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How Do Women and Men Negotiate Sex in Later Life Relationships? A Qualitative Analysis of Data from the English Longitudinal Study of Aging

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ABSTRACT

Later life relationships and in particular the role of sex within them, have often been neglected in research due to assumptions of decline and sexlessness. We contribute to a growing body of work which counters these stereotypes by examining sexual scripts within the socio-cultural context of later life relationships. We analyzed open-text comments from the English Longitudinal Study of Aging (ELSA) collected as part of a self-completion questionnaire. In Wave 6, 1065 participants (M age 67.5, SD 9.6 years) and in Wave 8, 922 participants (M age 69.1, SD 9.01 years) responded to an open-text box question. Across both waves, 38% of respondents were men and 62% were women. The analysis used a coding template developed from existing literature and adjusted to accommodate emerging topics. A gendered analysis of the interrelated topics of relationships, sex and sexuality resulted in themes which illustrate similarities and differences in how men and women negotiate sex in later life relationships. The findings confirm that sex remains integral to intimacy in later life relationships for many men and women. However, they also demonstrate that norms of age and gender interact to shape sex and relationship practices in later life. These norms limit some people's experiences, for example, preventing them from seeking new relationships, as well as creating challenges for intimacy in partnerships. These findings extend the theoretical understanding of relationships and sex in later life.

Introduction

In the context of an aging population, there is growing attention on ways to improve and maintain health and wellbeing in later life. An important facet of health and wellbeing concerns sex and intimate relationships, yet research in these areas has often neglected to consider how they manifest in later life (Mitchell et al., 2021). This may be caused by stereotypes of sexlessness in later life that pervade understandings of age and constrain not just research but also how older people talk about or engage with concerns about sex and sexuality (Gott, 2004; Simpson et al., 2017, 2018). Indeed, it has been argued that these stereotypes reflect the workings of ageist erotophobia, which is defined by an inability, or even refusal, to recognize older people as legitimate sexual beings (Simpson et al., 2018, 2021).

Furthermore, diversification of relationship patterns has given rise to changing relationship structures in later life, with increasing incidences of divorce and remarriage, but also alternative forms such as living apart together and casual dating (Brown et al., 2019; Brown & Shinohara, 2013; Brown & Wright, 2017; Carr & Utz, 2020; Koren, 2011). These changes are often thought to be associated with changing attitudes as cohort groups become more sexually liberal (Sinković & Towler, 2019; Syme et al., 2013). Research has complicated this position, not least because cohort and age effects are not always

differentiated, but also because change is not consistent (Graf & Patrick, 2014). For example, heterosexual mid-life couples have been found to be more influenced by societal norms around gender, which inform sexual practices, than older groups are (Lodge & Umberson, 2012; Towler et al., 2021). Developing a better understanding of how societal norms around gender and age interact in the changing relationship context of later life is therefore needed (Fileborn et al., 2015; Graham et al., 2017; Sinković & Towler, 2019; Træen, Hald et al., 2017). Addressing this gap will further contribute to overcoming the assumptions of decline and sexlessness featured in bio-medical perspectives of sexual health, which may have contributed to the marginalization of later life experiences in research.

The concerns described above led to data collection on these topics as part of the English Longitudinal Study of Aging (ELSA), a representative survey amongst those aged 50 and over in England, established to understand experiences of aging and later life. The data collected on sexual attitudes, sexual functioning and sexual activities (broadly defined to include activities such as intercourse as well as masturbation, petting and fondling) involved both structured questions and an open comment box, where participants were asked if there was anything else they wanted to comment on about their sex lives. A substantial proportion of respondents included comments,

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many of which were rich observations that went further than the structured questions were able to (Hinchliff et al., 2018).

The unconstrained and voluntary format of the comments offered an unparalleled opportunity to explore experiences of sex in later life relationships. We examined these through sexual script theory, which maintains that sexual activity is subjectively understood by individuals (Gagnon & Simon, 2017; Simon & Gagnon, 2003; Spector-Mersel, 2006), combined with a gender-as-relational approach, which sees gender not as innate, but constructed through practices (Sinković & Towler, 2019; Waite & Iveniuk, 2021). This theoretical framework allows for the examination of experiences of sex in later life relationships as an active process of meaning-making undertaken by gendered individuals in the context of gendered relationships, a process which may evolve with aging.

Previous Literature on Later Life Relationships

Academic research on intimate relationships has often neglected later life relationships, and particularly the role of sex in these relationships. Stereotypes of sexlessness have been reinforced by bio-medical and health perspectives, which often focus on sexual functioning (or lack of it), implicating aging as sexual decline (Mitchell et al., 2021; Sinković & Towler, 2019; Štulhofer et al., 2019). A growing body of interdisciplinary research counters these perspectives by recognizing the broader context of experiences in later life, including those who continue to experience positive sex lives as they age (Træen, Carvalheira et al., 2017; Træen, Hald et al., 2017), and incorporating broader psychological, affective and social-cultural factors that are ignored by bio-medical perspectives on sexual health (Graf & Patrick, 2014; Mitchell et al., 2021; Sinković & Towler, 2019; Štulhofer et al., 2019; Waite & Iveniuk, 2021). This is illustrated in the sexual wellbeing approach, which takes a multifaceted approach in its assessment of sex in later life to incorporate aspects of physical intimacy, sexual health and satisfaction, as well as emotional closeness (Mitchell et al., 2021; Štulhofer et al., 2019, 2020). A specific finding from this body of research is that the relationship context matters to how individuals appraise their experience of sex. For example, sexual satisfaction in later life may relate more to a positive relationship context than sexual functioning (Stephenson & Meston, 2010; Štulhofer et al., 2020; Syme et al., 2013). Yet, there has been little attention on sex as a relational practice, addressing the social norms that shape sexual activity in intimate relationships and how this affects sexual wellbeing in later life (Heywood et al., 2019; Štulhofer et al., 2019).

Intimate Relationships in Later Life

Two key points become apparent when we consider later life intimacies. First, studies that have addressed intimate relationships in later life highlight the importance of relationship context in shaping experiences and ultimately wellbeing (Carr et al., 2016; Carr & Utz, 2020; Lodge & Umberson, 2012). For example, the impact of marriage on health and wellbeing is not uniformly positive, with gendered asymmetries in outcomes that derive from the traditional gendered burden of care, where women are expected to look after their partner and to carry responsibility for

the household (Carr et al., 2016; Carr & Utz, 2020; Salari & Zhang, 2006). Men experience greater health benefits from marriage (Boerner et al., 2014) and, within heterosexual relationships, are less negatively affected by their partner's health than women (Carr et al., 2016). Women tend to experience health benefits only where relationships indicate high levels of mutual emotional support (Boerner et al., 2014; Carr & Utz, 2020). However, research has also found that women's relationship satisfaction reinforces the health benefits that their male partners obtain, reinforcing just how important relationship context is to understand both practices and outcomes (Carr et al., 2014).

