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# **Sexual activity in the over 50s population in Ireland**

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On behalf of the TILDA team

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# Key Findings

- The majority of adults aged over 50 in Ireland are sexually active, with 59% reporting they had sex in the past 12 months. The majority of sexually active adults were sexually active once or twice a month (36% of sexually active adults) or once or twice a week (33% of sexually active adults).
- Adults aged 50 and over who consider sex to be an important part of their life are also more likely to be sexually active, with those who consider sex to be very or extremely important being sexually active most frequently.
- Being sexually active is less likely in older age groups, with 75% of those aged 50 to 64 being sexually active, compared to 23% of those aged 75 and over.
- In those aged 50 and over, being sexually active is also largely dependent on having a spouse or cohabiting partner. Three quarters (75%) of those married or cohabiting report being sexually active in the past year, compared to 34% of single, separated or divorced respondents, and 13% of widowed respondents. This trend is seen across all age groups. Even so, a small proportion of currently unmarried or un-cohabiting respondents report having a romantic or intimate partner (9%). The large majority of respondents who report a romantic or intimate partner are sexually active (88%).
- Sexual activity is related to health; those who consider themselves to be in better health are more likely to be sexually active, as well as those without long term conditions or disabilities, and those with fewer depressive symptoms.
- Sexual activity is related to quality of life; those who are sexually active report having higher quality of life on average, independent of their age.
- Sexually active adults tend to be more positive in their perceptions of ageing. They are less likely to consider themselves old and less likely to believe that ageing has negative consequences.
- Sexual activity is an important part of life for the majority of adults aged 50 and over in Ireland. As such, more research should be conducted to determine the factors which enable and hinder sexual expression in this age group.

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## **Acknowledgements**

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# 1

# Introduction

## 1.1 Introduction

Sexual activity in older age is a growing topic of research, with increased research helping to challenge stereotypes of an asexual older age. An increasing body of research is showing that people remain sexually active and continue to attribute importance to sex well beyond middle-age, and for a significant proportion, into their 70s and 80s (1-3). At the same time, public discourse around sexuality in older ages is becoming more open, in part due to the visibility of treatments for sexual dysfunction.

Although many individuals are sexually active in older ages, sexual activity and frequency of sexual activity do tend to decrease in older age groups. Age is also a major predictor for diminished levels of sexual desire (4). Research has found associations between sexual activity and emotional and physical health (5-9). Sexual activity and sexual interest are also in part determined by gender; research has shown that the importance attributed to sex and sexual activity in general decline at a later age, on average, in men compared to women (6). Men's sexuality tends to be more strongly linked to physical health, while women have stronger declines in sexual interest and activity associated with emotional health or relationship stress (10, 11). It is likely that an increase or decrease in sexual activity is multifactorial (12, 13), and it is therefore difficult to disentangle a direct causal effect. Researchers have suggested that sexual activity is dependent on a certain level of physical and emotional wellbeing in older age, but that it also may influence physical and psychological well-being itself (14).

Detailed studies of sexuality and sexual activity have been carried out in Ireland in the last decade, however, these have been largely confined to populations most at risk of adverse sexual health outcomes and unplanned pregnancies (15). This report seeks to shed light on this aspect of the lives of the Irish population aged 50 and over.

## 1.2 Aims

Using data from Wave 2 of the Irish Longitudinal Study of Ageing (TILDA), this report aims to describe the prevalence, frequency and importance of sexual activity in the over 50s population in Ireland. Whether older adults who are sexually active differ in a number of health and wellbeing outcomes from sexually inactive older adults is also explored.

## 1.3 Sample

TILDA is a nationally representative cohort study of 8,175 community dwelling adults over 50 years old in Ireland (16). This study uses data collected in Wave 2 of the study, which interviewed 7,455 respondents between April 2012 and January 2013. Respondents' were interviewed in their own homes using a Computer Assisted Personal Interviews (CAPI). Respondents were also asked to complete a Self-Completion Questionnaire (SCQ), containing more sensitive questions, which was returned in a pre-stamped envelope. As questions about sexual activity were included in the SCQ, the current analysis includes respondents who completed and returned the SCQ (6,003 respondents). Table 1.1 describes the characteristics of the population analysed. Women account for 55% of respondents. The majority are married or living as married (71%). Over half are aged 50 to 64 (52%), and nearly half live in a rural area (47%). To account for SCQ non-response, population weights are used, calculated using age, sex and education characteristics from the 2011 Census.

*Table 1.1: Sample characteristics*

	%	(N)
<b>Gender</b>		
Male	45	(2,697)
Female	55	(3,306)
<b>Marital Status</b>		
Married or cohabiting	71	(4,247)
Single, separated, divorced	16	(938)
Widowed	14	(818)
<b>Age group</b>		
50 to 64	52	(3,116)
65 to 74	31	(1,847)
75 and over	17	(1,040)
<b>Location</b>		
Dublin city or county	25	(1,474)
Another town or city	29	(1,713)
A rural area	47	(2,792)

## 1.4 Report structure

This report is structured as follows. Chapter 2 includes the prevalence of sexual activity in the over 50s population by gender, age, marital status, reported importance of sex, as well as the quality of spousal relationships; Chapter 3 explores whether a number of health measures differ in sexually active older adults compared to sexually inactive adults; Chapter 4 describes differences in quality of life and perceptions of ageing in sexually active adults relative to sexually inactive adults. Finally, Chapter 5 summarises the findings and discusses implications for policy.



# 2

## Proportion of sexually active adults and importance attributed to sex in the over 50s population

### 2.1 Sexual activity and frequency

Sexual activity was measured in Wave 2 using the following two questions:

*Are you currently sexually active (within the last 12 months)? 'Yes'; 'No.'*

*How often do you engage in sexual activity? 'Every day'; 'Once or twice a week'; 'Once or twice a month'; 'Every few months'; 'Once or twice a year.'*

These two questions were grouped into one measure of sexual activity with five categories: 'Sexually active at least once a week'; 'Sexually active once or twice a month'; 'Sexually active every few months'; 'Sexually active once or twice a year'; 'Not sexually active.' The majority of adults aged over 50 in Ireland are sexually active, with 59% reporting some sexual activity in the last 12 months. Figure 2.1 shows the proportion of sexually active men and women, and the reported frequency of sexual activity. Men are more likely than women to report being sexually active, with 68% of men reporting any sexual activity in the past 12 months, compared to 51% of women.

