereotyping. This latter finding can help to explain the challenges that were encountered with the recruitment of participants to the focus groups/interviews.

B.15 ASKAS

The participants' level of knowledge was assessed using the Aging Sexual Knowledge and Attitudes Scale (ASKAS) (White, 1982). The ASKAS poses statements on the topic of sexuality that are either true (e.g. "Sexual activity may be psychologically beneficial to older persons.") or false (e.g. "Excessive masturbation may bring about an early onset of mental confusion and dementia in the elderly"). Participants were asked to indicate whether they would rate the statement as true or false, or whether they did not know. From the original 35 items, 8 items were selected that had content heterogeneity and loaded strongly in relation to the Knowledge factor (White, 1982). The graphs below show the responses to each of those 8 statements. On average, participants gave 4.5 correct answers (SD=2.11, range 0-8) .



B.16 COVID-19 effect on social life





The participants were asked the extent to which the COVID-19 pandemic had affected their social relationships. One fifth (20%) of respondents noted the pandemic had no impact on their social relationships. In contrast, the other 80% of respondents noted the pandemic impacted their social relationships very mildly (13%), mildly (27%), moderately (24%) or severely (17%).

C. Conclusions on the survey results

The findings in this report display an analysis of 224 responses from older adults from six European member states (France, Germany, Italy, Spain, Ireland and Slovenia). Within the responses gender representation was largely balanced: 55% men and 45% women. Most of the respondents were over 60 years old. This survey was conducted to compliment the literature review undertaken by the project partners and to help ensure the views and experiences of older people would inform the development of the educational and training materials. A majority of the older people (11%-completely, 20% very, 36% moderately) who participated were satisfied with their own sexuality and the vast majority of the respondents said that they are aware of sexuality in general.

The respondents highlighted a preference when information seeking to engage with doctors rather than the internet, media, a sex therapist or psychologist. Similarly, in the case of a problem, older people preferred to consult a specialist (gynaecologist/urologist) rather than the internet or books. It is clear that one of the factors shaping this preference is that physical conditions are most likely to place limitations on older peoples' sexual activity. There are no doubt psychological impacts of such concerns with the limitations that physical conditions can bring, with more respondents keen to learn about how to improve self-esteem and better express themselves to raise confidence, rather than wishing to learn about sexuality or how to express sexuality. This is similarly reflected in the finding that the topic of most interest to older people was sexuality and aging (68%). In exploring such topics, older people in this survey expressed a preference for reading about or consulting a professional when they wished to learn more.

There was a divide among respondents in relation to gender and discussing sexual matters. On the one hand, 46% of respondents indicated they would prefer to discuss such matters with an individual of the same gender, while 36% felt the gender of the person they would speak with was not of relevance. Overall, the vast majority of the respondents were satisfied with their relationships, whether these relationships were with family, friends or acquaintances and networks. This can help to explain why the majority (60%) of respondents were not socially lonely. The impact of the Covid pandemic on social relationships was felt by the majority (80%) of respondents to some degree and for some it was severely impactful.

This survey showed some interesting trends in terms of older peoples' attitudes to sexuality and relationships, particularly their experience and desire to learn more. These results will be used in the next stages of the project to inform the development of education and training materials both for older people and for health and social care professionals.



2. Focus group results

In addition to the survey the consortium also aimed to conduct focus groups with older people to gain a more in-depth and greater understanding of the views of older people. A focus group is a form of qualitative research in which a group of people are asked about their attitudes toward a product, service, concept, advertisement, idea, etc. Questions are asked in an interactive group setting (preferably a round table) where participants are free to talk with other group members. Focus groups can provide researchers with initial ideas in the exploratory part of a study, they can be useful in the process of interpretation and evaluation of results and situations, and they can produce further research questions.

Initially, it was envisaged that focus groups with a minimum of five people would be conducted by each of the partner organisations. However, recruitment proved very challenging and in some countries in particular it is clear that the topic remains very much a sensitive and taboo subject, which people were reluctant to discuss in a group setting. If this underlines the importance of the EDUSEXAGE project for raising awareness of the issues, it presented practical challenges for the project partners and other options, such as individual interviews, had to be explored by some partners.

