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Sex, desire and pleasure: considering the experiences of older Australian women

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Older age is often associated with asexuality. That is, older individuals are not viewed as desiring of sex, nor as sexually desirable to others. Broader social and cultural norms that downplay women's sexual desire and agency further compound these phenomena. Whether this popular image accurately reflects older women's sexual desires, behaviour and capacity to experience pleasure is unclear. Drawing on semi-structured interviews with 43 partnered Australian women aged 55–81, this article considers women's sexual experiences and desires in older age. The findings of our research confirm that older women's experiences of sex and sexual desire are diverse and fluid. Some of the factors that influenced participants' sexual behaviour and desire will be considered in this article, as will their understandings of what "counts" as sexual satisfaction and "successful sex". The factors affecting sexual behaviour and desire also influence the way in which women are able to negotiate sexual interaction with their partners. Participants expressed a need for education and resources in order to gain greater control and to make autonomous choices over their sexual experiences, desire and ability to give and receive pleasure. The implications of these findings for practitioners are also considered.

Keywords: sexuality; older women; sexual desire; sexual education; sexual resources

Introduction

Older women's embodied experiences of sexuality are considerably under-explored in existing research. This can be attributed, in part, to the association between ageing and asexuality. In Western cultures, older individuals are often seen as sexually undesirable or as not desiring sexual activity (Dixon, 2012; Drummond et al., 2013; Hinchliff & Gott, 2008; Hurd Clarke & Korotchenko, 2011; Sandberg, 2013a). A considerable body of research has discredited this popular assumption. It is well established that many individuals desire sexual intimacy and continue to engage in various forms of sexual activity throughout their later years (Gray & Garcia, 2012; Hinchliff, Gott, & Ingelton, 2010; Hurd Clarke & Korotchenko, 2011; Kleinplatz, Ménard, Paradis, Campbell, & Dalgleish, 2013; Lindau et al., 2007; Minichiello, Plummer, & Loxton, 2004; Schick et al., 2010).

As a result of this shift, a new norm of sexuality in older age has been established: which Hinchliff and Gott (2008) refer to as the "sexy oldie". A representation of "successful" ageing as maintenance of a "youthful" sexual performance (see also Marshall, 2012; Sandberg, 2013a). Within this new norm, sexual performance still

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adheres to a heteronormative framework of sex, with penetration positioned as the "ultimate", desirable sexual act. Biomedical models of sexuality which focus on sexual "dysfunction" and age often reinforce this with a fixation on restoring penetrative capacity through the facilitation of erections and remedies for vaginal dryness (Mamo & Fishman, 2001; Marshall, 2012; Sandberg, 2013a, 2013b).

Whether this binary view of elder sexuality as asexual or "sexy oldie" accurately reflects practices, experiences or desires of older people remains unclear (Marshall, 2012). Indeed, a more notable finding emerging from recent qualitative studies is the heterogeneity of older women's sexual lives (Hinchliff et al., 2010; Howard, O'Neill, & Travers, 2006; Kontula & Haavio-Mannila, 2009). Definitions of sex based around penetration and "youthful" models of sex obscure the broader range of practices, and the greater focus on intimate touch and affection that older people actually do desire and engage in (Drummond et al., 2013; Helmes & Chapman, 2012; McCarthy, Farr, & McDonald, 2013; Willert & Semans, 2000; Yee, 2010). While it is clear that older individuals do still engage in and desire sexual interaction, there is also a range of health, social and cultural barriers that can limit or alter older individuals' abilities to engage in sexual activity (Bitzer, Platano, Tschudin, & Alder, 2008; Hinchliff & Gott, 2008; Kontula & Haavio-Mannila, 2009; Trudel, Turgeon, & Piché, 2010). Traditional gender roles, and social and cultural views of later life sexuality, can also shape sexual activity and desire in older age (DeLamater, 2012; Drummond et al., 2013; Kontula & Haavio-Mannila, 2009; Lodge & Umberson, 2012; Montemurro & Gillen, 2013; Sandberg, 2013b).