Second, there is evidence that relationship contexts in later life are changing, even within established heterosexual partnerships, which are often the focus of research. Amid increasing divorce rates, research has shown that experiences can be positive after the end of a relationship in later life (Brown et al., 2019; Carr & Utz, 2020; Crowley, 2019; Koren, 2011). New relationships are reported to be as satisfying, if not more, than first marriages (Brown & Wright, 2017; Cooney et al., 2016) and offer the opportunity to change practices that were fixed in prior relationships (Bisdee et al., 2013; Price et al., 2017). As a corollary, current scholarship points to increases in cohabitation, living apart together and casual dating relationships amongst older cohorts, forms of relationship that break with traditional roles and expectations and offer greater autonomy (Brown & Shinohara, 2013; Brown & Wright, 2017; Carr & Utz, 2020). Older women, in particular, may prefer forms of relationship where they feel liberated from the burden of household and care responsibilities (Brown & Wright, 2017; Fileborn et al., 2015; Noel-Miller, 2011).

Despite these developments, less attention has been paid to sexual practices in the changing context of later life relationships. This may be driven by stereotypes of sexlessness in later life, which constrain how older people experience and practice sex, as well as dominating research agendas (Gott, 2004; Simpson et al., 2017, 2018, 2021). This has been described as 'ageist erotophobia,' which refers to the combination of discourses (ways of talking/thinking), practices, relations and material arrangements, that define and position older people as non- or "post-sexual" (see Simpson, 2021, p. 36; Simpson et al., 2018, p. 1479). For example, in the few cases where sex in later life has been studied, research generally follows bio-medical perspectives that give prominence to assumptions of decline (Domoney, 2009; Hayes & Dennerstein, 2005; Karraker et al., 2011; Mitchell et al., 2013; Tetley et al., 2018). Nevertheless, a growing body of research demonstrates that many people continue to be sexually active and find sex to be beneficial for personal wellbeing in later life (Carr & Utz, 2020; Hinchliff & Gott, 2016; Hinchliff et al., 2018; Lee, Nazroo et al., 2016; Tetley et al., 2018). This work has shown that later life experiences of sex are not broadly categorized by decline: so, while the process of aging undoubtedly shapes practices on both a physical and interpretive level, individuals (re)negotiate sexual scripts to suit their personal and relational contexts as they age (Gagnon & Simon, 2017; Sinković & Towler, 2019; Waite & Iveniuk, 2021). For example, Simpson et al. (2018) discuss how older people extend and transform the meaning of sex beyond genitocentrism and penetration to include other forms of physical intimacy, including kissing, cuddling and

petting. Such practices not only respond to physical changes associated with aging but also serve to recognize the (often underestimated) value of such acts for intimacy (Hinchliff & Gott, 2004; Hinchliff et al., 2018; Smith et al., 2019; Waite et al., 2009). Further, Hinchliff et al. (2018) found that although sexual difficulties in later life can result in feelings of frustration, depression and sadness, a supportive relationship helped to mitigate these detrimental impacts, connecting to the importance of context in later life relationships and pointing to processes of (re)negotiation in sexual scripts in intimate partnerships.

An important finding regarding sexual scripts concerns gender differences, which are not biological or innate differences but instead arise from the relational construction of gender (Fileborn et al., 2015; Kontula & Haavio-Mannila, 2009; Lee, Nazroo et al., 2016; Smith et al., 2019; Tetley et al., 2018). Constructions of gender affect how men and women understand and talk about their experiences of sex in later life (Crawford & Popp, 2003; Fileborn et al., 2015; Ingraham, 1994; Kontula & Haavio-Mannila, 2009). The gender hierarchy, which privileges men and masculinity, is maintained through sexual norms which deem male sexuality as active and strong and female sexuality as the passive recipient of male desires (Crawford & Popp, 2003; Fileborn et al., 2015; Lodge & Umberson, 2012).

The effect of gendered roles and norms is noted in differences in what men and women report as matters of concern. Men are often concerned with their sexual function, namely their ability to achieve an erection, and women are more concerned about becoming aroused (Lee, Nazroo et al., 2016). Similarly, Tetley et al. (2018) found that when talking about sex, older women were more likely to make comments about relationships and older men about sexual practices, such as anal sex, use of pornography and masturbation. These sexual scripts align with gendered expectations of sexual behavior, suggesting that individuals may report what they feel gender norms allow them to, rather than what is really important to them. For example, older men have also been found to be concerned about emotional bonding and intimacy in their relationships (Fileborn et al., 2017). Counter-intuitively, some evidence suggests that men are more likely to discuss their concerns than women, which may suggest that men face specific pressure to meet and maintain youthful standards of masculinity, reinforced by medicalized discourses which construct erectile dysfunction as a problem (Lee, Nazroo et al., 2016).

Furthermore, sexual scripts are complicated by norms of aging, as sex is construed as the preserve of youth, an idea which may be responded to and internalized by older men and women in different ways (Crawford & Popp, 2003; Gott, 2004; Heywood et al., 2019; Lodge & Umberson, 2012; Rowntree, 2015; Simpson et al., 2018). Research has suggested that experiences of aging are dominated by heterosexual gender norms, which can be damaging for those who do not, or cannot, meet these expectations (Calasanti, 2019). For example, work has highlighted how discourses that focus on the function of the penis and pharmaceutical interventions such as Viagra underscore an expectation of masculinity and sexuality in later life as “never ageing” (Spector-Mersel, 2006, p. 78; see also, Ferrero

Camoletto, 2019; Flowers et al., 2013;). As a consequence, older men with erectile difficulties report feeling less masculine and having concerns about securing and maintaining a sexual relationship (Jowett et al., 2012). In a similar manner, research has found that older women’s understandings of their sexuality are centered on perceptions of skin, hair and appearance, a finding that is also consistent with the interaction of gender and aging norms (Warren & Richards, 2012). However, recent work has also suggested that some older adults find that the invisibility that comes with being seen as “past it” offers freedom from expectations (Towler et al., 2021).