- » In Italy, Università delle liberEtà organised a focus group on the first of July 2022, with 5 participants, three of them were part of the staff of the University, one was a teacher and the last one a student. All five individuals had participated in the survey.
- » In Ireland, The Rural Hub hosted a group of retired veterans from the Irish United Nations Veteran's Association (IUNVA), a national organisation, with a number of "Posts" throughout the country. This volunteer-run organisation continues to work today to support veterans and their families. The session was conducted with the Post 15 group from County Cavan. The focus group took place on Friday, 17th June 2022 and 5 people participated.
- » Also in Ireland, The National University of Galway experienced difficulties in recruiting participants for the focus group session. They started by adding an invitation at the end of the online survey to participate in a focus group discussion and included verbal invitations for the participants who completed the survey on paper. Only two people agreed to participate in the focus group, which was insufficient to form a focus group. In light of this, individual interviews were conducted, with three such interviews completed.
- » In Germany, Friedrich–Alexander–Universität Erlangen–Nürnberg sent invitations with supplementary material about the project out to 18 participants of previous projects. Additionally, an advertisement for the focus groups and the EDUSEXAGE project in general, were posted over several social media platforms. Six individuals signed up for participation in the focus group but two persons dropped out at the last minute, so the focus group had four participants.



- » In France, E-Seniors organised its focus group via zoom with three older people. After several attempts to organise a second focus group, E-Seniors decided to do individual interviews. In total, E-Seniors interviewed five older people, two males and three females.
- » In Slovenia, Fakulteta za zdravstvene in socialne vede Slovenj Gradec, participants were recruited through the Center for Health Promotion at the Community Health care Center Dr. Adolf Drolc Maribor. The faculty planned to execute the first Focus group on July 8th 2022 but due to drop-outs and absences, it was finally conducted one week later on July 15th, with three participants.
- » In Spain, **FyG Consultores** contacted numerous senior citizen centres, day centres and people over 65 years old and conducted a focus group with five participants.

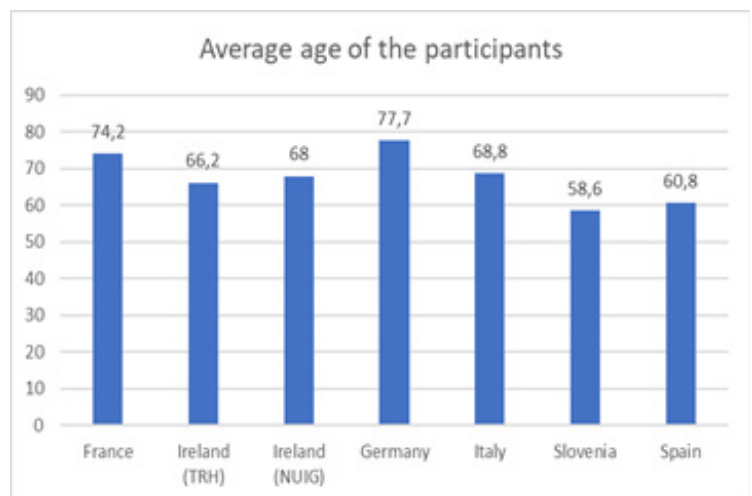
If the challenges around recruitment to the focus groups serve to highlight the taboo nature of the topic, this situation is also reflected in other studies. For example, Dr Andras Kolto, from the University of Galway, who is a collaborator on the International Sex Survey, noted that there were significantly fewer responses to the [International Sex Survey](#) in Ireland from people aged 60+ than from any other age group. Indeed, of the over 1,600 responses, less than 7% were from people aged 60 years or older (Kolto, A).

In spite of the challenges, the consortium managed to gather a total of 30 participants to either focus groups or interviews. The questions for the focus groups/interviews had been agreed by the partners in advance and the results of the focus groups/interviews were translated into English to help ensure the comparability of the data.