Attitudes towards sex, and their subsequent influence on sexual behaviour, can be related to an individual's particular generational cohort (Bentrott & Margrett, 2011; Kontula & Haavio-Mannila, 2009; Lodge & Umberson, 2012). Having grown up during the sexual revolution, the "Baby Boomer" generation are renowned for challenging and disrupting stereotypes in relation to both sex and ageing. There is evidence supporting the assertion that a cultural shift in relation to ageing and sex is occurring (DeLamater, 2012; Kingsberg, 2002; Kirkman, Kenny, & Fox, 2013).

A question arises as to how older individuals negotiate their sexual subjectivity within this competing binary framework. There is a considerable dearth of research on later life sexuality that is informed by the voices of older people themselves, and in particular by those of older women. Despite the "Baby Boomers" representing the vanguard of the sexual revolution there is little research that takes account of the specific sexual subjectivities of women who came of age in this cohort. Because women's sexual behaviour is most frequently subject to a range of formal and informal social controls, the shift in sexual mores observed at this time has had an arguably greater impact on the sexual subjectivities of women. Decades on from this period of rapid social, cultural and sexual change, it is important to ask how women from this cohort are experiencing their sexual selves as they age. Drawing on the findings of a qualitative research project, this article explores the position of older Australian women in relation to their experiences and negotiation of sex, sexuality and desire in their relationships.

Producing sexual difference: a theoretical perspective

A key challenge in researching and discussing the sexual subjectivity of older women is to do so in a way that avoids re-creating the asexual/"sexy oldie" binary. We use the term "sexual subjectivity" here to refer to women's individual, subjective understandings of sex and sexual desire, and the meanings they ascribe to sex. Instead, a theoretical position

is required that acknowledges the diversity of later life sex, and avoids (re)creating hierarchies of sex/sexuality, which reinforces heteronormativity.

Sandberg (2013a) provides an alternative framework for thinking about later life sexuality that has informed this paper. Rather than positioning later life sex as either in decline, dysfunctional or absent (or, conversely, "successful", penetrative and youthful), we can instead realign the sexual changes that accompany the ageing process as the "continuous production of difference" (2013, p. 19). This approach avoids the (re)creation of binaries, such as decline/success, dysfunctional/functional, while still creating space to acknowledge "the material specificities of the ageing body" (Sandberg, 2013a, p. 14). Sandberg's work provides an appropriate framework for discussing older women's sexual experiences and subjectivity that can account for the diversity of women's experiences, whilst avoiding the (re)creation of sexual hierarchies and norms.

Methods

Interview data from 43 partnered women aged 55−81 (mean 64.4; sd 5.9) forms the basis of the following analysis and discussion.[1] Participants were primarily recruited from three locations in Australia: Melbourne and regional Victoria; the mid-north coast region of New South Wales and the New England tablelands region of New South Wales. A similar number of participants were recruited from each region. Smaller numbers of participants were also recruited from Brisbane and Sydney. Recruitment efforts involved a combination of snowballing and advertisements. Significant interest in the project was generated on a major Australian radio programme. All interviews were audio recorded with the participant's consent. The recordings were transcribed by an external service. Quality checks and data cleaning of the transcripts were carried out by the first two authors.

This sample includes women who are married, in long-term de facto relationships, and in newly formed romantic partnerships (see Table 1). One participant referred to in this paper was in a same-sex relationship, but identified as bisexual, while all other women were in heterosexual partnerships. The women participated in semi-structured, in-depth interviews that explored their body image and sexual subjectivity as they aged. Qualitative, in-depth interviews were used to capture the voices of women that spoke directly about their sexual experiences, and to ensure that the researchers did not restrict the dialogue to preconceived notions about sexualities. The interviews varied in length, depending upon the particular experiences of each woman; however, the majority ran for between one and two hours. The women were interviewed in their homes or in public locations of their choice. Pseudonyms referred to in this paper were chosen by the participants or assigned by researchers.

Table 1. Participant relationship status by location.