Figure 2.1: Frequency of sexual activity in the over 50s population, women and men

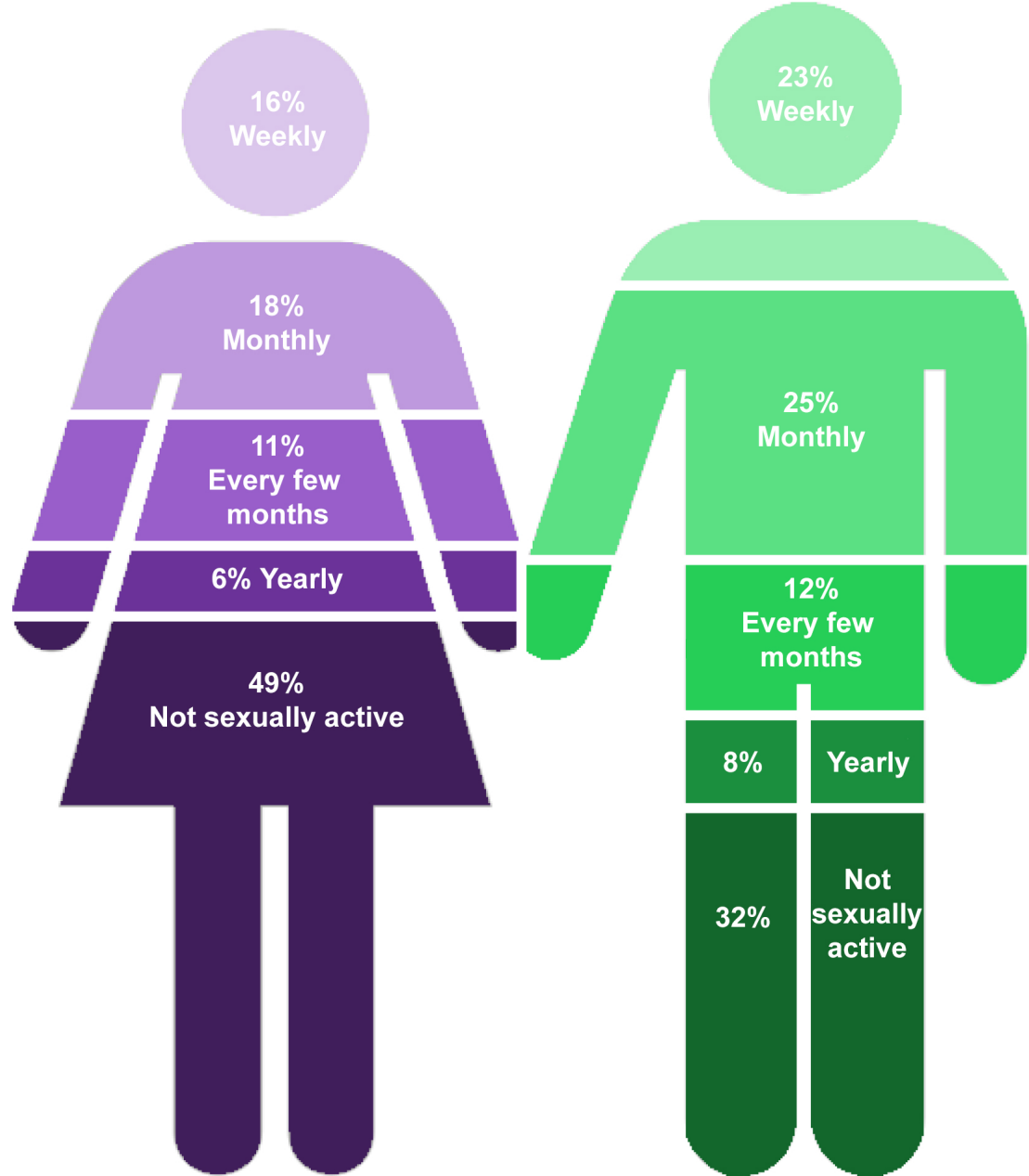


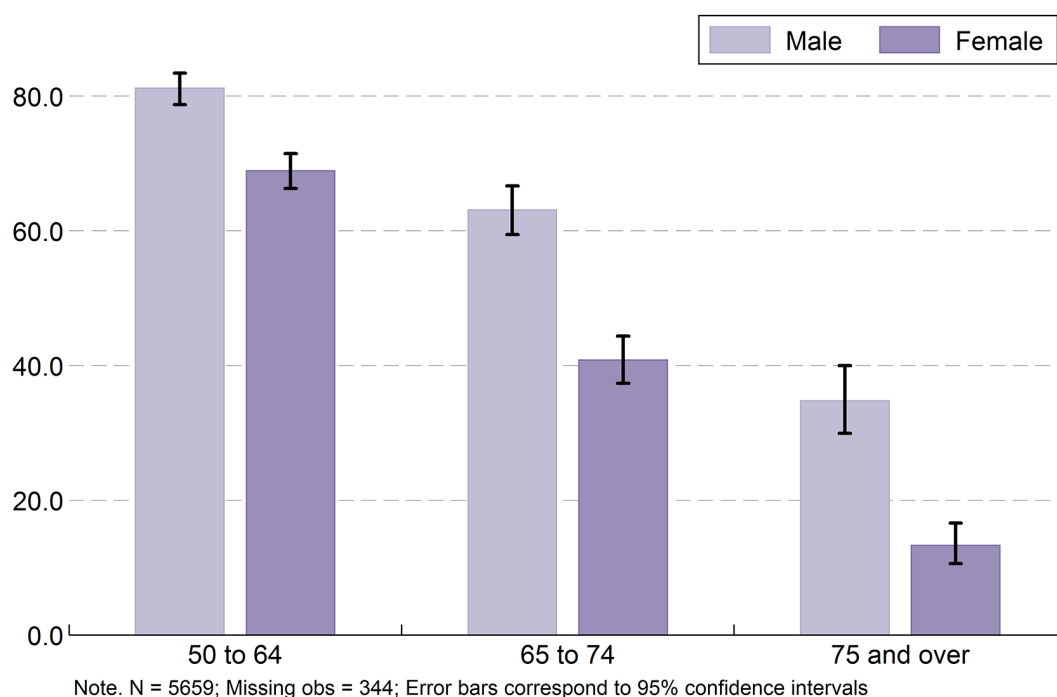
Table 2.1 shows the proportion of sexually active adults and frequency of sexual activity by gender, age and marital status. Almost half of all respondents report sexual activity once or twice a month (22%) or at least once a week (20%). The proportion of adults reporting that they are sexually active decreases with age, with 75% sexually active at ages 50 to 64, compared to 23% sexually active at ages 75 and over. The frequency of sexual activity also decreases with age with 56% of 50 to 64 year olds reporting being sexually active weekly or monthly, compared to 31% of 65 to 74 year olds and 10% of those aged 75 and over.

*Table 2.1: Sexual activity by gender, age and marital status*

	Once a week or more		Once or twice a month		Every few months		Once or twice a year		Not sexually active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Men</b>										
<b>Age</b>										
50 to 64	32	[29-35]	31	[28-34]	12	[10-14]	7	[6-9]	19	[17-21]
65 to 74	16	[13-19]	23	[20-26]	14	[12-17]	9	[7-12]	37	[34-41]
75 and over	5	[3-7]	11	[8-15]	9	[6-12]	9	[7-13]	66	[61-71]
<b>Marital Status</b>										
Married	27	[24-29]	31	[28-33]	13	[12-15]	7	[6-9]	22	[20-24]
Single	15	[11-19]	10	[7-14]	9	[6-12]	11	[8-15]	56	[50-61]
Widowed	9	[6-13]	10	[6-15]	3	[1-6]	7	[4-12]	72	[65-78]
<b>Total (men)</b>	23	[21-25]	25	[23-27]	12	[10-13]	8	[7-9]	32	[30-34]
<b>Women</b>										
<b>Age</b>										
50 to 64	25	[22-27]	24	[22-27]	13	[11-15]	6	[5-8]	32	[29-34]
65 to 74	8	[6-10]	14	[12-17]	10	[8-12]	8	[6-10]	59	[56-63]
75 and over	1	[1-3]	3	[2-5]	5	[3-7]	4	[2-6]	87	[84-90]
<b>Marital status</b>										
Married	23	[21-25]	26	[24-28]	15	[13-17]	8	[7-9]	28	[26-31]
Single	7	[4-10]	5	[3-7]	5	[3-7]	5	[3-9]	79	[74-83]
Widowed	1	[0-3]	2	[1-4]	1	[1-3]	2	[1-4]	94	[91-96]
<b>Total (women)</b>	16	[15-18]	18	[16-19]	11	[9-12]	6	[5-7]	49	[47-52]
<b>Total</b>	20	[18-21]	22	[20-23]	11	[10-12]	7	[6-8]	41	[39-42]

Figure 2.2 shows that the proportion of both men and women aged over 50 who are sexually active decreases incrementally with age. The proportion of both men and women who are sexually active declines faster at older ages; 40% fewer women aged 65 to 74 report that they are sexually active than women aged 50 to 64 (from 68% to 41% respectively), compared to a 22% drop in sexually active men between these age groups (from 81% to 63% respectively). After the age of 75 the proportion of sexually active adults declines by 44% for men and by 68% for women (to 34% and to 13% respectively).