A. Demographics

A.1 Average age of the participants

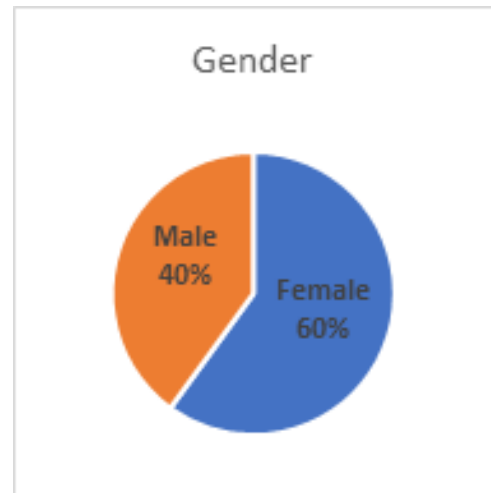
In total, 30 people participated in the focus groups and interviews, with very different age categories represented. The youngest participant was 54 years old (Slovenia), while the oldest participants were 81 years old (France and Germany). As with the survey, the average age varied by nation. The overall average age of the participants was 68. The main target group were those in the 65+ age group and those coming closer to retirement (55+), though the participants included one participant younger than 55. While outside the agreed inclusion parameters, this participant was included in part because of the great difficulties encountered with recruiting participants.





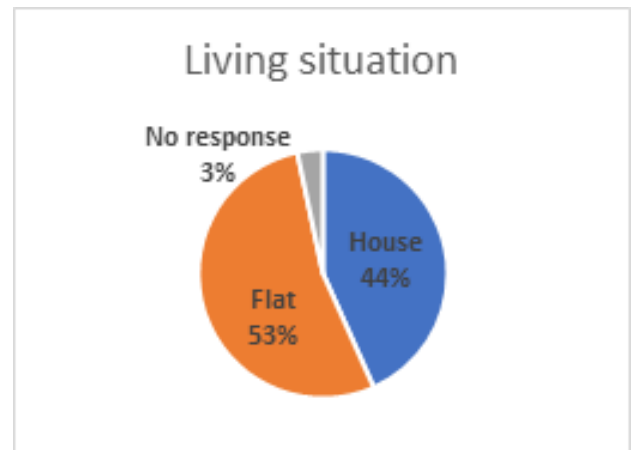
A.2 Gender

The gender of participants was fairly evenly split, with 40% male respondents and 60% female respondents.

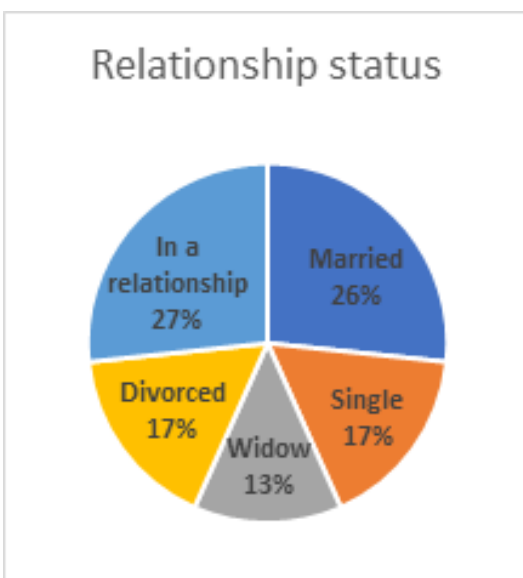


A.3 Living situation

The majority of participants, 53%, lived in an apartment, while 44% lived in a house and 3% of the participants did not wish to disclose their living situation. None of the participants lived in a nursing home.



A.4 Relationship status

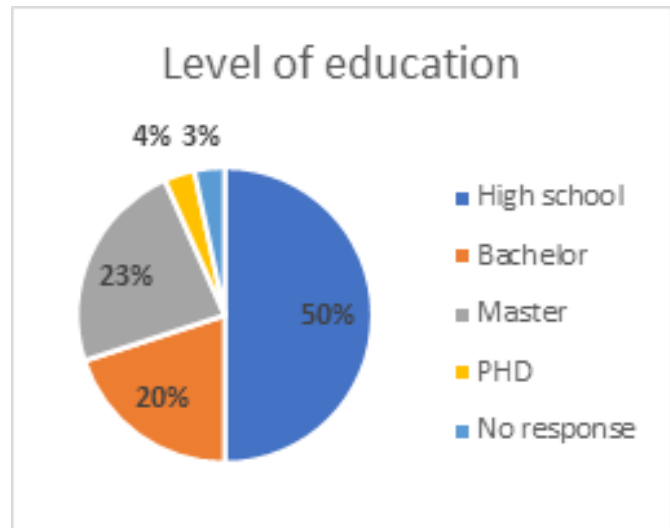


The majority of participants, 53%, were in a relationship, with 26% married and 27% in a relationship. In contrast, 47% were either single (17%), widowed (13%) or divorced (17%).