Where research has examined sexual scripts at the intersection of gender and aging norms, it has done so outside of the relationship context (Graham et al., 2017; Sinković & Towler, 2019; Træen, Hald et al., 2017). Interestingly, research on sexual functioning in later life has tended to focus on men, while research on sexuality, as in orientation, identity and sexual practices, has tended to focus on women, potentially reinforcing gender norms (Sinković & Towler, 2019). Despite the prevalent focus on heterosexual couples, these gendered perspectives are rarely brought together, although there is evidence that a relational approach to understanding sexual scripts in later life is needed. For example, Štulhofer et al. (2019, 2020) reported that levels of sexual wellbeing were for the most part similar between men and women, yet they found partner effects were gendered, whereby the male partner’s assessment of emotional intimacy appeared to be connected to the female partner’s assessment of sexual frequency and wellbeing.

We sought to overcome this knowledge gap by using the unique dataset provided by the open-text box comments from ELSA, qualitatively examining the sexual scripts articulated by respondents in these comments through a gender-as-relational approach. Using the respondents’ accounts, we sought to understand sex in the context of later life relationships as a multi-faceted phenomenon, by highlighting the diversity of experiences of sexual wellbeing in later life. Our research question was: how do women and men navigate and (re)negotiate sex and sexuality in the context of later life relationships?

Method

We analyzed the qualitative data (1,987 records in total) from Wave 6 and Wave 8 of the English Longitudinal Study of Aging (ELSA) using a coding template developed from key themes identified from existing literature and adjusted to accommodate emerging themes. ELSA was started in 2002 (Wave 1) to collect data every two years from a representative sample of the English population aged 50 or older on physical and mental health, wellbeing, finances, social circumstances and attitudes around aging, and how these change over time (Steptoe et al., 2013). Since 2012, ELSA has twice included the Sexual Relationships and Activities Questionnaire (SRA-Q), which participants are asked to complete independently. The SRA-Q includes an open-text box at the end of the questionnaire to gather qualitative data.¹ The text box question in Wave 6 was:

¹More information on the questionnaires can be found here: <https://www.elsa-project.ac.uk/data-and-documentation>.

“If there is anything else you would like to tell us, please write in the space below. We shall be very interested to read what you have to say.” It was adjusted in Wave 8 to: “Is there anything else you would like to tell us, including any changes since the last time you completed the sexual relationships and activities questionnaire? Please write in the space below. We shall be very interested to read what you have to say.” In this analysis, we utilized the qualitative data from Wave 6 (2012–2013) and Wave 8 (2016–2017). Out of 10,601 participants in Wave 6, 7,079 (66.8%) completed the SRA-Q and, of these, 1,065 (15.0%) completed the open text box and had full information on basic demographic characteristics (i.e., age, gender, marital status and ethnicity). In Wave 8, out of 8,445 ELSA participants, 5,717 (67.7%) completed the SRA-Q and, of these, 922 (16.1%) completed the open-text box. We analyzed the 1,986 observations from both waves. Tables 1 and 2 present matched quantitative data for Wave 6 and Wave 8. The majority of respondents in both Waves were aged between 60 and 69, female, married or cohabiting, heterosexual and White.

Respondents predominantly identified as heterosexual (88.6% of those who commented in Wave 6 and 73.9% in Wave 8).

It was noted that the comments ranged from single sentences to a short paragraph in length and were not limited to clarifying responses. Many respondents made much broader observations unconstrained by the survey questions (Hinchliff et al., 2018). This presented the opportunity to explore the sexual scripts that respondents employed in their open-text responses to identify patterns and highlight nuances in experience that may be relevant for future investigation (Sandelowski & Barroso, 2003). The data were anonymized prior to analysis, for example, removing names, dates and place names and replacing with more generic substitutes or ranges.

The data analysis method drew on template analysis, a method which enables the analysis of large volumes of qualitative data in a systematic and rigorous manner through the use of a coding template (King, 2012; Mays & Pope, 2000; Sandelowski & Barroso, 2003). First, the coding template was developed by the research team from five pre-determined key

Table 1. Summary of respondents in Wave 6 of ELSA.

	SRA-Q respondents (N = 7,079) Core members and partners		SRA-Q respondents (N = 6,201) Only core members		SRA-Q Open box respondents (N = 1,065) Core members and partners	
	N (unweighted)	% (unweighted)	N (unweighted)	% (weighted)*	N (unweighted)	% (unweighted)
Age mean SD	65.7	9.5	65.3**	10.4	67.5	9.6
Age categories						
below 50	145	2.1	NA	NA	22	2.1
50–59	1,839	26.0	1,439	35.5	205	19.3
60–69	2,776	39.2	2,533	32.3	413	38.7
70–79	1,713	24.2	1,661	20.4	304	28.5
80+	606	8.5	568	11.8	121	11.4
Gender						
Male	3,124	44.1	2,745	48.3	399	37.5
Female	3,955	55.9	3,456	51.7	666	62.5
Partner status						
Married/Cohabiting	5,259	74.3	4,398	70.2	745	70.0
Divorced/Separated	664	9.4	656	10.9	102	9.6
Widowed	850	12.0	841	13.0	178	16.6
Never Married	306	4.3	306	5.9	40	3.8
Sexual orientation						
Heterosexual	6,441	91.0	5,641	90.3	944	88.6
Bisexual	353	5.0	294	4.8	67	6.4
Homosexual	53	0.8	46	1.0	10	0.9
Asexual	92	1.2	87	1.6	13	1.2
Missing	140	2.0	133	2.3	31	2.9
Ethnicity						
Whites	6,892	97.4	6,053	94.8	1,034	97.1
Non-Whites	187	2.6	148	5.2	31	2.9
Wealth quintiles						
Least deprived	1,452	20.5	1,233	17.4	214	20.1
4th	1,488	21.0	1,316	19.5	234	22.0
3rd	1,424	20.1	1,252	18.9	214	20.1
2nd	1,366	19.3	1,203	20.4	189	17.8
Most deprived	1,245	17.6	1,105	22.2	190	17.8
Missing	104	1.5	92	1.6	24	2.2
Self-assessed health						
Excellent/V. Good	3,049	43.1	2,613	40.6	427	40.1
Good	2,236	31.6	1,983	32.6	325	30.5
Fair/Poor	1,792	25.2	1,603	26.7	311	29.2
Missing	2	0.1	2	0.1	2	0.2
Limiting longstanding illness						
No	4,722	66.7	4,086	65.6	636	59.7
Yes	2,356	33.2	2,114	34.3	429	40.3
Missing	1	0.1	1	0.1	-	-
Total	7,079	100.0	6,201	100.0	1,065	100.0

*Weighted percentages using survey weights to correct for sampling probabilities and differential non-response accounting for the differential probability of being included in the Wave 6 and non-response to the SRA-Q. More info here: <https://www.elsa-project.ac.uk/data-and-documentation>. ** weighted Mean SD presented. NA = Not applicable.

Table 2. Summary of respondents in Wave 8 of ELSA.