Location	Married	In a relationship	Total
New South Wales	14	6	20
Victoria	13	6	19
Brisbane/Sydney	3	1	4
Total	30	13	43

Data coding and analysis was completed by the first and second authors. The first author was responsible for the coding and analysis of the New South Wales, Sydney and Brisbane data, while the second author was responsible for the Victorian data. Each researcher coded the data independently. An initial reading of the transcripts was undertaken to identify the key themes emerging from the data: that is, an inductive coding approach was taken. The researchers were particularly concerned with identifying key themes relating to participants' body image, their current sexual desire and sexual activity, and the ways in which experiences of ageing shaped participants' sexual subjectivities. A series of codes and sub-codes were designed on the basis of the more prominent themes, and additional codes were developed throughout this process as further themes were identified through a closer reading of the transcripts. Particular attention was paid to both the similarities of participants' experiences, but also to the diversity of experience. The researchers then compared codes to ensure consistency and agreement on the significant emerging themes. Interview data was initially coded by hand, and then again in NVivo, with this approach lending itself to a thorough reading and analysis of the data.

Results

In the following section, we provide an overview of the key themes and findings of this research in relation to our participants' experiences of sex and their sexual subjectivity within relationships. Specifically, we consider participants' experiences of sexual activity within their current relationships; the factors which influenced their current sexual desire and sexual activity; and participants' need for information and resources on sex and sexuality in older age.

Partnered women's sexual activity and experiences

A particularly striking finding was the diversity of sexual experience and desire amongst this group of women. Participants ranged from having ceased sexual activity completely to still engaging in regular sexual activity of various forms. The following comments from participants illustrate the range of sexual activity that the women currently engaged in, and the importance of sexual satisfaction to them:

> No, we don't have it. It doesn't worry me. No. . .
>
> *Do you have cuddles [hugging]?* [Italics are used here to denote when the interviewer is talking.]
>
> Oh yeah. Yeah. Cuddle, sit on the lounge and hold hands and all that stuff. (Jessica, age 67)
>
> Really important. With my partner it's very good, very satisfying. But yeah, it's really important and it's a lot of fun achieving it too. (Rolly, age 63)

Many participants remained intimate in the absence of penetrative sex; however, this interaction was not always overtly identified as a form of sexual intimacy. Direct questioning of older individuals about their sexual behaviour might not elicit a complete picture of their experiences. For instance, Jessica responded that she did not have sex with her partner anymore, yet when prompted she revealed that they did still engage in some forms of sexual interaction. This may reflect the influence of cultural

norms in which "sex" is defined as limited to penetration at the expense of other forms of sexual intimacy.

Respondent Anna distinguished ideas of sexual satisfaction and sensual satisfaction:

> I'm quite happy to have what you might call a fuck, I mean it's great and to feel horny and to have somebody else feel attracted and passionate…But I also probably desire more whole body intimacy. I love to be touched, to be stroked, to be massaged. (Anna, age 69)

Anna related this focus on sensuality to her previous sexually disappointing and unfulfilling relationship. This indicates that the context of a relationship and the individual trajectories of women's lives are fundamental to understanding how they negotiate their sexual subjectivity.

For individual women, sexual desire was often fluid across their lifetimes. That is, rather than desire for sex being static or uni-directional (i.e. traversing towards a decline and eventual cessation of sexual desire), women's desire ebbed and flowed according to contextual factors and events. Common influences on desire included entering into a new relationship, physiological changes and the women's partners. For example, participant Joy (age 59) experienced a dramatic increase in both her sexual desire and activity following a significant period of celibacy. During this period, Joy indicated that her desire for sex waned due to sexual incompatibilities with her partner. Her desire for sex returned with a new casual sexual partner, and the ability to negotiate a non-traditional relationship arrangement with her partner greatly improved Joy's sexual satisfaction. Other participants experienced a decline in sexual desire as they aged:

> I just don't have a sexual urge anymore. (Connie, age 60)

For some participants, this shift in sexual desire was a welcome one; however, for others, it was discussed with a sense of loss or grief. Participant Joy, for example, described her lowered libido and sexual response as "disappointing".