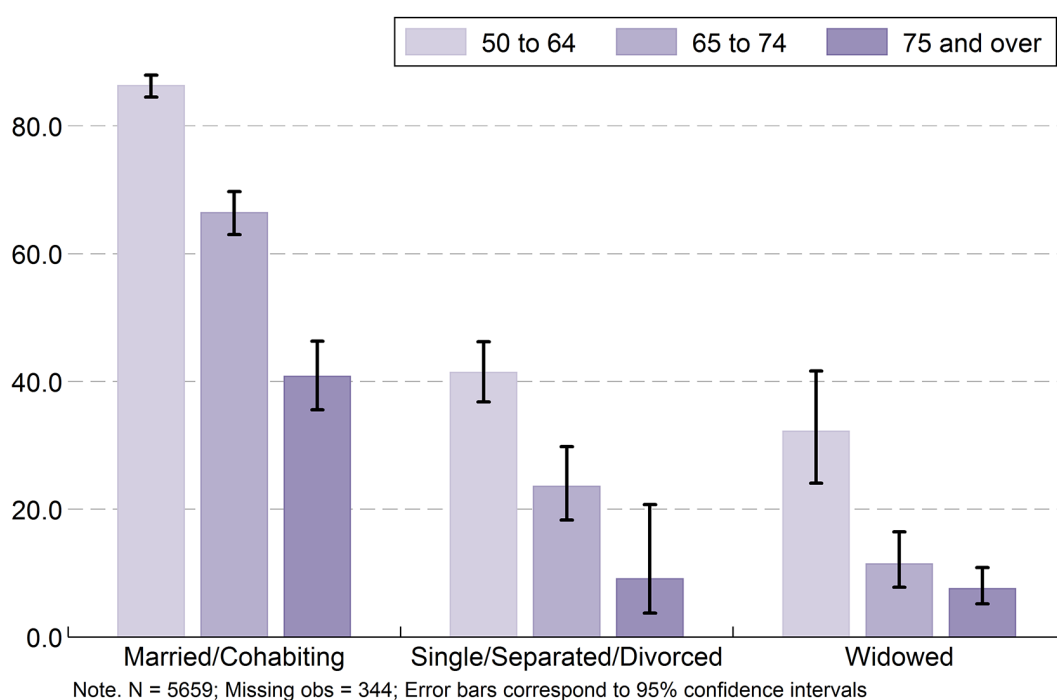
*Figure 2.2: Percentage sexually active by age and gender*



## 2.2 Marital status

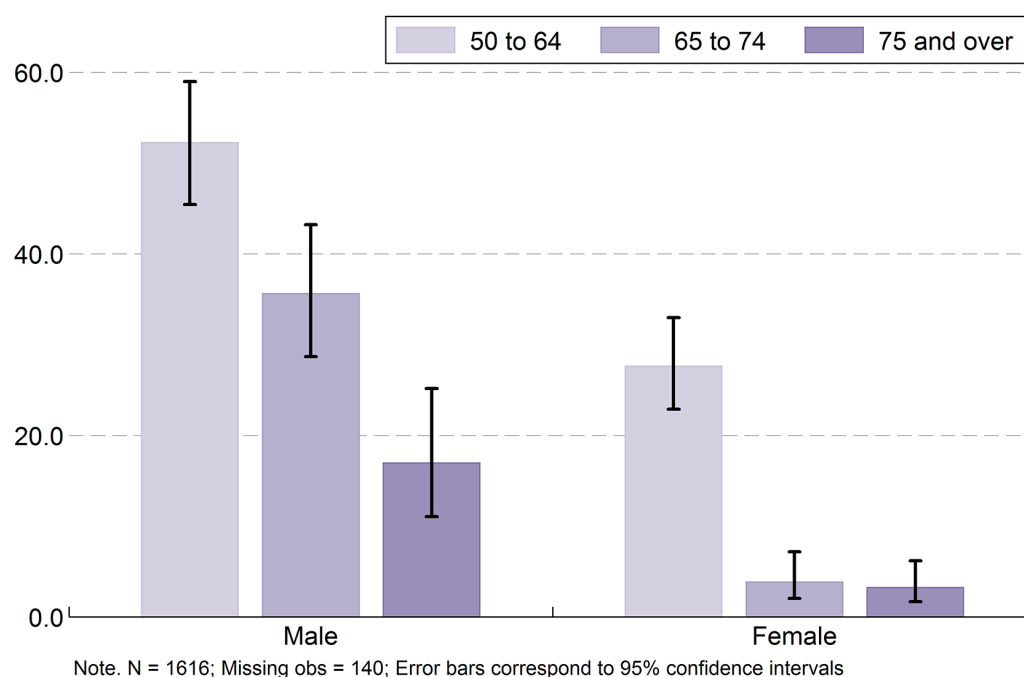
Sexual activity in the over 50s is largely determined by marital status (Table 2.1). Three quarters (75%) of those married or cohabiting report being sexually active in the past year, compared to 34% of single, separated or divorced respondents, and 13% of widowed respondents. Figure 2.3 shows that these differences are seen in all age groups. For example, a much higher proportion of adults aged 75 or over who are married or cohabiting are sexually active (41%) than those who are single, separated or divorced (9%), or widowed (8%).

Figure 2.3: Percentage sexually active by age and marital status



## 2.3 Unmarried individuals

In the currently unmarried population aged 50 and over, men are more likely to be sexually active than women across all age groups (Figure 2.4). Only 13% of unmarried women aged 50 and over report being sexually active in the past 12 months, compared to 39% of unmarried men. Sexual activity differs by age, and 50 to 64 year olds are more likely to be sexually active (52% of men and 27% of women). Only a small minority of unmarried women aged 65 and over are sexually active (4% of those aged 65 to 74 and 3% of those aged 75 or over), compared to the higher proportions of sexually active men in these age groups (35% and 16% respectively).

*Figure 2.4: Percentage sexually active by age and gender in those currently unmarried*

Respondents who were not married or cohabiting were asked if they currently have a romantic, intimate or sexual partner. One in ten single respondents have a romantic partner (9%), with men being more likely than women to report having a romantic partner (13% of single men, 6% of single women). Younger respondents are also more likely to have a romantic partner; 17% of 50 to 64 year olds compared to 6% of those aged 65 to 74 and 1% of those aged 75 and over. A large proportion of those who are currently unmarried but have a romantic partner are sexually active (88%) (Figure 2.5).