	SRA-Q respondents (N = 5,717) Core members and partners		SRA-Q respondents (N = 4,883) Only core members		Open box respondents (N = 922) Core members and partners	
	N (unweighted)	% (unweighted)	N (unweighted)	% (weighted)*	N (unweighted)	% (unweighted)
Age mean SD	67.8	9.01	66.5**	10.05	69.1	9.01
Age categories						
below 50	68	1.2	NA	NA	4	0.4
50–59	921	16.1	605	30.9	132	14.4
60–69	2,471	43.2	2,120	33.0	359	38.9
70–79	1,595	27.9	1,526	23.0	283	30.7
80+	662	11.6	632	13.1	144	15.6
Gender						
Male	2,529	44.2	2,177	47.6	350	38.0
Female	3,188	55.8	2,706	52.4	572	62.0
Partner status						
Married/Cohabiting	4,219	73.8	3,403	70.3	640	69.4
Divorced/Separated	584	10.2	573	11.5	102	11.1
Widowed	669	11.7	664	12.2	143	15.5
Never Married	245	4.3	243	6.0	37	4.0
Sexual orientation†						
Heterosexual	4,086	71.5	3,557	66.2	681	73.9
Bisexual	249	4.4	209	3.9	47	5.1
Homosexual	32	0.6	28	0.5	6	0.7
Asexual	46	0.8	43	0.9	8	0.8
Missing	1,304	22.8	1,046	28.5	180	19.5
Ethnicity						
Whites	5,561	97.3	4,757	95.0	900	97.6
Non-Whites	156	2.7	126	5.0	22	2.4
Wealth quintiles						
Least deprived	1,154	20.2	961	16.9	205	22.2
4th	1,165	20.4	983	18.7	220	23.9
3rd	1,196	20.9	1,022	19.9	164	17.7
2nd	1,111	19.4	975	20.4	161	17.5
Most deprived	1,036	18.1	895	22.9	159	17.3
Missing	55	1.0	47	1.2	13	1.4
Self-assessed health						
Excellent/V. Good	2,454	42.9	2,033	40.7	369	40.0
Good	1,846	32.3	1,600	32.8	302	32.8
Fair/Poor	1,417	24.8	1,250	26.5	251	27.2
Limiting longstanding illness						
No	3,832	67.0	3,221	67.0	535	58.0
Yes	1,885	33.0	1,662	33.0	387	42.0
Total	5,717	100.0	4,883	100.0	922	100.0

*Weighted percentages using survey weights to correct for sampling probabilities and differential non-response accounting for the differential probability of being included in the Wave 8 and non-response to the SRA-Q. ** weighted Mean SD presented. †Sexual orientation from Wave 6. NA = Not applicable.

topics (own health, partners' health, relationship, aging, sex and sexuality) and adjusted to accommodate emerging topics (King, 2012). The lead researcher then reviewed a subset of data records (around 20% of both waves) to confirm these key topics and to note any new topics not covered by the initial set (King, 2012), which was then discussed with the research team. The topics of partners' sexuality and medication were added to the coding template, and none were removed. This represented a sufficient starting point for analysis, with the potential for emerging topics to be added later and, indeed, a further three topics emerged, which were: work/other responsibilities; talking about sex; and time.

The second step involved coding all records according to the template of 10 substantive topics (King, 2012). This was conducted by the lead researcher using a purpose-built spreadsheet that facilitated the coding of each observation (rows) according to topics (columns). The observations were identified by gender to facilitate the analysis of them. During this phase, the research team met regularly and discussed the progress of coding, in particular any comments for which it was not straightforward to arrive at a shared interpretation.

The third step involved analyzing by topic and gender to identify latent themes and nuanced patterns in experiences, connecting these to existing empirical and theoretical concepts (King, 2012; Mays & Pope, 2000; Sandelowski & Barroso, 2003). This involved reviewing the records by topic and producing a one-page summary of the themes arising for women and men (Mays & Pope, 2000; Ziebland & McPherson, 2006). This was an iterative process conducted by the lead researcher, with several rounds of review (a minimum of two per topic) to confirm the validity of the themes, as well as highlighting contradictory accounts, interactions and connections between the themes, all of which were captured on the summary pages. The one-page summaries were then compared to identify similarities and differences by gender (Ziebland & McPherson, 2006), which were discussed with the research team. This paper focuses on the themes related to the interrelated topics of relationships, sex and sexuality, because these topics were determined by the research team to demonstrate novel findings about the ways in which sexual scripts were employed by respondents.

Initial conclusions for the analysis based on the comparison of the themes by gender were discussed by the research team. Subsequently, the lead researcher identified illustrative quotes which represented the variety in the data and deepened the analysis further, before reviewing again with the research team. The argument was finalized using the most insightful examples through the iterative processes of writing and reviewing the paper (Mays & Pope, 2000). The comments made by participants are reproduced accurately and, as far as possible, in full in order to maintain the integrity of the data. Some lengthier quotes have been edited, with care taken to preserve the original meaning, indicated by an ellipsis.

Results

The analysis identified three relevant themes about how men and women navigate sex and sexuality in later life relationships: sex in later life relationships; experiences of relationship change; and aging bodies and sex.

Sex in Later Life Relationships

The majority of respondents, both male and female, suggested that sex was an important aspect of later life relationships, particularly for maintaining intimacy in long-term partnerships. Three aspects of this theme will be discussed: the value of sexual activity; concerns about a lack of sexual activity; and the minority of instances where sex was genuinely not seen as important.

The Value of Sexual Activity in Relationships

Many comments suggested that both male and female participants in relationships had satisfying experiences of sex in later life. These comments highlight how sexual intimacy with their partner had developed over the course of the relationship. The accounts showed that the pleasure from sexual interaction continues to develop and even transform over the course of the relationship (DeLamater & Moorman, 2007; Hinchliff et al., 2018; Lee, Nazroo et al., 2016; Lodge & Umberson, 2012). This supports an emerging strand in the literature that observes agency, continuity and generativity, in stark contrast to narratives of decline in later life (Simpson et al., 2018, 2021). Reflecting just how dominant narratives and assumptions of decline are, some participants were surprised that they continued to enjoy and value sexual activity in later life:

Firmly believe that the pleasure of sexual activity with a single lifelong partner increases and is enhanced over many years. We both spend time and take pride in our physical well being and appearances not just for ourselves but to remain attractive/desirable to each other [...] (Man, 65-69 years, Wave 8).

In summary, I am extremely happy with my sexual relationship with my wife and so pleased that sex for both of us is as good as it has ever been, even at the age range of 70-80! (Man, 70-74 years, Wave 6).