A.5 Education level

The majority (50%) of participants held a high school educational qualification, while 20% had a Bachelor's degree, 23% had a Masters and 4% had a PhD. A very small minority (3%) did not include an answer.



A.6 Perceptions of sexuality in older age

In this section, the consortium explored with participants the perceptions of sexuality in older age.

B. Analysis of qualitative questions

B.1 How does sexuality change from young to old age?

Participants were unanimous that the physical body is the first thing that starts changing with ageing and this therefore affects sexuality, both physically and mentally. Most participants agreed that as people age, libido decreases and physical limitations (such as lack of lubrication or impotence) present challenges around having sexual intercourse as often as they once did. The participants also agreed that the levels of sexual desire vary at different ages and life stages, due to such factors as health, physical condition, marital status and living arrangements.

The decrease of libido and engagement in sexual interactions is perceived by most older people as normal, and as a consequence sexual activity often gets overshadowed by other concerns and a focus on different elements of life. One female participant described the menopause as a traumatic period, which she perceived as signalling "becoming old". However, intimacy often becomes more and more important for older people as they age. Indeed, the majority of participants acknowledged that while aging meant that they could not have the active sex life they once had when younger, their wants and needs had also changed with getting older and there was a greater appreciation for intimate moments, such as caresses, massages, kisses and holding hands, and there was more emphasis on communication. These "new forms" of intimacy came as a complement or a substitute to the sexual act. Participants also stated that, as they aged, sexual activity often felt freer, as the concerns and demand that once were there (such as pregnancy, taking care of their children or their job) were no longer pressing and they could therefore focus more on sensations.



At the same time, participants highlighted feeling insecure about their bodies as they get older, and this undermined confidence, sometimes to the extent that they no longer felt attractive or desirable, which inhibited them engaging in sexual activities. There were differences depending on relationship status, with those in a relationship now more focused on intimacy than when younger. In contrast, widowed or single participants often had given up the idea of looking for a new partner, as they felt it was difficult to meet someone new and create such deep connections at older ages.

In addition, there was a commonly held belief among the participants that older men tend to have a stronger sexual desire than older women. However, this may reflect the influence of social norms, as a significant majority of female participants noted they still desired a sex life and the use of sex toys or masturbation was highlighted by many of the participants.

B.2 How do you think sexuality in older age is represented in society?

The topic of the how sexual activity for older people is represented in society was viewed by participants as contradictory in many ways and as presenting a duality. On the one hand, participants felt that societies had become more open and discussion of sex and sexuality was now far more common than it was previously. At the same time however, this openness in society toward the topic of sexual activity and having an active sex life was not felt to be generally extended to older people. Thus, participants felt that the topic of sex was thus generally the preserve of younger people and the myth of older people as asexual continued to dominate the public realm. This was internalised in many ways by older people, as the topic remained largely considered a taboo topic in the private realm, with participants suggesting that it was a rarely discussed topic by older people given this stigma. It was noted however that women were more open than men when it came to discussing sexual issues with close friends.

In a similar fashion, the majority of the respondents felt that the portrayal of older people in the media was very one-sided and largely presented physical signs of ageing (white hair, wrinkles, health issues), which they felt nurtured the view of older people as asexual. Moreover, this negative portrayal was felt to contribute to a view of older people as largely invisible in society. While some participants did note that they felt there had been some change over the years in how older people were represented, which had a positive effect, such examples were felt to be limited and did little to address the overall message of aging and older people as largely unattractive and inactive.