Figure 2.5: Sexual activity in currently unmarried respondents by relationship status



Note. N = 1611; Missing obs = 145; Error bars correspond to 95% confidence intervals

## 2.4 Importance attributed to sex

The importance attributed to sex within the population was measured through the question:

*“For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is?”*

The response options given were: ‘Extremely important’; ‘Very important’; ‘Moderately important’; ‘Somewhat important’; ‘Not at all important’

The majority of Irish adults aged 50 and over attribute some importance to sex (68%). A higher proportion of men attribute importance to sex than women (80% of men report that sex is at least somewhat important in their lives, compared to 56% of women). Men are more likely to report that sex is ‘extremely’ (11%) or ‘very’ (24%) important compared to women (4%, 12% respectively) (Table 2.2).

Higher proportions of younger respondents say that sex is at least somewhat important to them. Only 11% of men aged 50 to 64 say that sex is not at all important to them, compared to 25% of men aged 65 to 74 and 44% of men aged 75 and over. For women,

similarly, 28% aged 50 to 64 say that sex is not at all important to them, compared to 53% of women aged 65 to 74 and 79% of women aged 75 and over.

Marital status is also an important determinant of the importance attributed to sex. Higher proportions of married men and women report that sex is very or extremely important (41% of men, 20% of women) compared to single respondents (21% of men, 8% of women) and widowed respondents (17% of men, 5% of women). A higher proportion of widowed men and women report that sex is not at all important to them (49% of men, 82% of women).

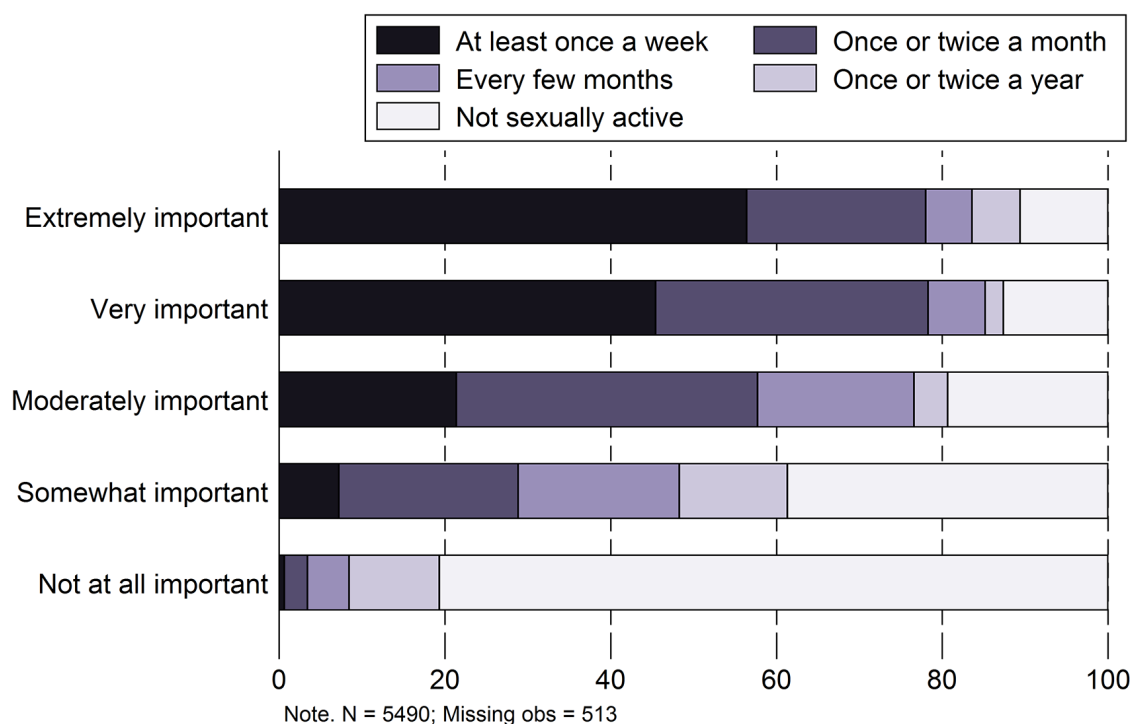
*Table 2.2: Importance of sex for men and women by age and marital status*

	Extremely important		Very important		Moderately important		Somewhat important		Not at all important	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Men</b>										
<b>Age</b>										
50 to 64	15	[13-17]	28	[25-30]	36	[33-39]	11	[9-13]	11	[9-13]
65 to 74	8	[6-10]	22	[19-25]	33	[29-36]	13	[11-16]	25	[21-28]
75 and over	5	[3-8]	15	[12-19]	23	[19-28]	13	[9-17]	44	[39-49]
<b>Marital Status</b>										
Married	13	[11-15]	28	[26-30]	35	[33-38]	11	[9-12]	14	[12-16]
Single	7	[5-11]	14	[10-19]	28	[24-34]	16	[12-20]	35	[30-41]
Widowed	6	[3-11]	11	[8-16]	22	[16-28]	12	[8-18]	49	[41-56]
<b>Total (men)</b>	11	[10-13]	24	[22-26]	33	[31-35]	11	[10-13]	20	[19-22]
<b>Women</b>										
<b>Age</b>										
50 to 64	5	[4-6]	16	[14-18]	33	[31-36]	19	[17-21]	28	[25-30]
65 to 74	3	[2-5]	8	[7-10]	20	[18-23]	15	[12-18]	53	[50-57]
75 and over	2	[1-3]	4	[3-6]	7	[5-10]	8	[6-11]	79	[75-83]
<b>Marital status</b>										
Married	5	[4-6]	15	[14-17]	33	[30-35]	19	[17-20]	28	[26-31]
Single	2	[1-3]	6	[4-9]	16	[12-20]	14	[11-18]	63	[58-67]
Widowed	1	[1-2]	4	[2-6]	7	[5-10]	6	[4-9]	82	[78-85]
<b>Total (women)</b>	4	[3-5]	12	[11-13]	25	[23-27]	16	[14-17]	44	[42-46]
<b>Total</b>	8	[7-8]	18	[17-19]	29	[28-31]	14	[13-15]	32	[30-33]



Figure 2.6 shows that the frequency of sexual activity is closely associated with the importance that respondents attributed to it in their lives. Those who report that sex is not at all important are more likely to be sexually inactive (81%). In contrast, those who feel that sex is very important or extremely important are most likely to be sexually active (87% and 89% respectively).

Figure 2.6: Frequency of sexual activity by importance of sex



## 2.5 Relationship closeness in married or cohabiting respondents

Sexual activity in the over 50 population is largely determined by marital status. Married or cohabiting respondents were asked about their relationship with their spouse or partner with whom they live:

*‘How close is your relationship with your spouse or partner with whom you live?’*

*‘Very close’; ‘Quite close’; ‘Not very close’; ‘Not at all close.’*

The majority of adults aged 50 and over report that their relationship with their spouse or partner is ‘very close’ (72% of men and 63% of women). Reporting a very close relationship is associated with higher frequency of sexual activity; 80% of those who were sexually active weekly report a ‘very close’ relationship with their partners. This association

relates to both men and women, although smaller proportions of sexually inactive women reported ‘very close’ relationships (46% compared to 62% of sexually inactive men) (Figure 2.7a & Figure 2.7b).