Desire for sex did not always relate to sexual activity. Some participants expressed various levels of desire for sex, yet were unable to translate this desire into action:

> *How important is sexual satisfaction to you?*
>
> Very important and I don't feel very satisfied. Well, it's not very important. Oh no, I'm going to burst into tears. (Rusty, age 57)
>
> *So do you miss it [penetrative partnered sex]?*
>
> At times. I get a bit kind of cross [answering back quickly]. But generally, I was thinking there was almost a time when you didn't have a cuddle just in case he wanted it and you didn't want that. So now you can have a cuddle whenever you want to because the other is not necessary. (Janet, age 74)

For some participants, a level of ambivalence was apparent in relation to whether sexual satisfaction was important to them. Rusty's comments provide an example of this. In other instances, the gap between participants' sexual desire and sexual activity was paradoxically experienced as both limiting because they still desired partnered sex, and liberating because the expectation of sex was removed. The possibility for other forms of intimacy, such as cuddling, was often opened up for participants in the absence of a (presumably penetrative) sexual imperative.

Yet, other women engaged in regular sexual activity in the absence of any sexual desire:

> I just don't have a sexual urge anymore. . .You know my husband and I are still sexually active. (Connie, age 60)

One participant discussed her friend's continued engagement in sex with her husband in the absence of any desire:

> She's pleasing her husband, which is always done, but in pleasing your husband you often get a lot of pleasure yourself. (Susie, age 68)

Many participants discussed sexual acts in a way that constructed a sexual hierarchy. These hierarchies tended to privilege partnered, penetrative sex, with 'alternative' forms of sex, such as masturbation, relegated to the bottom of the sexual heap:

> *Do you ever self-satisfy yourself?*
>
> No not really.
>
> *Did you ever?*
>
> When I was a teenager. Before I knew boys. (Janet, age 74)

Similarly, participant Sally constructed "other" forms of intimacy and closeness as lesser forms of sexuality:

> *Do you find substitutes for it?*
>
> There's not a real substitute. You're just close, that's all. (Sally, age 64)

However, other participants held more inclusive definitions of sexual intimacy:

> I think basically we care for each other. We sleep together, and we curl up together. We touch each other, all these things, which is basically what intimacy is. (Tabitha, age 78)

Other participants welcomed masturbation as part of their sexual repertoire:

> There's not a lot of sex anymore and it doesn't really worry me. You know masturbation is still perfectly available. (Greta, age 61)

Participants' views towards masturbation must also be viewed in terms of the social and cultural context these women grew up in:

> *Not supposed to masturbate?*
>
> Oh god no! No, no. And that's one of the issues with me was, growing up as a good Catholic girl. You know you certainly didn't do that. (Jeffa, age 64)

Many of the women in this study reported growing up in a social context where sex was not openly discussed, and masturbation was taboo and shameful, although this was increasingly challenged throughout the 1960s and 1970s as many of our participants were coming of age. It is thus difficult to separate the influence of social and cultural context and the influence of ageing on women's attitudes towards masturbation.

Are you in the mood? What factors influence women's experiences of, and desire for, sex?

Life stage

For many participants, their particular stage of life increased both their desires for sex and abilities to engage in it. Being free from the pressures of raising a young family, work and the risk of pregnancy, opened up opportunities to engage in and enjoy sex. Additionally, many (though certainly not all) women had a strong sense of what worked for them sexually at this point in their lives and were confident in asking for or negotiating what they wanted with their partners:

> The women I've known, like in this stage of my life, are not frightened of sex. I reckon it's probably the best time in your life actually because you're not going to have kids, you don't have to think about a house. (Rosie, age 57)

For some women, the ability to negotiate pleasurable sex came after involvement in sexually disappointing relationships earlier in their lives. This was occasionally accompanied by general dissatisfaction with the relationship, and less commonly by physically and emotionally abusive behaviour. Many women commented that they were no longer willing to compromise or "put up with" unsatisfying relationships later in life.