... my husband hasn't turned into my friend. However, love and fun and laughter in bed has grown and grown. There is no longer the need to perform and compare with others. We're in physical great shape and compliment each other on it constantly and tell each other we adore each other constantly [...] (Woman, 60-64 years, Wave 8).

Always had a good sexual relationship throughout our marriage, and surprised it continues to do so despite our age. (Woman, 70-74 years, Wave 6).

Some participants reported experiencing limitations in their physical ability to participate in sexual activity with their partner but suggested that such changes were not experienced as challenges. Instead, they described how acts of physical intimacy, such as kissing, cuddling and other implied activities, continued to bring enjoyment and intimacy (Fileborn et al., 2017). These accounts appear to move away from understandings which privilege penetrative sex:

Although we do not now have sexual relations or activity together, we do have lots of kisses, cuddles, laughter and discussions about all sorts of things, and I find this very necessary to our health and well-being. (Woman, 75-79 years, Wave 8).

We are a very loving couple. I worry that I might hurt (not abuse) my wife in the physical act of intercourse. Mobility issues interfere in our sexual relationship. We still cuddle and kiss a lot. My wife regularly tells me "there are many ways to skin a cat" and "use our imaginations". (Man, 65-69 years, Wave 8).

Concerns About a Lack of Sexual Activity in Relationships

Consistent with the findings outlined above, some participants indicated that a lack of sexual activity within their relationship gave rise to concerns about intimacy in the relationship. Although this was noted by men and women equally, the comments demonstrate how traditional gender roles influenced what people feel they can and should expect from their relationship with a combination of conventional and more novel, gendered responses.

Comments along these lines from women indicated that male partners were not living up to their expectations. These expectations relate to gendered models which suggest that men want sex more than women, with the initiation of sex being seen as a masculine role. Some of these women connected this disappointment to broader emotional concerns, explicitly or implicitly describing a negative impact on intimacy. These accounts contradict gendered portrayals of older women as uninterested in sex, since our participants expressed their unhappiness with the lack of sexual activity. Nonetheless, they also relied on the expectation that their male partner should want sex and should initiate sex to justify these feelings, with the second comment also seeming to refer to penetrative sex:

My husband has never been one to initiate sexual activity. It was always me. Eventually - having tried talking to find out why, I said that I wasn't going to initiate love-making anymore. [...] I feel 'wanted' rather than 'needed' - as a housekeeper and cook! He is a very good husband and father and, although it has caused me a lot of heartache when I was younger, he is a good man - just lacking in the right hormones. (Woman, 60-64 years, Wave 8).

My husband has erectional [sic] difficulties but is reluctant to try Viagra or similar. This has led to a lack of intimacy and some loss of respect. (Woman, 55-59 years, Wave 6).

Some men similarly suggested that a lack of sexual activity in the relationship caused broader issues for intimacy. The first comment below is explicit in this regard and the second is more implicit. The participant referred to a lack of 'physical

affection' and describes feeling negative emotions in relation to masturbation. This guilt may be caused by stigmas around self-pleasure (Štulhofer et al., 2019); however, the account as a whole implies that sexual activity with his partner was more than a purely physical act and represented something integral to their relationship (Fileborn et al., 2017):

My partner seems to have lost her interest in sex which I find sad and frustrating. We have been together since [both were teenagers] and for me at least this is damaging our relationship across the board. Our emotional connection seems much reduced and I often feel a sense of loss, sadness and loneliness. (Man, 60-64 years, Wave 8).

I have not had sexual intercourse with my wife (or anyone else [recently]) . . . This lack of physical affection is a MAJOR source of concern to me. I feel I would still like to engage in sexual activity with a woman. I feel guilt and shame at having to masterbate [sic]. (Man, 55-59 years, Wave 6).

However, some men discussed sexual practice in overtly physical terms, which did not have a parallel in female accounts, reflecting gendered stereotypes that presume that men have a stronger need for the physical aspects of sex, as well as the influence of youth-coded masculinity (Ferrero Camoletto, 2019; Hinchliff & Gott, 2016). In the comment below, the participant felt he needed to "keep things working" and, although the second part of the comment suggested that the participant would prefer to engage in such activity with his wife, his comment did not imply the need for emotional intimacy:

Enjoy mild porn on internet 2-3 times a month, masturbation, interested in keeping things working although nothing possible with wife these days, chance would be a find [sic] thing. (Man, 80-85 years, Wave 6)

Finally, in this section, both men and women described similar feelings of guilt when illness and its consequences prevented them from engaging in sexual relations with their partner. Guilt has been previously described in relation to women's feelings (Lodge & Umberson, 2012), yet here both the male and female participants worried that their partners wanted sex more frequently, even if the partner said otherwise or the couple engaged in intimate acts such as kissing and cuddling. The participants stressed that they had a good relationship in all other ways, suggesting that perhaps this guilt was caused by feeling they are not meeting expectations of them, expectations that may be gendered and/or privilege penetrative sex:

Following breast cancer of [2 to 5] years ago, I have definitely found I have been less concerned about sexual relations. Sometimes I feel guilty as I know my husband would wish to have sexual relations more often. We do kiss and cuddle a lot and are very loving towards one another, which for me is usually satisfying. (Woman, 70-74 years, Wave 8).

After I came out hospital after having my 2nd knee replacement, I very rarely do get aroused any more like I used to. I love my wife dearly but I feel I am not doing my duty to my wife who I fear her sex drive is much stronger than mine although she say it don't bother her. (Man, 65-69 years, Wave 8).

Instances Where Sex Was Not Seen as Important

Some men and women felt that sex was not important in their relationship and were not concerned that their sexual activity

had decreased, stressing the importance of other emotional features of their relationship instead, such as love, stability, friendship and partnership. It is perhaps not surprising that some older adults do not feel sex is important in later life because some people put less importance on sex at earlier stages of life, which could well continue into later life. Research has suggested that, for some older people, the changes in sex and sexuality that come with aging are not found to be distressing, as they were considered to be a natural part of the aging process (Hinchliff & Gott, 2004; Sinković & Towler, 2019; Stephenson & Meston, 2010).

Building on this point, the comments from participants demonstrated that sexual decline in later life was interpreted in gendered ways, as women seemed to attribute this to age and the men to relationship longevity. This may relate to gendered norms of aging, as men are reluctant to admit physical decline while women focus on the challenges aging poses to their desirability (Ferrero Camoletto, 2019; Spector-Mersel, 2006; Warren & Richards, 2012). Nonetheless, participants similarly suggested that this decline was not of major concern. For example:

At [61-70] years of age I do not think sex is important in my marriage . . . We still love each other and I think a stable relationship matters more than having sex. (Woman, 70-74 years, Wave 8).