Figure 2.7a: Reported spousal closeness by sexual activity in men

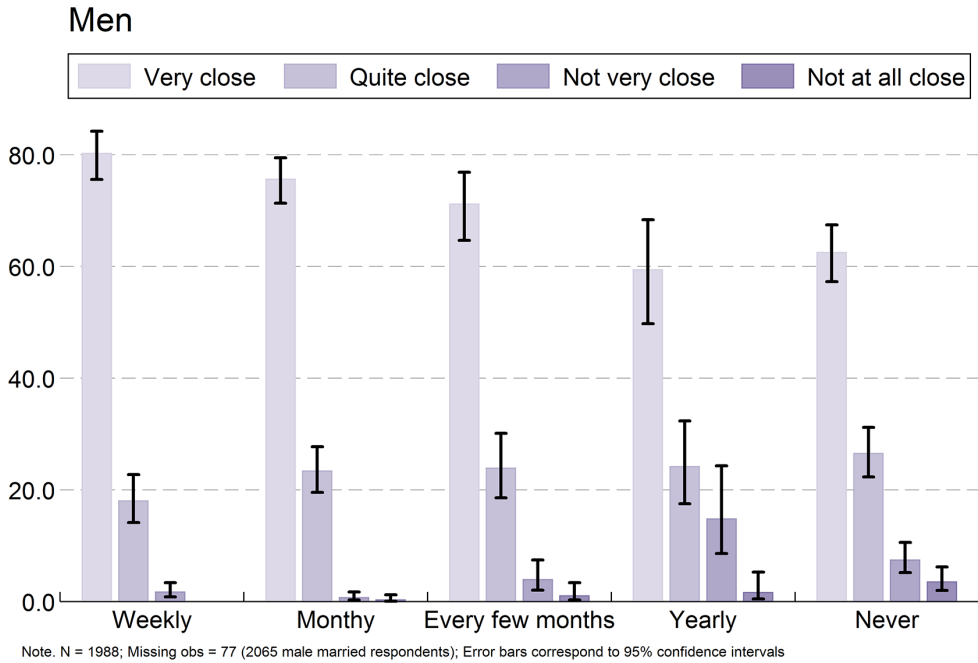
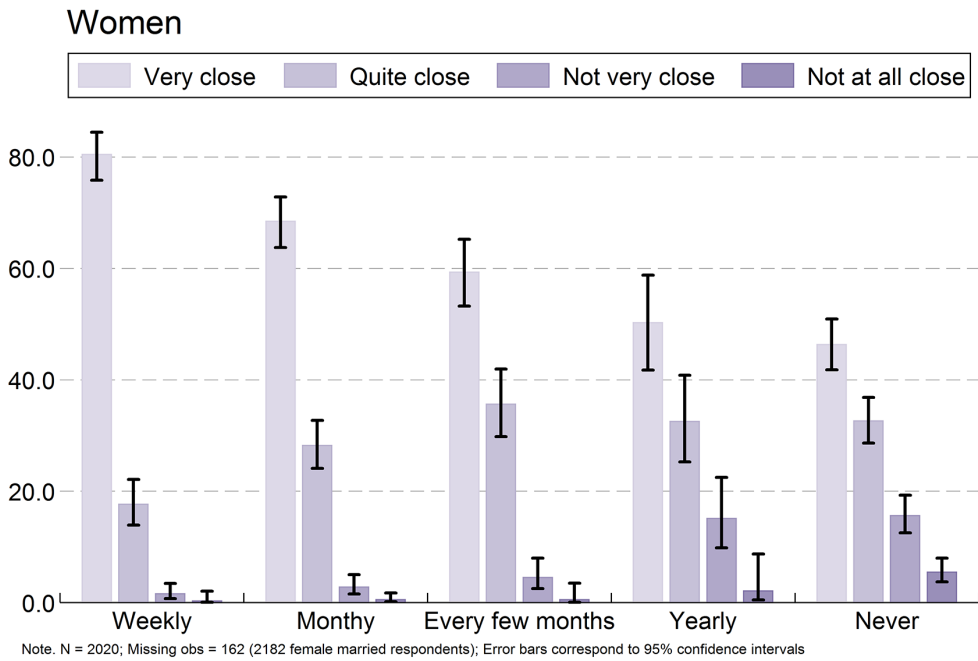


Figure 2.7b: Reported spousal closeness by sexual activity in women



# 3

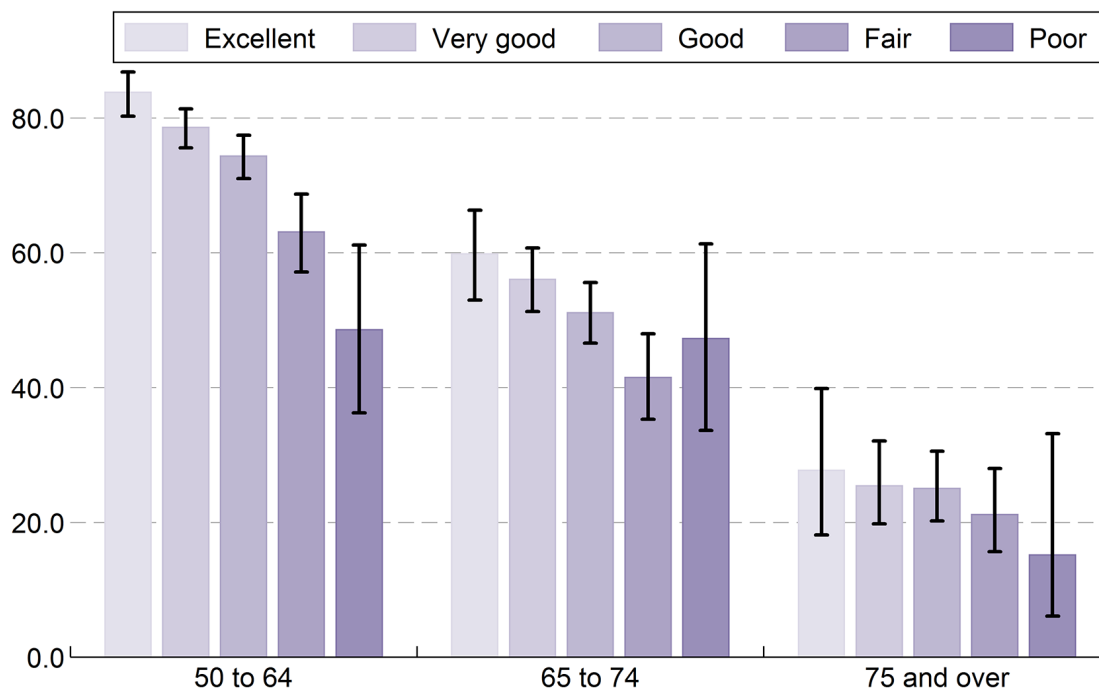
## Sexual activity and health

Respondents were asked to rate their own health with the following question:

*Now I would like to ask you some questions about your health. Would you say your health is...? 'Excellent'; 'Very good'; 'Good'; 'Fair'; 'Poor'.*

Sexual activity is associated with older adult's self-reported levels of health. Figure 3.1 shows that, while self-rated health did not affect the rates of sexual activity in those aged 75 and over, it is strongly associated with being sexually active in younger age groups. In the 50 to 64 age group, 83% of those in excellent health report being sexually active, compared to 49% of those in poor health. In adults aged 65 to 74, those who rate their health as 'fair' are the least likely to be sexually active (41%), compared to those with 'very good' (56%) and 'excellent' (59%) health.