Partners

Women's sexual lives were also shaped, influenced, and at times limited, by the attitudes and behaviours of their partners. A number of women indicated that their partners displayed minimal insight into their sexual needs and desires, leading to an unsatisfactory partnered sexual life:

> He couldn't see that I had sexual needs. He couldn't see that I didn't need a penis. . .Because once he'd done his bit that was it. He'd roll over and go to sleep. And I'd be left going "what the fuck"? (Jeffa, age 64)

Women's attempts to negotiate sex with their partners were met with varying levels of success. Some partners were resistant to discussing their sexual techniques and women's attempts to raise problems fell on deaf ears:

> And as I say I have tried to talk to [partner] and to do it differently or, whatever, and I felt that he was like a bull in a china shop sometimes, and he'd just roll over. (Rusty, age 57)

Rusty believed her partner felt "undermined" whenever she raised issues regarding sex, particularly if she had suffered in silence for some time with her partner believing that she was sexually satisfied. Participant Kim (age 56) also indicated that her husband was reluctant to develop new sexual techniques in order to adapt to the physiological changes she had experienced during menopause. Kim described her partner as a "man who does not do intimacy". His unwillingness to expand his sexual horizons left Kim feeling sexually dissatisfied.

When partners constructed sex only in the limited terms of penetration, the end of women's partnered sexual life was signalled when their partners could no longer maintain erections and the women were unable or unwilling to leave their relationships or initiate alternative sexual arrangements, for example, by having a casual sexual partner:

> I have another girlfriend whose husband had prostate cancer, and so he can't get an erection anymore. . .she wishes that he would find another way to satisfy her, but he won't because he can't have sex at all. He won't engage in any sex with her. (Toohey, age 63)

Erectile dysfunction (ED), associated with age or resulting from major health problems, such as prostate cancer and diabetes, was commonly identified as influencing women's sexual practices later in life. However, this did not signal the end of partnered sex for all women. Some adjusted their sexual repertoires to accommodate for their partners, for example, some participants engaged in mutual masturbation, while others discussed using drugs, such as Viagra, in order for their partners to achieve erections:

> Things have changed in our life because my husband has had a prostate cancer. So he was operated on. . .He got nervous because of the operation and so yes, we managed to have a nice time, but quite different and so that's it. But there's lots more cuddles and things. (Janet, age 74)

Health, well-being and medication

Women's general health and well-being was a significant feature mediating their desire for sex. Depleted libido, caused by the side effects of medications, was mentioned by a number of participants:

> And I wonder too about the Zoloft[2] because. . .I'm not sort [of] interested much [since] I've been on those. I think it really has killed a lot of that. (Suki, age 55)

However, major health incidents did not always result in decreased sexual desire. Indeed, for one participant, having a hysterectomy, in conjunction with additional life circumstances, enhanced her sexual desire:

> Actually I think on our part the sex is better. It has got better since the kids have left home. And I had a hysterectomy five years ago and now that's [sex] all I want. (Macca, age 57)

Menopause had a highly variable influence on the sexual desire and activity of our participants:

> There is a tenderness and a sensitivity that is unfortunate but undeniable and unavoidable. (Greta, age 61)

> I've been very fortunate. . .with menopause. . .I've sort of breezed through that and the physiological things haven't really, not like the dryness and all that sort of thing. I really haven't had that. (Narelle, age 67)

One participant discussed the dual impact of menopause and having an sexually transmitted infection (STI):

> Herpes, for example, has affected the skin down there. It is very thin, and it means that as things are changing down there just through natural progression of ageing, it is much more tender. I have to be really careful. (Kim, age 56)

Kim also experienced additional complications from past surgeries on her vagina and vulva, which in conjunction with herpes and her menopausal symptoms compounded the effects of a lack of "natural" lubrication and sensitive skin. A common theme amongst women's experiences of medication, surgery or other health interventions was the lack of

information or advice provided by doctors in relation to how the intervention would affect their sexual functioning or desire. Participants commented that this lack of information made it difficult to predict how these interventions would affect them, and prevented them from taking steps to minimise or prevent subsequent problems.