There was some disagreement between the participants on this topic, with some suggesting the view of older people as “asexual” was exaggerated to some extent, but they also noted that it did serve to distract from older peoples’ focus on tenderness and closeness as more essential to sexual activity. Others suggested the “asexual representation” was completely false and that there was a significant gap between media portrayals and the actual real lives of older people.



A minority of the participants highlighted the greater challenges the LGBT+ community faced in relation to this topic, as they faced dual stigmas. In addition, some participants highlighted that regardless of sexual orientation the structures of care were not conducive to supporting older people and they cited the example of nursing homes, which commonly are gendered or only have individual rooms and thus do not support couples. Moreover, they noted that nursing homes generally prohibit sexual expression or sexual interactions, which serves to reinforce the general taboo around sexuality and older people and further contributes to the view of older people as asexual.

At the same time, the participants also highlighted that a person's beliefs and cultural background played a significant part and made the taboo and stigma even stronger in many cases. For example, participants from Ireland noted that the religious and social context of the country had traditionally been very conservative and even though the situation had change outwardly in recent decades, many people, no matter their age, remained reserved and reluctant to address this topic in public. The difficulties encountered with recruitment to the focus groups in Ireland only serve to confirm these views.

To summarise, the great majority of participants regretted the taboo and stigma that continues to surround older people and sexuality, as they believed sexual activity to be very natural and beneficial to their physical and mental well-being.

B.3 Challenges and opportunities of sexuality in older age

In this section, the consortium explored with participants the challenges and opportunities older people face in relation to their sexuality.

B.4 What challenges are present for older people in relation to their sexuality?

Participants highlighted different challenges according to their personal experiences. Nonetheless, one common challenge noted by the majority of participants was the impact of a deterioration of physical health. Participants noted that older people struggling with health conditions are less likely to engage in sexual relationships or to socialise more generally. Deteriorating health could also mean they did not have a partner to share with and this also limited opportunities to socialise. The participants also highlighted the impact of deteriorating health on the older person's self-confidence and mental health. For instance, they noted that deteriorating health often meant that sexual activity was avoided out of fear of failure or embarrassment, which led to a mourning of the loss of sexual activity and increased feelings of negativity.

Some of the challenges that were addressed included:

- * A feeling of embarrassment when discussing sexuality with anyone, because it remained a taboo (2 participants);
- * The withdrawal of their partner from sexual interactions (2 participants) and desiring to explore sexual interactions with other women (1 participant);
- * The perceptions of the society, which shaped their children's view and led children to assume their parents are asexual. This can be a particular challenge if the older person introduces a new partner (2 participants);
- * The cost of socialising, which can impact limited budgets (1 participant);
- * The difficulties of meeting other older people, as there are few places where they can meet. In addition, the ratio of women/men, with it felt that it is harder for women to meet men (1 participant).
- * The lack of independence due to physical health or financial concerns (1 participant);
- * The feeling of being patronised because of ageism and ageist attitudes (1 participant);
- * The negative portrayal of older people by the media, which rarely presented positive images of ageing or older people (1 participant).
- * No or little knowledge of flirting.

B.5 What opportunities are present for older people in relation to their sexuality?

Among the majority of participants it was felt that sexuality in old age had advantages, as it allowed older people to enjoy their sexuality in a freer way, with fewer life pressures and this provided the opportunity to explore sensations rather than focus on performing. Older people highlighted that they felt putting companionship and intimacy first was a benefit. Some participants also felt that there had been some positive changes in society and social attitudes to how older people should behave and thus they felt no longer as inhibited by societal pressure to "act their age".

Though some participants felt that older age made it more difficult to meet people and establish intimate relationships, others had found that retirement meant that they now had more time and this opened up opportunities to engage in activities and meet new people.

Participants also mentioned that dating apps have provided a new avenue for meeting people and creating new connections.

A number of participants highlighted the need for improved medical facilities and better access to healthcare (2 participants) and more social initiatives (2 participants) to foster greater social inclusion for older people. Also, a minority of participants expressed a desire to have extra-marital sexual relationships.



B.6 The educational needs in old age in terms of sexuality

In this section, the consortium explored with participants the educational needs of older people in relation to their sexuality in order to inform development of the materials for PR2 and PR3.

B.7 How would they like health and social care professionals to raise and address these issues with older people?