Figure 3.1: Percent sexually active by self-rated health and age

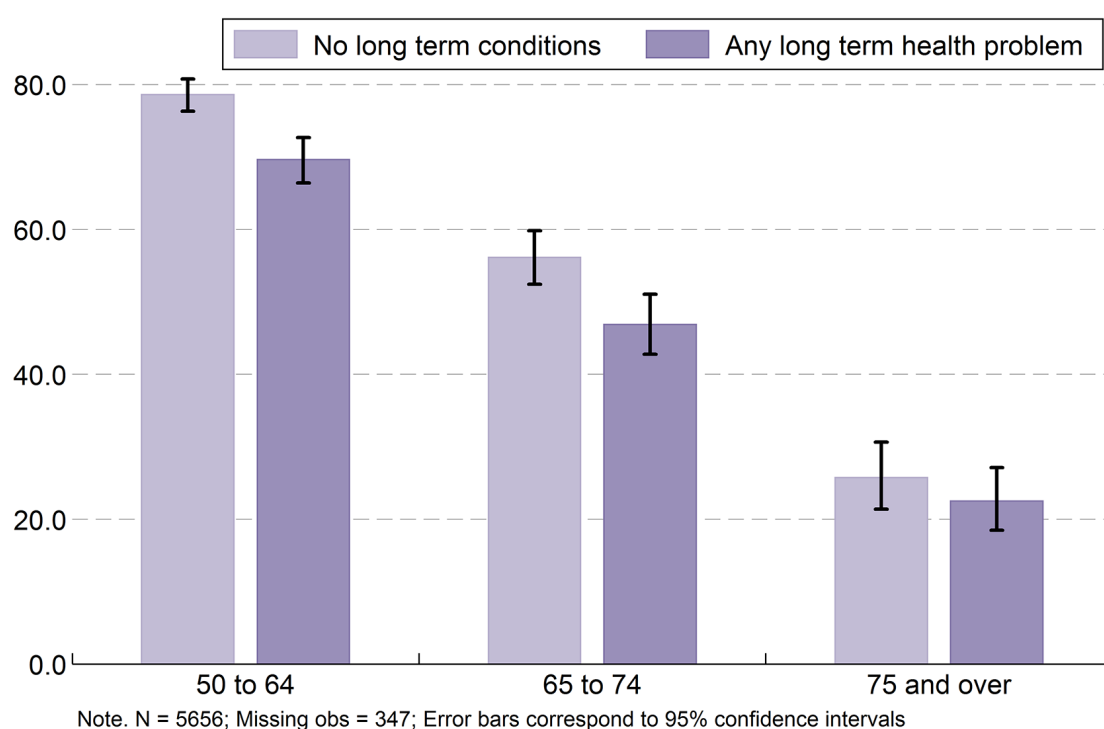


Note. N = 5659; Missing obs = 344; Error bars correspond to 95% confidence intervals

### 3.2 Long-term illness or disability

Respondents were asked if they suffered from any long-term health problems, illness, disability or infirmity. Of those who report any long-term health problems, 52% are sexually active, compared to 66% of those who do not report any long-term health problems. When comparing across age groups, those aged 50 to 64 are more likely to be sexually active when they do not suffer from long term conditions (79% compared to 70%), as well as those aged 65 to 74 (56% compared to 47%). However, having a long-term condition is not a predictor for sexual activity in the 75 and over age group (where 23% of those with a long term condition are sexually active, compared to 26% of those with no long term conditions) (Figure 3.2).

Figure 3.2: Percent sexually active by age and long-term illness or disability

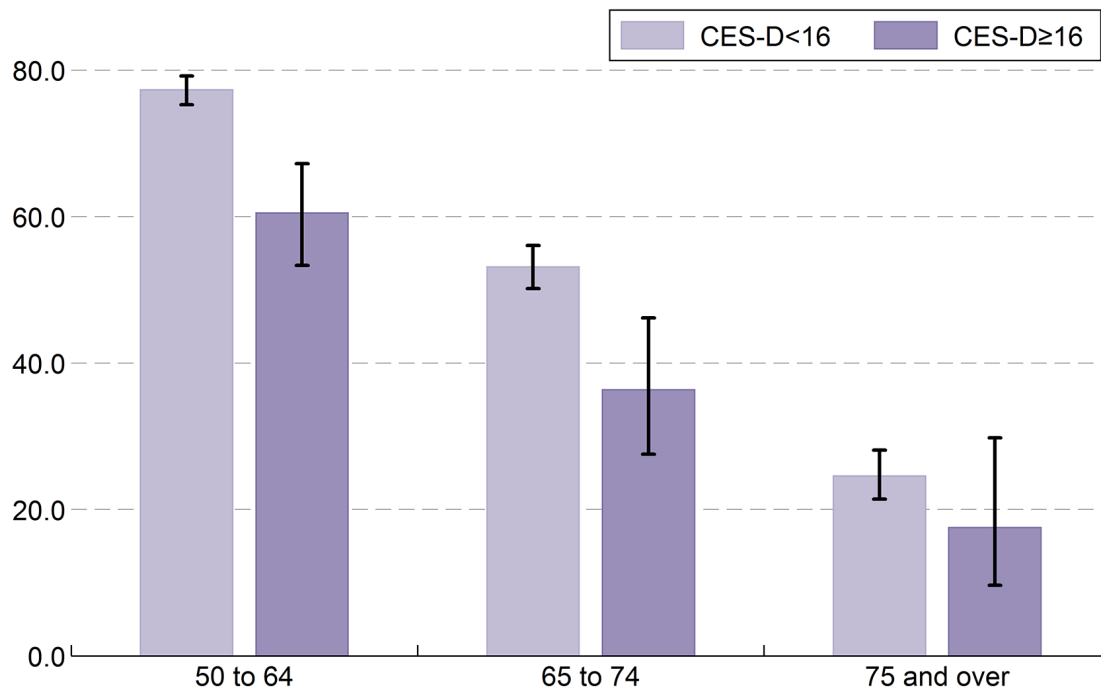


### 3.3 Depressive symptoms

Depressive symptoms are measured in TILDA using the Centre for Epidemiological Studies Depression Scale (CES-D) which asks a series of 20 questions (17). Respondents with a score of 16 or over show clinically significant depressive symptoms. Of respondents with depressive symptoms (score of 16 or over) 50% are sexually active, compared to 61% of respondents without depressive symptoms. This association is larger in younger age

groups (Figure 3.3). Those aged 50 to 64 reporting depressive symptoms are less likely to be sexually active compared to those who are not depressed (60% versus 77%), as are those aged 65 to 74 (36% versus 53%). Again, the differences are smaller in the over 75 age group (18% versus 25%).