Need for education and resources

Participants highlighted the lack of available resources on ageing and sexuality:

> I thought this was really important to bring up with you; there are no books about sexuality for older people. (Joy, age 59)

In particular, participants wanted information on how to cope with the effects of ageing on sexual activity:

> You can find books on arthritis, diabetes. . .but where is it about how to discover what's still good about your body and how to pleasure yourself and your partner? Issues that arise for older people. It doesn't exist. (Joy, age 59)

Some participants expressed a need for information that allowed them to create opportunities for sexual pleasure in a way that accommodates for changing, ageing bodies. However, the lack of available advice and resources restricted the ability of some participants to adjust their sexual practices accordingly. Other women discussed the fact that the notion of older women experiencing sexual pleasure and desire was a taboo even among their peers. The silence around these issues further entrenched the belief that older women do not desire sexual pleasure. Several participants expressed a wish to know if their experiences were "normal". Despite still having sexual desire, a lack of knowledge around ageing and sex meant that participants lacked autonomy and control over their sexual subjectivities. This point is encapsulated in Sally's experience of her husband's surgery for prostate cancer:

> I don't think he was given any counselling or any information or anything because I believe there's rehabilitation or something but that certainly wasn't offered to him. . .we weren't given enough information because at the time you are quite shocked and you think. . .that's it. . .that's both of us that that operation affected. (Sally, age 64)

Sally felt that a lack of discussion, information and advice from health care professionals prevented her partner from having the choice to undergo rehabilitation to maintain the ability to have an erection, leading to the cessation of their partnered sex life. Another participant argued that older women need information exposing them to, and normalising, the diversity of sexual practices:

> I don't think anyone has ever educated us as women to think that we don't need a penis. Until such time, you know with women seeking out female partners, I think it's only then that you go, well most of us go, well how does that work? (Jeffa, age 64)

Participants also identified a lack of information relating to safe-sex practices targeted towards older individuals:

> It doesn't matter what age you are. If you don't take precautions then if you get the consequences you have to deal with it, and if it's HIV it's bad luck. . . [Sex education is] mostly in

> regard to young people getting started, not older people. I suppose we're expected to know better. (Rolly, age 63)

Discussion

This study sought to explore the sexual subjectivities of older Australian women. The sexual desires and activities of the older women in this study were reportedly diverse and fluid across the life course. They were influenced by a broad range of social, cultural and medical factors. Indeed, these women's accounts defy simplistic definitions of later life sex as either absent or "youthfully" sexual and instead were heterogeneous. These findings support recent qualitative research that has also demonstrated the diversity of older women's sexual practices and desires (Hinchliff et al., 2010; Howard et al., 2006; Kontula & Haavio-Mannila, 2009). The emergent findings of this project suggest that limited, binary models of elder sexuality ultimately obscure and prevent a better understanding of the range and diversity of older women's sexual experiences.

Our participants' sexual practices and sexual desires were influenced by a broad range of factors. Relationship context and life events, such as children leaving home, were a key influence on women's sexual lives. The social and cultural context that our participants grew up in also played a role in shaping their sexual subjectivities. Many of the women in this study reported growing up in a social context where sex was not discussed openly, and masturbation in particular was considered taboo and shameful. It is subsequently difficult to separate the influence of social and cultural factors and the influence of ageing on participants' attitudes towards sex. Participants' sexual practices were also shaped by heteronormative notions of sex, with penetrative sex often positioned as 'real' sex. However, women in this study also challenged this sexual hierarchy by privileging broad and inclusive understandings of sex. This further highlights the diversity in older women's understandings of sex.

Significant life changes, such as menopause or surgery, had highly variable impacts on our participants. This diversity in experience makes it difficult to fully account for the role that menopause plays in influencing women's sexual desires and sexual practices. Such findings are in line with research challenging the influence of menopause on women's sexual desire and "function" (Hinchliff & Gott, 2008; Kingsberg, 2002; Ringa, Diter, Laborde, & Bajos, 2013; Trudel et al., 2010). The lack of open discussion and information provided by health care providers in relation to the impacts of medical interventions and health changes on women's sexual function was identified by participants and is of particular concern. The reluctance of health care providers to discuss issues pertaining to sexuality with older clients has been well documented in existing research. This silence contributed at least in part towards practitioners' ageist assumptions that older individuals are asexual (Gott, 2001, 2005; Gott & Hinchliff, 2003; Gott, Hinchliff, & Galena, 2004; Hinchliff & Gott, 2004, 2011; Slinkard & Kazer, 2011). The lack of information provided to our participants is perhaps unsurprising in light of this. Reluctance, by health care providers, to discuss sexual issues affected the participants' ability to anticipate and negotiate the effects of healthcare interventions on their sexual lives and ultimately limited sexual autonomy.