I think sexual activities and sexual relationships become less important as you grow older. Love and friendship are far more important for wellbeing. (Woman, 60-64 years, Wave 6).

I have been married to my wife for [51-60] years and after 30 years people change and all that hot passion goes out of the window. People who have one wife all of that time become 'soul mates' and good friends who just rely on one another. (Man, 75-79 years, Wave 8).

Experiences of Relationship Change

Many participants indicated that they had suffered the death of a partner or the ending of a long-term relationship. In this section, we consider three ways in which individuals responded to this experience of relationship change: people who would like a new relationship; people who were not seeking a new relationship; and people experiencing new relationships.

People Who Would Like a New Relationship

Some participants who were single in later life wanted to find a new relationship, often highlighting that sex was an important part of what they were looking for. This was similarly expressed by both male and female participants who referred to both emotional and physical aspects of a new relationship. This echoes the comments from those who were in relationships and further highlights the importance of sexual activity for relationship intimacy in later life:

Being a widower finding a new partner would be nice! (Man, 65-69 years, Wave 8).

My libido is all in my head! Only one clandestine sexual relationship since my divorce [11-20] years ago. I long to have a sexual partner, or at least a loving companion. Feel lonely and isolated. (Woman, 70-74 years, Wave 6).

I miss my sex life but talking to friends I get the impression I am in the minority. It would be lovely to have "my buttons" pressed to

see/feel if there was any response - hope so! (Woman, 75-79 years, Wave 8).

Nonetheless, participants described difficulties in finding a new partner. Some participants also suggested that other older people are not interested in sex (despite their own feelings). These accounts suggest that stereotypes about aging may prevent older people from feeling able to share their needs with others to establish new relationships (Hinchliff et al., 2021), highlighting the need for more inclusive understandings of sexuality in later life.

Further, these aging norms may interact with gender stereotypes, as older men seemed particularly reluctant to discuss sexual activity with women who they were not already intimate with. For example, one male participant felt that women would not share his interest in sex and therefore did not want to risk damaging a friendship by bringing the topic up. He appeared to reluctantly accept this situation.

At the age of [71-80] and single there is no sex life, even if you had a female friend you are scared to mention sex, as you don't know what the reaction would be and you mite [sic] lose a good friend. You just have to get on with your life, sex is not the end of the world at an old age. (Man, 75-79 years, Wave 8).

People who were not seeking a new relationship

Some participants who were single in later life were not seeking a new relationship. In these cases, the comments from men tended to imply that the difficulty or unlikelihood of finding a new partner stopped them from actively seeking one but did not exclude the possibility of a new relationship:

Until my wife died [11-20] years ago, we enjoyed a healthy and active sex life. Since I have not considered forming any attachment since then; in practical terms, a failing sex drive has not been a major consideration. This could change if I were to meet a potential partner (but I am not actively seeking one). (Man, 70-74 years, Wave 8).

I am a long term widower who has not sought another partner for many years. I feel that the choices are very poorly suited to my case in many cases. (Man, 75-79 years, Wave 6).

In contrast, the comments from female participants were more resolute about not seeking another relationship:

My late husband and I... had a good and happy life physically and sexually. We knew each other's needs and fulfilled those needs. When he passed away, I was not interested in that side of life or of having another man in life. I'm happy and content with my family and grandchildren, what more could I want. (Woman, 70-74 years, Wave 8).

In the past 11 years I have only had sex with my vibrator because I have no partner and do not wish for one. (Woman, 70-74 years, Wave 8).

This reluctance, which did not appear to have a counterpart in the experiences of men, may relate to the burden of care on women in traditional gendered models of domestic partnerships, which they are particularly exposed to in later life given their greater longevity (Carr et al., 2014; Carr & Utz, 2020; Noel-Miller, 2011; Salari & Zhang, 2006). Some female participants were explicit that they did not want to take on the physical and emotional burden of caring for a new partner, so instead prioritized their independence and autonomy, echoing

findings reported elsewhere (Brown & Shinohara, 2013; Brown & Wright, 2017; Noel-Miller, 2011; Salari & Zhang, 2006):

Divorced [21-30] years ago. Last partner [11-20] years ago... Would not want new relationship with older man in case ended up having to care for them. Very happy with friends and luckily sex drive has declined and am happy not having to bother with anyone else's needs/desires. (Woman, 70-74 years, Wave 6)

Experiences of New Relationships

Some participants described experiencing new relationships in later life. Their comments suggested that such new relationships are satisfying experiences for both men and women, and that good sex was an important factor in contributing to intimacy in the partnership. These accounts demonstrated experimentation and generativity, where age is not portrayed as an obstacle to forming partnerships or having sex. Rather, some participants felt that being older meant they were less inhibited about what they wanted from a sexual relationship (Sinković & Towler, 2019; Towler et al., 2021). This suggests that new relationships may present an opportunity to improve on past relationship experiences (Bisdee et al., 2013; Koren, 2011; Price et al., 2017).

My husband died [5-10] years ago, I am now with a new partner, although sex with my husband was fine. I found sex with my new partner much more uninhibited and more relaxed. (Women, 65-69 years, Wave 6).

I have had a break up with my partner of [6-10] years [less than 2 years] ago. I met a new partner [several] months ago, used Viagra to start with which I did not like but have stopped using it as my new relationship blossomed into love and my libido returned and while less than a younger man we are both happy at our love and love life. (Man, 70-74 years, Wave 8).

Having recently moved in with my partner, the frequency of sex has increased due to greater opportunity and being somewhat younger, she has an equally strong sex drive. (Man, 65-69 years, Wave 8).

As reported elsewhere (Brown & Shinohara, 2013; Brown & Wright, 2017), some participants gave accounts of starting casual relationships, which were focused on sex without the commitment of a full partnership, in later life. Such accounts suggested a pragmatic approach that offers benefits of intimacy and pleasure, although perhaps in limited ways compared to past experiences. These again seemed to be fulfilling experiences for both men and women, demonstrating that the benefits of sexual interactions were not limited to those in long-term partnerships.

However, there were differences in how men and women described their experiences. Male participants confidently described experiences of casual relationships that were impersonal sexual encounters with no commitment. They reported having met multiple female partners who were equally happy with this form of relationship, with some suggesting that their female partner had a greater reluctance to commit to a more serious relationship than they did:

I was entirely happily married for nearly [40-49] years before my wife died. Sure I have had sexual intercourse with female widowed friends who, like me, have sought relief from sexual frustration. (Man, 90+ years, Wave 6).