Most of the participants expressed feeling uncomfortable when discussing the topic of sexuality in general, but particularly with health and social care professionals, especially participants from countries such as Ireland and Italy. Some older people had witnessed dismissive comments and even expressions of disgust by health care professionals when they tried to raise their concerns around sexuality and ageing. Most participants regretted the current approach of health care professionals on such matters, as they expressed the view that “doctors treat sexuality as if it were a disease when it’s actually very natural” and “they could be more sympathetic towards seniors’ issues”.

Participants believed it is essential to have education for health and social care professionals on the topic of sexual activity and sexuality at older ages. Questions such as “how to cope with erectile dysfunction”, “how to maintain sexual health when the libido goes down”, “what are the best sexual positions for seniors” all arose during the focus groups and interviews. Slovenians and Italians participants believed there could be more campaigns to raise awareness around health services related to sexuality for older people, as the current campaigns were felt to be insufficient. This was similarly highlighted by participants from Ireland, who felt there was a general lack of services for older people. Overall, it was felt that if society is to change its attitudes and perceptions around sex and older people, health and social care professionals will be a key group for educating younger generations on the importance of sexual activity for older people. One participant suggested that it would be useful for older people to see a sexologist as they grow older, in order to address concerns and find solutions that would make their sexual life easier.

B.8 What kind of topics should be addressed in an educational programme to empower older people in relation to their sexuality?

Among the areas that older people suggested, three main topics were identified: health and physical changes, how to look for information and how to improve self-esteem.

The great majority of older people suggested that an education programme to empower older people in relation to their sexuality should address the physical changes the body goes through when ageing. For example, participants noted issues such as a decrease of hormonal levels, decrease of libido, erectile dysfunction or lack of lubrication should be addressed, particularly in relation to how to help cope with them, with participants mentioning more foreplay as an example.

The participants also suggested that an education programme should have resources and sources available for raising awareness on this matter and also to allow older people to look for information related to their sexuality. They noted that this topic should be treated as something natural and not as a taboo. One participant suggested that the programme should also provide some information to older people on the purpose and potential contributions that relationship counsellors and sex therapists can make.

In relation to how to improve self-esteem, some older people highlighted that there is a need to improve their self-esteem by being more accepting of ageing and social changes related to their age. One participant addressed the need for raising awareness of financial scams that older people may be vulnerable to, as intimate partners can take advantage of them.

In addition, the following topics were brought up by the participants:

- The importance of active ageing and education around healthy ageing, such as in relation to nutrition and psychosocial aspects (2 participants);
- The importance of teaching younger generations about sex and older people (2 participants), one group of participants suggested creating a mixed intergenerational group with young people, older people and health and social care professionals to discuss the topic;
- How to communicating feelings related to sex with a partner without causing upset (2 participants);
- The importance of self-hygiene (1 participant);
- Addressing the link between religion and sexuality;
- To education people on the less traditional forms of relationships that may exist today.

To conclude, the participants suggested avenues including radio, podcasts and written information.

B.9 Computer literacy, barriers and opportunities of information technology use in old age.

In this section, the consortium explored digital literacy with participants, as the educational materials that will be developed further in the project will be available online in a digital format.

B.10 A.7 How comfortable do you feel with using a computer, and navigating the internet?

The vast majority of participants said they were confident and can navigate the internet, at least for basic tasks. They confirmed being largely computer literate, as most had easy access to a computer. Only three did not have easy access with one of those three relying on a smartphone instead.

The Irish participants noted that while many older people had some or good digital literacy, this was not the case for all older people. It was also noted that given the cost of living crisis in particular that Wi-Fi or electricity costs might inhibit older people in accessing the internet. The Irish participants for example, highlighted that older people in Ireland are often at risk of poverty.



B.11 A.8 If you have any problems with the computer/internet, is there someone who can help you?

Most participants know someone to turn to if they have problems with their computer or the internet (usually a friend or family member). Many of them considered themselves to be independent when it came to surfing the internet to search to find a solution to their problems. Some participants reported going to the library to ask for help in case of difficulty.