Women's sexual desire, and the sexual practices they engaged in, and their need for information on adjusting to sex in older age have also been highlighted. Our findings present clear implications for practitioners working with older women in relationships. Noticeably, our participants highlighted the lack of information and discussion around sexual pleasure and ageing. There is a clear role for practitioners and health care providers in initiating conversations with clients about their sexual lives and desires, and in providing

information for those women who wish to receive it. It is imperative that practitioners recognise the diversity in women's sexual desires and practices. Practitioners should avoid imposing normative views about how older women's sex lives "should look", allowing women to give their own meanings to sexual desires and practices. Cultural norms around sex influence the choices that individuals are able to make. It is problematic to assume that education and information alone will open up the sexual choices available to women if these resources merely reinforce narrow understandings of sex and sexuality.

In addition, women's partners represented a significant influence on our participants' sexual lives. There is little point in designing resources for women in heterosexual relationships to assist them in negotiating sex in older age unless similar resources for older men are not also developed. These issues should be considered in the context of the partnership. In particular, there is a need to open up a discussion around diversity in sexual practice, and to challenge understandings of sex that privilege penetration. Practitioners may need to discuss and explore how alternative forms of pleasure can be made more readily available to women. This could include, for example, considering open or casual sexual relationships, the use of sex toys and aids, the use of pornography which is specifically designed to meet the needs and demands of women, or the use of commercial sex workers (see Law, 2014). Providing older women and their partners with the tools to negotiate their sexual lives will ultimately afford women greater autonomy over their sexual subjectivities and sexual trajectories into and throughout older age.

Given that STI rates have risen dramatically amongst older age groups in recent years (The Kirby Institute, 2012; Minichiello, Rahman, Hawkes, & Pitts, 2012), it is particularly timely that resources be developed to encourage safer sexual practices in older age groups. The precise reasons for this lack of safer sex education for older age groups remain unclear; however, it seems plausible that the contradictory views of older people as asexual, and baby boomers as sexually liberated and knowledgeable (and, thus, not needing sexual education) may both contribute towards this silence.

Limitations

There are some limitations associated with this research. Participant sample sizes were small, and the overwhelming majority of participants were heterosexual and Caucasian. Additionally, many of the women participating in this study were university educated or professionally employed during their working lives, and largely stemmed from middle to upper class socio-economic background. The findings of this research are subsequently not generalisable to more diverse groups of women. As such, the research team has developed daughter-projects using principles and methods similar to those of this study which explore the sexual subjectivities amongst ageing African migrants living in Australia as well as Aboriginal and Torres Strait Islanders. In doing so, ongoing research aims to draw on more diverse samples of women. We aim to explore the influence of socio-demographic factors such as class and educational background on women's sexual subjectivities. Given the centrality of women's male partners in this study, it would also be worthwhile to extend this research by including male participants. Lastly, this discussion has focused on the experiences of older women who were in committed relationships, which may indeed differ from older women who are single or dating casually.

Conclusion

Limitations aside, this research represents an important contribution to a growing discussion on older women's sexual subjectivity. It has highlighted and reaffirmed the diversity

and fluidity of older women's sexual practices and desires, while challenging simplistic characterisations of elder sex as either asexual or as the "sexy oldie". In order to support older women's sexual autonomy, it is imperative to create and provide women with the resources that allow them to make informed choices over their sexual and bodily practices, while avoiding making normative assumptions about or prescriptions of older women's sexual lives.

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Notes

1. These interviews represent a subset of interviews from a larger research project.
2. Zoloft, also known as Sertraline, is a selective serotonin reuptake inhibitor. This class of antidepressants may cause, contribute to, or exacerbate sexual dysfunction.

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