Since my wife died, I engage in the “warm wet wank” type of sexual relationship, I have tried to forge relationships, but at the end of the day (the female sexual partner) are competing with a ghost. I have not found another partner who can take the place of my late wife, doubt I ever will. Came close a couple of times, but they did not want commitment, and without that, I feel, the best way is impersonal sex, the ‘warm wet wank’ I referred to. That way, boundaries are not breached, consensual sex ensures both parties get what they want, with none of the commitment. (Man, 55-59 years, Wave 8).

Like the men, women described experiences of casual relationships as beneficial and fulfilling experiences with reference to the physical nature of their encounters. However, the female participants seemed cautious about the casual relationships they experienced. Some participants described surprise or uncertainty about them, as well as more challenging emotions such as guilt or sadness, despite the benefits. This may connect to the reluctance to engage in relationships due to the potential burden of care, as discussed earlier, or women may feel less able to talk about sexual activity outside of a serious relationship as a result of norms which undermine women’s sexuality, despite the emergence of competing discourses:

I have engaged in an occasional sexual relationship with an old friend who came back into my life. It is not a committed relationship, we do not live together. It is a friendship with some sexual attraction. It is 4-5 years since my soulmate died and I do sometimes feel guilty about allowing another man be intimate with me. I do sometimes feel depressed and hurt after spending time with this person because it reminds me of the man I have lost. But the companionship and closeness makes me feel alive for a period and it takes away some of the loneliness. (Woman, 55-59 years, Wave 8).

My partner died [6-10] years ago. Since then I had not looked for another sexual relationship, but during the last 12 months I have become friends again with my ex-husband who I was divorced from in [1980s]. He has initiated a low key sexual activity which I have found interesting enough to engage with successfully, much to my surprise! He does not and will not live with me but we arrange time together about every two months. (Woman, 65-69 years, Wave 8).

Aging Bodies and Sex

A final theme concerned the differences in how men and women experienced bodily aging, which reflected gender norms discussed in previous literature (Ferrero Camoletto, 2019; Lodge & Umberson, 2012; Spector-Mersel, 2006; Warren & Richards, 2012). Many female participants reported that they still felt a physical sex drive and would like to engage in physical intimacy, but their experiences of bodily aging affected their confidence in doing so. These bodily experiences were not so much about sexual functioning as outward appearance. Participants described being conscious of changes associated with aging, such as skin, weight and body shape, which affected their self-esteem. These comments related to gendered and ageist norms that associate femininity with youth and perceived beauty (Sandberg, 2013; Warren & Richards, 2012) and suggest that ageist erotophobia may weigh heavily on older women, or operate specifically in relation to their assessment of their sexual self-worth. Indeed, female participants appeared almost apologetic about the challenges they experienced,

resulting in a negative impact even with a supportive partner, highlighting the asymmetric nature of the norms of aging:

I think it would be enjoyable to still have sex, but I no longer have a partner and in any case as I’ve got older all these lumps and skin tags have appeared and I don’t think I would be appealing any more. (Woman, 70-74 years, Wave 6).

My concerns/worries have been to do with self- confidence - as I am getting older and fatter. My partner is wonderful and reassures me always that he sees me as he always did and loves me as I am, but I am a little more self-conscious. There is no reduction in his desire for me - it is only in my head. Weirdly, I am not affected by his changes in body shape and ageing. I love and want him just as much, so I can’t reason out my own feelings. It has not had a negative impact on our sex life, it’s the worried/concern questions that reflect my self esteem as I get older perhaps. (Woman, 55-59 years, Wave 8).

Interestingly, there were a small number of comments from men that reflected concerns about bodily changes associated with getting older and with having medical treatment:

My sex drive has reduced but may dream or fantasise about it . . . I feel less confident about sex due to my ageing body. Who wants to cuddle a fat bald bloke?! (Man, 60-64 years, Wave 8).

I am receiving hormone treatment for an enlarged prostate. I have grown breasts and lost body hair. Need I say more! (Man, 85-89 years, Wave 8).

More often, the comments of men focused on sexual functioning, particularly the capacity to experience an erection, sometimes linked to other health issues or medication. The participants stressed that they still felt the same sex drive, but saw performance as a key aspect of masculinity, reflecting a youth-coded masculinity that they are less able to live up to (Ferrero Camoletto, 2019; Fileborn et al., 2017; Hinchliff & Gott, 2016). Alongside this, some of the comments implied the need to “use it or lose it,” corroborating a medicalized focus on functioning:

The erectile dysfunction is not helped by the amount of medication I am on for [blood pressure] and heart (illegible). At [70-79] the mind is active but the body does not always respond. (Man, 70-74 years, Wave 6).

Since radical prostatectomy erection has been almost impossible & therefore intercourse has been limited at best! But libido is still working! (Man, 75-79 years, Wave 6).

I am worried because the fact that I have not had a sexual partner for [1-5] years may lead to my sexual capacity diminishing. (Man, 55-59 years, Wave 6).

Comparing these accounts, it seemed that not being able to have sex was a key concern for older men, which was different to the experiences of single older women, where having to share their aging body with a new partner was a major concern. These gender asymmetries concerning aging bodies led to a lack of understanding about sexual needs in later life, which could be challenging for intimacy within relationships (Elliott & Umberson, 2008; Lodge & Umberson, 2012). One comment from a female participant is insightful because it demonstrates how gendered and aging norms affect relationship intimacy. The participant was frustrated by the lack of sexual interaction caused by her husband’s reluctance to seek treatment for his

erectile dysfunction. The participant interpreted this as a personal rejection, especially because he could still experience arousal from watching pornography. She described negative feelings about her appearance and her role in the relationship, measuring herself against norms of femininity that focus on being desirable for men (Crawford & Popp, 2003; Warren & Richards, 2012):

My sex drive has decreased purely because my husband has erectile problems and does not take the medication or treatment to improve it. As he maintains he doesn't get the same feeling. But can still get turned on watching adult programs but nothing to do with me, which makes me feel ugly and redundant. (Woman, 65-69 years, Wave 6).

Discussion

The findings of this research are threefold. First, contributing to a body of literature which challenges assumptions of decline, we confirmed that sex remains integral to intimacy in later life relationships for many men and women. Second, we found that norms of age and gender interact to shape the ways in which men and women think about and engage with sex and sexuality in and through their relationships. This adds to our understanding of gender and sexual wellbeing, particularly highlighting the importance of the relational context as a site of the construction of subjective meaning, from which sex should not be abstracted. Third, we have highlighted the ways in which the interaction of age and gender norms limit some older people's experiences of sex and relationships, for example, preventing them from seeking new relationships or creating challenges for intimacy in partnerships.