*Figure 3.3: Sexual activity by age and depressive symptoms*



Note. N = 5583; Missing obs = 420; Error bars correspond to 95% confidence intervals

# 4

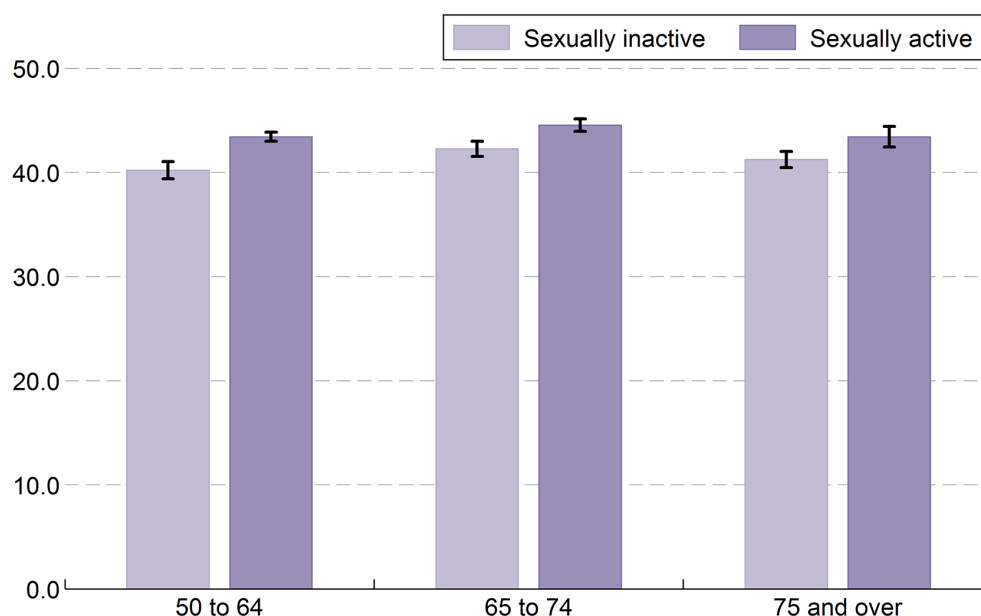
## Quality of life and wellbeing and perceptions of ageing

### 4.1 Quality of life and wellbeing

Quality of life is measured in TILDA using the CASP 19 scale. This scale looks at four different domains of life quality; Control (the ability to participate in one's environment), Autonomy (freedom from the unwanted interference of others), Self-realisation (the fulfilment of one's potential) and Pleasure (happiness or enjoyment derived from engaging with life). Nineteen items are used to form a scale which ranges from 0 (no quality of life) to 57 (excellent quality of life) (18).

Sexual activity is related to quality of life; those who are sexually active have higher quality of life scores on average. Table 4.1 shows CASP 19 scores by sexual activity and age. The average score on the CASP 19 scale for those who were sexually active was 43.6, compared to 41.2 for those who were sexually inactive. This small association persisted across age groups.

Figure 4.1: Mean quality of life score in those sexually active and sexually inactive, by age



Note. N = 5164; Missing obs = 839; Error bars correspond to 95% confidence intervals

## 4.2 Ageing perceptions

Perceptions of ageing are an important new area of research; self-perceptions around ageing have been found to affect health and wellbeing outcomes. In TILDA, the Ageing Perceptions Questionnaire (APQ) was used in Wave 1 to measure perceptions of ageing in the over 50s population (19).

Ageing perceptions are measured over four domains (timeline, consequences, control and emotional representations), three of which are further divided. Higher scores represent stronger agreement with the statements which characterise the domain.

Sexually active adults tend to have more positive perceptions of ageing. They are less likely to consider themselves old and less likely to believe that ageing has negative consequences. They also report less negative emotions associated with ageing. However, those who are sexually active are also more likely to feel less control over the negative aspects of ageing, such as slowing down with age or losing mobility or vitality (Table 4.1).

*Table 4.1: Sexual activity by ageing perceptions*

	Sexually active		Sexually inactive		Total	
	Mean	95% CI	Mean	95% CI	Mean	95% CI
Timeline chronic* ('I always classify myself as old.')	<b>2.55</b>	<b>2.51-2.58</b>	<b>2.77</b>	<b>2.73-2.82</b>	<b>2.64</b>	<b>2.61-2.67</b>
Timeline cyclical* ('I go through phases of feeling old.')	<b>2.61</b>	<b>2.57-2.65</b>	<b>2.80</b>	<b>2.75-2.84</b>	<b>2.68</b>	<b>2.65-2.70</b>
Positive consequence ('As I get older I get wiser.')	3.81	3.78-3.84	3.78	3.74-3.81	3.80	3.78-3.82
Negative consequence* ('Getting older restricts the things I can do.')	<b>2.73</b>	<b>2.70-2.77</b>	<b>3.04</b>	<b>2.99-3.09</b>	<b>2.86</b>	<b>2.83-2.88</b>
Positive control ('Whether I continue living life to the full depends on me.')	3.97	3.95-4.00	3.94	3.91-3.96	3.95	3.94-3.97
Negative control* ('Slowing down with age is not something I can control.')	<b>3.26</b>	<b>3.22-3.29</b>	<b>3.00</b>	<b>2.95-3.04</b>	<b>3.15</b>	<b>3.12-3.18</b>
Emotional representations* ('I get depressed when I think about getting older.')	<b>2.24</b>	<b>2.21-2.28</b>	<b>2.37</b>	<b>2.33-2.41</b>	<b>2.29</b>	<b>2.26-2.31</b>

Note: mean values in bold are significant at the 0.05 level

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# 5

## Conclusions

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In Ireland, sexual activity beyond age 65 has been largely unexplored, although existing research suggests that the percentage of sexually active adults declines between ages 45 and 54 for men and 35 to 44 for women (15). Our results support findings from previous research, showing that many older adults remain sexually active well into their 60s, 70s and beyond, even though sexual activity does decline with age.

Being sexually active was not only the norm for over half the sample (59%), but the majority of those who reported being sexually active were also regularly sexually active. Nearly 70% of those sexually active reported sexual activity weekly or monthly. However, we show that age is an important determinant of both being sexually active and the frequency of sexual activity. The decline of sexual activity and frequency with age has been noted in other studies in older populations internationally (1, 3). In TILDA we observe that sexual activity in general declines steadily with age, although there is a larger decline after age 65. Women reported less sexual activity than men did at all ages, and the decline in women's sexual activity with age was more rapid.

Our findings show that beyond age, the most important determinant of being sexually active in the over 50s population is marital status. Again, this mirrored other international studies, which have found that men and women who do not have a partner at older ages are less likely to be sexually active (5). This could also give some explanation for gender disparities in sexual activity, as women are more likely than men to become widowed at older ages (5, 15). We have also shown that people who report closer relationships are more sexually active in this age group. As this is a cross sectional analysis, we can only speculate as to the direction of this relationship and whether higher sexual activity occurs in closer relationships, or whether relationships become closer as a result of being sexually active.

We also find evidence that sexual activity is not restricted to those married or living as married in the over 50s population. Just over half of unmarried men aged 50 to 64 report some sexual activity in the past 12 months. For respondents who were currently in a non-married, non-cohabiting romantic relationship being sexually active was very likely at all



ages. However, we have also observed that having a romantic partner is not a prerequisite for being sexually active, as a minority of unmarried and single respondents are sexually active. These results are particularly interesting in the Irish context as Ireland has the highest proportion of never-married individuals in Western Europe in this age group (15). Although we see that this population is less likely to be sexually active, in particular in the oldest age groups, we show evidence that assumptions should not be made about the sexuality of unmarried older people.

The importance that individuals attributed to sex followed similar patterns to sexual activity; sex is generally considered more important by men, those in younger age groups, and by married or cohabiting respondents. The importance attributed to sex is also closely associated to the frequency of sexual activity. This could mean that sexual activity declines as a result of attributing less importance to sex in older ages or with the loss of a partner, or that as sexual activity declines, so does the importance attributed to sex. Qualitative research has found that older adults tend to adapt to the discontinuation of their sex lives, either through personal or partner illness, or loss of partner, by decreasing the importance that they attribute to sex (20).