One participant suggested that it would be a good idea to provide good signposting and navigation aids when developing the online platform, so as to make it as accessible as possible for older people. It was noted that some older people may lack confidence in using technologies and that it would be important therefore to have straightforward processes.

C. Conclusions

Perhaps the most overarching finding from this study was the difficult that older people experienced in raising and discussing the topic of sex, sexual activity and sexuality. Indeed, the difficulties experienced by the consortium in recruiting participants for the focus groups only serve to confirm this situation, with the project partners encountering everything from reluctance to refusals and often last-minute withdrawals.

It is clear from the comments of participants that religious and social background has a significant influence on how willing or unwilling a society is to discuss issues of sexuality and ageing. As the participants noted, topics that are considered taboos when people are young, are likely to remain taboo subjects when people reach older ages, thus reinforcing the cycle. Indeed, while many of the participants noted that societies had generally become more open and previously taboo subjects were now discussed more commonly in many instances, this openness had not extended to include sex and older people. Rather the myth of older people as asexual continued to be the dominate view. This was in part attributed to generally negative and limited representations of older people in the media, with LGBT+ older people subject to dual stigmas in many cases. Unsurprisingly given the dominance of the view of older people as asexual, this societal view was felt to be similarly reflected and reinforced by health and social care professionals and health and social care systems and infrastructure. This was especially clearly highlighted by the example of medical professionals expressing disgust when there were attempts by older people to raise the topic with them. Nonetheless, older people have a preference for discussing such topics with health and social care professionals rather than seeking information in books or from the internet as a first port of call. At the same time, such examples and the general prevailing view of societies help to explain why older people are reluctant to raise such topics themselves, as the prevailing taboo view certainly does not encourage old people to do so. It was also apparent from this study that women are more likely to speak more freely than men about this topic.



On the other hand, for some getting older has allowed them to experience their sexuality more freely, particularly by exploring new sensations. One participant highlighted that it was easier for him to meet new people than in his youth, since he had the benefit of more free time.

In conclusion, a majority of the participants (11%- completely, 20%- very, 36%- moderately) were satisfied with their own sex life, though it was also clear that there was a strong relationship between physical health and level of satisfaction. The participants reported that being in a relationship and having intimate moments made them happy, less lonely and, therefore, contributed positively to feeling healthier both physically and mentally. Nonetheless, most noted that decreasing libido does generally present an obstacle and this shapes the preference for more intimate moments and caresses. However, the participants were unanimous and unequivocal that this does not equate to the often presented portrayals of older people as asexual.

Once the link between well-being, physical health and intimate relationships was established, participants prioritised not only these topics but others closely related to the educational programme aimed at empowering people about their sexuality. For example, self-esteem was a major concern in the focus groups, as few older people wanted to talk primarily about sexuality or how ageing affected sexual activity. Other topics raised were around learning how to communicate feelings about their sexuality with a partner without upset, as well as a focus on healthy ageing, such as nutrition and understanding psychosocial changes.

The participants were also interested in understanding how to access information on intimacy, relationships and information that would help them to address sexual concerns if needed. In a similar fashion, participants were keen to learn about how to improve self-esteem and better express themselves and improve self-confidence.

Overall, the participants were confident in their levels of digital literacy and they noted that should they have any issues there were others they could call upon for help. Nonetheless, such confidence was not felt to be the same for everyone and participants suggested that clear signposting on the platform as well as clear explanatory examples of how the platform operated would be of assistance.

Participants also agreed that the programme should include resources and sources to raise awareness of sexuality and physical health. The participants also noted it was particularly important that the presentation of these topics was done in a way that emphasised that such topics were a reflection of natural processes and that it was important that this was emphasised to help challenge the taboo that exists. Indeed, many of the participants highlighted that it was unsurprising in many ways that this topic remain taboo, since it was a taboo topic when they were young. In light of this, the participants highlighted the importance of addressing the topic with younger people, so as to set up a longer-term and likely more impactful addressing of the topic for future generations of older people. The participants felt that health and social care professionals would be a key group in helping to tackle this taboo, both in the present and into the future. A particularly interesting suggestion was the establishment of an intergenerational group to include younger and older people as well as health and social care professionals, so that the topic could be discussed in robust and open manner.



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