NEVER GETS OLD
Inter-Generational Gender & Sexuality Education

Sex Education Beyond 60: Redefining Intimacy, Health, and Human Rights in Later Life

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The traditional discussion surrounding sexual education has historically been framed as a pedagogical tool reserved exclusively for the young, serving as a 'coming-of-age' necessity focused primarily on reproductive biology and risk prevention. However, as global demographics shift towards an aging population[1], the social and medical sciences must undergo a significant evolution to address the realities of the silver generation. Sexual health and intimacy are not youthful luxuries but are integral components of what the World Health Organisation (WHO) defines as active and healthy aging.[2] The pervasive misconception that older adults are naturally 'asexual' or that sexual desire has a physiological expiration date creates significant barriers to healthcare access, mental well-being, and social inclusion. As the Never Gets Old project suggests, the human fundamental need for connection, physical pleasure, and sexual identity remains a constant thread throughout the entire human lifespan, requiring a tailored educational approach.

The most daunting barrier to achieving sexual health in later life is the entrenched social stigma that renders older bodies invisible or 'unbecoming' in romantic or sexual contexts. This societal de-sexualisation of the elderly often leads to a dangerous clinical silence where healthcare providers overlook sexual health during routine checkups, assuming it is no longer relevant to their patients' lives. Research consistently contradicts these ageist assumptions, indicating that a significant percentage of adults remain sexually active and interested well into their eighth and ninth decades. A study conducted by Lindau et al. (2007) revealed that nearly three-quarters of adults aged 57 to 64 were sexually active, as were more than half of those aged 65 to 74. By systematically dismantling these myths through targeted education, we validate the lived experiences of older adults and empower

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[1] World Health Organisation: WHO. (2025, October 1). *Ageing and health*. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[2] World Health Organisation. (2002). *Active ageing: A policy framework* (No. WHO/NMH/NPH/02.8). World Health Organisation.

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them to seek professional help for sexual concerns without the burden of shame or the fear of being perceived as 'deviant'.

Aging inevitably introduces a series of biological shifts that can alter the mechanics of sexual function, and understanding these changes is a core pillar of late-life sex education. In women, the transition through menopause involves a significant decrease in estrogen levels[3], which can lead to vaginal atrophy and decreased lubrication, often making intercourse physically uncomfortable or even painful if not addressed (Hillman, 2012). Similarly, men often experience a gradual decline in testosterone[4], which may impact libido and the physiological process of achieving or maintaining erections. Beyond these natural hormonal shifts, the persistence of chronic illnesses such as diabetes, cardiovascular disease, and arthritis can physically impede sexual activity or alter one's perception of their sexual self.

Comprehensive sex education for this demographic must emphasise that physical change does not equate to deficiency. Effective education encourages a shift in focus from a 'performance-based' sexual model to one centered on 'pleasure and connection'. This involves the normalisation of medical aids, such as lubricants and hormone replacement therapies, but more importantly, it promotes the exploration of expansive intimacy. This includes prioritising sensual touch, emotional bonding, and non-penetrative forms of sexual expression that may better suit a changing physique. By broadening the definition of sex, older adults can maintain a fulfilling intimate life that adapts to their physical reality rather than being frustrated by it.

One of the most critical and often ignored reasons for formal sex education beyond the age of 60 is the rising statistical reality of Sexually Transmitted Infections (STIs) among seniors. Many older adults, particularly those re-entering the dating market after long periods of monogamy, divorce, or widowhood, do not perceive themselves as being at risk for infections like HIV, chlamydia, or syphilis. Because the risk of pregnancy is no longer a factor, condom use is significantly lower among older adults compared to youngsters

[3] World Health Organisation: WHO. (2024, October 16). *Menopause*. https://www.who.int/news-room/fact-sheets/detail/menopause

[4] Cheng, H., Zhang, X., Li, Y., Cao, D., Luo, C., Zhang, Q., Zhang, S., & Jiao, Y. (2024). Age-related testosterone decline: mechanisms and intervention strategies. *Reproductive biology and endocrinology: RB&E*, *22*(1), 144. https://doi.org/10.1186/s12958-024-01316-5

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(Gewirtz-Meydan et al., 2018). This lack of protection is compounded by physiological vulnerability; for instance, the thinning of vaginal tissue in older women can increase the likelihood of micro-tears during activity, providing an easier pathway for pathogens. Education initiatives must provide clear, clinical, and non-judgmental information on barrier methods and the necessity of regular diagnostic testing, ensuring that seniors understand that their age does not grant them biological immunity to STIs.

The psychological dimension of sexuality in later life is perhaps the most profound area of impact, as intimacy provides a powerful buffer against the 'social death' and profound loneliness often associated with aging in modern society. For many, maintaining a sexual identity is a way of asserting their personhood against a culture that views them primarily through the lens of decline. This involves navigating complex issues of body image, as older adults must reconcile their self-worth with a body that no longer aligns with the 'youth-centric' beauty standards promoted by mass media. Furthermore, emerging research suggests that the benefits of sexual intimacy in old age may extend beyond emotional satisfaction into the realm of neurology. Some studies have indicated that maintaining regular sexual activity may have neuroprotective effects, potentially contributing to better cognitive function, enhanced memory, and a lower risk of depressive episodes in older age (Wright & Jenks, 2016).

A thorough exploration of this topic must also address the ethical complexities of consent and sexual expression within the context of cognitive impairment and dementia. As the global population of those living with neurodegenerative diseases grows, the question of how to balance the right to sexual expression with the need for protection becomes paramount. As de Vries (2013) notes, the right to sexual intimacy is a fundamental human right that does not vanish upon a medical diagnosis. However, determining the capacity for consent in a residential care setting requires specialised training for caregivers and family members. Education in this area must bridge the gap between clinical safety and the preservation of the individual's emotional dignity, ensuring that the need for human touch is respected while the individual remains safe from exploitation.

Ultimately, sexual education for those over 60 is a matter of social justice and holistic health. It is not merely about the mechanics of the act, but about the preservation of dignity and

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the celebration of continued growth. By providing older adults with the tools to understand their changing bodies and the social permission to seek pleasure and connection, we promote a more inclusive definition of what it means to grow old. The Never Gets Old project highlights that the human spirit's capacity for love and intimacy is enduring. When we remove the barriers of silence and stigma, we allow the final chapters of life to be as rich and connected as those that came before.

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