Sexual health

Exploring risk-taking behaviour for STIs in middle age

Sexually transmitted infection (STI) rates are increasing in the over 45 age group. However, feelings of guilt, embarrassment about age and stigma attached to STIs may deter middle-aged people from consulting sexual health services, a UK study has found.

A sample of heterosexual men and women aged 45 to 65 was drawn from two study sites: a Scottish urban NHS sexual health service and a local council leisure facility. Inclusion criteria were individuals who had tested for an STI in the previous six months for the former group, and those who had changed sexual partner within the past five years and had not attended a sexual health clinic during this period for the latter group.

Interviews took place at the participants' homes, an NHS sexual health clinic or at the university in Glasgow where the researchers were based. Most were conducted face to face but three were by telephone.

The 90-minute interviews covered participants' views and experiences of sexual health, STIs, and risk-taking behaviour. Interview data were anonymised. Core themes were identified from transcripts to analyse their content.

A total of 31 individuals (19 women) took part in the interviews. Of these, 15 were recruited from the sexual health clinic and 16 in the community. Around two-thirds (19) lived in deprived areas and three-quarters (23) had been divorced, widowed or separated.

Participants chose to prioritise intimacy over their concerns about risks for STIs in sexual partnerships. Very few used condoms for sex with a new partner or tested for STIs beforehand. A wide range of subjective factors fostered feelings of reassurance about having sex with their new partner: 'feeling cared for', good communication, fidelity and perceptions of risk based on their perceived knowledge of the partner's sexual history.

STIs were thought of as heavily stigmatised and irrelevant to their lives. Pregnancy was the major perceived risk for more than half the participants. In others this risk had been mitigated by sterilisation or post-menopausal status.

Participants described a sense of vulnerability expressed through guilt and loss of self-esteem during the period after a long-term relationship had finished. Emotional needs were prioritised resulting in unprotected sex with new partners. Concerns about body image in middle age also sidelined concerns about safer sex.

More than half the participants thought that older people 'should know better' and felt guilty about putting themselves at risk of STIs; this self-blame behaviour was a barrier for some to seek help regarding concerns about STIs.

There has been an increase in the rates of STIs particularly among adults aged over 45. This study highlights the need to talk about STI risk with middle-aged patients, especially those who have experienced divorce, separation, or widowhood and offers insight into why STIs might be increasing in this age group.

The study authors conclude: 'While stigma has also been shown to affect young people attending sexual health services, this study shows concerns linked with being older that highlight additional barriers to accessing and using those services.'

'The combination of age and ST-related stigma may lead to self-exclusion from sexual health services,' they caution.

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Dalrymple J, Booth J, Flowers P, Lorimer K. Psychosocial factors influencing risk-taking in middle age for STIs. *Sex Transm Infect* 2017;93:32-38

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