Health has been shown to be one of the main reasons for the decline in sexual activity in older ages. This correlation is present in the over 50s population in Ireland, with sexual activity declining steadily as health worsens. However, when compared across age groups, all health domains lost some importance as predictors of sexual activity in the oldest age group. This suggests that age itself has a strong impact on sexual activity beyond the impact of worsening health as a product of age. However, it is clear that in the younger age groups in particular, self-rated health, long-term illness or disability and depressive symptoms are associated with decreased likelihood of being sexually active. More research using longitudinal data looking at different domains of health and how they impact on sexual activity is required to assess the importance of health as a predictor for sexual activity. The effect of specific sexual health problems might have a stronger impact than that found using a general measure of health as used here. Measures of sexual dysfunction may be an interesting addition to future TILDA waves.

Finally, sexual activity appears to be related to the quality of life and perceptions of ageing of adults over 50. The CASP-19 measure takes into consideration the satisfaction of needs, rather than the factors which influence these needs. It was shown that quality of life is associated with being sexually active. As quality of life has also been shown to be associated with self-rated health, more research is needed to determine the exact relationships between these factors. Longer follow-up of TILDA will show if these effects

of sexual activity on well-being and health are sustained. Perceptions of ageing can also be seen to vary between those who are and who are not sexually active. Being sexually active is associated with less agreement with statements around considering oneself old and negative feelings associated with ageing, but with higher agreement with feelings of having no control over negative aspects of ageing. This is counterintuitive as these respondents seem to have generally positive feelings around ageing. More research into how perceptions of ageing and sexual activity interact is required.

Many of these domains of health and quality of life are likely to be interconnected. For example, depression and quality of life are likely to have strong inverse relationships, as well as both being strongly associated with physical health. In depth research should be carried out to assess the relationships between sexual activity and each of these domains. Overall, however, results from TILDA show that sex is by no means irrelevant to the Irish population aged 50 and over, and that for a considerable proportion it is very important. This has a number of policy implications. It is important that health and social care professionals working with older populations are capable of respecting this aspect of individuals' lives, and take this into consideration when giving advice and making decisions regarding their wellbeing. GPs should ensure they feel comfortable and confident in addressing concerns related to sexual health should they arise at any age. Considering the importance those in married or cohabiting relationships in particular attribute to sex, sexuality should be taken into account as a component of relationship wellbeing for couples who would like to remain sexually active. In particular, policies to allow for intimacy and privacy if desired within care settings should be formulated. Furthermore, research into the specific circumstances of LGBT older adults in Ireland should be conducted. This report has not touched upon the sexual orientation of those in this age group, yet this is an important aspect of many older people's lives. Irish research has shown that older LGBT individuals face unique challenges in access to health care and discrimination (21, 22). TILDA has included questions on sexual orientation in Wave 4, and this data will help generalise the findings from smaller samples using nationally representative data. This report has shown that sexual activity is a normal and important part of life for the majority of those aged 50 and over, which should help challenge negative perceptions and stereotypes around sexuality beyond 50.

# 6

## References

1. Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. A Study of Sexuality and Health among Older Adults in the United States. *New England Journal of Medicine*. 2007;357(8):762-74.
2. Schick V, Herbenick D, Reece M, Sanders SA, Dodge B, Middlestadt SE, et al. Sexual behaviors, condom use, and sexual health of Americans over 50: implications for sexual health promotion for older adults. *The journal of Sexual Medicine*. 2010;7 Suppl 5:315-29.
3. Lee DM, Nazroo J, O'Connor DB, Blake M, Pendleton N. Sexual Health and Well-being Among Older Men and Women in England: Findings from the English Longitudinal Study of Ageing. *Archives of Sexual Behavior*. 2016;45(1):133-44.
4. DeLamater JD, Sill M. Sexual desire in later life. *Journal of Sex Research*. 2005;42(2):138-49.
5. Robinson JG, Molzahn AE. Sexuality and quality of life. *Journal of Gerontological Nursing*. 2007;33(3):19-27; quiz 38-9.
6. Lindau ST, Gavrilova N. Sex, health, and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing. *British Medical Journal*. 2010;340:c810.
7. Prairie BA, Scheier MF, Matthews KA, Chang C-CH, Hess R. A higher sense of purpose in life is associated with sexual enjoyment in midlife women. *Menopause (New York, NY)*. 2011;18(8):839.
8. Diamond LM, Huebner DM. Is Good Sex Good for You? Rethinking Sexuality and Health. *Social and Personality Psychology Compass*. 2012;6(1):54-69.

9. Anderson R. Positive sexuality and its impact on overall well-being. *Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz*. 2013;56(2):208-14.
10. Dunn KM, Croft PR, Hackett GI. Association of sexual problems with social, psychological, and physical problems in men and women: a cross sectional population survey. *Journal of Epidemiology and Community Health*. 1999;53(3):144-8.
11. Laumann EO, Nicolosi A, Glasser DB, Paik A, Gingell C, Moreira E, et al. Sexual problems among women and men aged 40–80 y: prevalence and correlates identified in the Global Study of Sexual Attitudes and Behaviors. *International Journal of Impotence Research*. 2005;17(1):39-57.
12. Byers ES. Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long-term relationships. *Journal of Sex Research*. 2005;42(2):113-8.
13. Fisher WA, Donahue KL, Long JS, Heiman JR, Rosen RC, Sand MS. Individual and Partner Correlates of Sexual Satisfaction and Relationship Happiness in Midlife Couples: Dyadic Analysis of the International Survey of Relationships. *Archives of Sexual Behaviour*. 2015;44(6):1609-20.
14. Waite L, Das A. Families, social life, and well-being at older ages. *Demography*. 2010;47(1):S87-S109.
15. Layte RD, McGee HP, Quail A, Rundle K, Cousins G, Donnelly CD, et al. The Irish study of sexual health and relationships health among young people in Ireland main report: Crisis Pregnancy Agency, Department of Health and Children (DOHC); 2006.
16. Whelan BJ, Savva GM. Design and methodology of the Irish Longitudinal Study on Ageing. *Journal of the American Geriatrics Society*. 2013;61(s2):S265-S8.
17. Radloff LS. The CES-D scale a self-report depression scale for research in the general population. *Applied Psychological Measurement*. 1977;1(3):385-401.
18. Barrett A, Burke H, Cronin H, Hickey A, Kamiya Y, Kenny RA, et al. Fifty plus in Ireland 2011: first results from the Irish Longitudinal Study on Ageing (TILDA). 2011.

19. Robertson DA, Savva GM, King-Kallimanis BL, Kenny RA. Negative Perceptions of Aging and Decline in Walking Speed: A Self-Fulfilling Prophecy. *PLoS ONE*. 2015;10(4):e0123260.
20. Gott M, Hinchliff S. How important is sex in later life? The views of older people. *Social Science & Medicine*. 2003;56(8):1617-28.
21. McCann E, Sharek D, Higgins A, Sheerin F, Glacken M. Lesbian, gay, bisexual and transgender older people in Ireland: mental health issues. *Aging & Mental Health*. 2013;17(3):358-65.
22. Sharek DB, McCann E, Sheerin F, Glacken M, Higgins A. Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. *International Journal of Older People Nursing*. 2015;10(3):230-40.