These unique insights counter the constraints of ageist erotophobia that define older people as post-sexual, and further identify gender differences (and convergences) in experience that add to knowledge about the consequences of ageist erotophobia (Simpson et al., 2018). Although we recognize that some older people genuinely experience giving up sexual activity as liberating, gendered ageist erotophobia was visible in participant accounts of sex as unimportant, some stories of relationship change and in negative self-evaluations of aging bodies. This underlines the principle that older people should be respected when they define themselves as sexual or post-sexual.

Our first contribution to knowledge is the confirmation that sex is an important part of relationship intimacy for older men and women (Byers, 2005; Ferris et al., 2008; Fileborn et al., 2015; Hinchliff et al., 2018; Karraker & DeLamater, 2013; Lee, Nazroo et al., 2016; Lee, Vanhoutte et al., 2016; Smith et al., 2019; Tetley et al., 2018). Many of our participants in relationships found that the benefits of sex for intimacy and wellbeing had developed over the course of their relationship and continued into later life. Some accounts described overcoming limitations in their ability to perform sex by adapting sexual practices with a partner (Hinchliff & Gott, 2004; Ussher et al., 2013). This was portrayed as a fulfilling experience, potentially due to the reinforcement of intimacy that comes as the result of relational longevity and deep understanding (Hinchliff & Gott, 2004; Hinchliff et al., 2018; Simpson et al., 2018). These

examples may also be suggestive of the working of the "resources of ageing" (Simpson, 2021, p. 217) that represent accumulated knowledge of self, other and intimate relationships.

However, some accounts appeared to privilege penetrative sex, particularly where there were concerns about a lack of sex in a relationship. Nonetheless, such concerns highlight the need to embed broader conceptualizations of sex to encourage positive expressions of sexuality in later life.

For those who were not in relationships, some participants wanted to find a new partner, and sex was an important aspect of what they are looking for, echoing the value of sex described by some of those in relationships. Other participants described experiences of new partnerships with satisfying sexual experiences, indicating that new relationships may represent an opportunity to improve on past experiences (Bisdee et al., 2013; Koren, 2011; Price et al., 2017). Some of our participants suggested that age conferred an advantage, as they felt more confident about asserting what they wanted out of a relationship, a perspective that gains little attention in portrayals of age and sexual activity (Fileborn et al., 2017; Sandberg, 2013, 2016; Towler et al., 2021).

These findings contradict commonly held (and frequently gendered) assumptions that interest in sex declines in later life (Calasanti, 2019; Hinchliff & Gott, 2016; Sinković & Towler, 2019; Waite & Iveniuk, 2021). Some of our participants appeared to have internalized such stereotypes, as they were surprised by their fulfilling experiences of sex in later life and/or believed that other older people would not share their interest in sex. Although decline was recognized by some participants, this was not always portrayed as a concern, with some highlighting other ways of achieving sexual intimacy in their relationships by exercising agency and generativity. However, it was noted that men and women appeared to conceptualize this decline in different ways and these differences related to gender norms.

The above-mentioned insight leads to our second contribution, that the findings presented add to our understanding of gendered experiences of sex in later life (Calasanti, 2019; Carpenter et al., 2006; Lee, Nazroo et al., 2016; Lee, Vanhoutte et al., 2016; Tetley et al., 2018). There was much more similarity in the accounts of men and women in terms of how they valued sex in later life for physical and emotional benefits than may be anticipated, a finding consistent with research amongst younger groups (Murray & Brotto, 2021). These similarities suggest that the gender differences found in experiences of sex and decline are not necessarily biological or innate. Rather, the findings on difference in this research point to the role of constructed gender norms on people's sex and relationship practices in later life (Calasanti, 2019; Carpenter et al., 2006; Tetley et al., 2018). These norms shaped expectations and roles within the relationship and participants measured their satisfaction with their relationship accordingly, which could give rise to challenges for intimacy. Some female participants sought to avoid the care burden associated with traditional gender roles in a typical domestic partnership, either by ruling out a new relationship or cautiously engaging with casual relationships.

These findings support the notion that gender differences in experiences of decline in later life identified in previous literature are constructed on the basis of these dominant gender norms (Calasanti, 2019; Carpenter et al., 2006; Lee, Nazroo et al., 2016; Lee, Vanhoutte et al., 2016; Tetley et al., 2018). This is theoretically important, but also has implications for how best to support older men and women, necessitating greater recognition of the role that gender norms play in shaping experiences of sex and sexuality in later life relationships.

Third, the findings provide further evidence as to how gender and age norms shape sex and sexuality in later life relationships, and specifically the challenges arising from these norms in the relationship context (Calasanti, 2019; Hinchliff & Gott, 2016; Waite et al., 2009). Women and men experience bodily aging in ways that relate to gender norms, as discussed in previous literature, where men focused on sexual functioning as a marker of masculinity and women on appearance and femininity (Calasanti, 2019; Ferrero Camoletto, 2019; Flowers et al., 2013; Warren & Richards, 2012). This analysis indicates that these norms were embodied in individuals' engagement with sex and relationship practices in later life, and served to limit their experiences, for example, by preventing them from seeking new relationships and by creating challenges for intimacy in existing relationships. As discussed above, this points to the need to address stereotypes of aging, in conjunction with gender norms.

Strengths and Limitations

The strengths of this paper are first, that it used a large dataset taken from a representative survey to explore the topic of sex in later life relationships and, second, that participants' comments offered a unique insight into sex in later life relationships.

There are three limitations of this research. First, as the data was collected through a survey, there were no opportunity to explore the participants' interpretations of sex and relationships as there would have been with other methods, such as interviews. Second, the nature of the data precluded any systematic unpacking of these findings in relation to race or ethnicity given the small proportions of participation from minority groups in the overall ELSA survey which raise the risk that qualitative comments could enable identification. Finally, the findings highlighted the need for further investigation into the experiences of sex and sexuality in later life from the perspective of those who are involved in other than heterosexual relationships, as older people who do not identify as heterosexual may negotiate these norms in different ways (Hughes, 2019; Jowett et al., 2012; Simpson, 2015; Waite et al., 2009). These limitations offer important avenues for further research in this field.

Conclusion

Through the lens of social script theory combined with a gender-as-relational approach, rich and nuanced accounts of the experiences of older men and women in intimate relationships were presented. Countering stereotypes of decline, the findings emphasize the importance of sex for many older people, while also highlighting specific challenges faced in later

life relationships. The research offers theoretically important contributions and also has implications for how best to support older men and women in later life, necessitating greater recognition of the role that gender and age norms play in shaping experiences of intimate relationships in later life. The research identifies pathways for future research, notably addressing intersections with sexuality, class and race.

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Data Availability Statement

The ELSA dataset is freely available from the UK Data Service to all *bona fide* researchers. The dataset can be accessed here: <https://discover.ukdata.service.ac.uk/series/?sn=200011>.

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