

Navigating STI risk with new partners in midlife: Research insights

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What's the issue?

The average age for divorce in [England and Wales](#) is in the mid-forties, and subsequent re-partnering is common. Despite this, [research](#) shows that knowledge about STIs among those over 40 is often limited, and that even well-informed midlife individuals don't always practice safer sex. [The National Survey of Sexual Attitudes and Lifestyles \(Natsal-3\)](#) data confirms that many mid-lifers, especially women, are "un-wary risk takers", meaning they don't use condoms with new partners but don't see themselves as being at particular risk. As Britain confronts the impact of Covid-19 on sexual and reproductive health, a pre-Covid [study](#) from Natsal-3 offers important insights into gauging and responding to sexual health risk among people having sex with new partners at midlife.

About the study

We interviewed 19 women and men across the UK between the ages of 40-59, who'd experienced the break-up of a long term, other-sex relationship during the last five years. We explored these individuals' perceptions of norms relating to starting new sexual relationships, their experiences of doing so, and their strategies for safer sex.



Key data insights

- Self-identity strongly influences how mid-lifers weigh up sexual risk; those who see themselves as a 'serial monogamist' or 'a relationship person' can feel insulated from risk or project those same characteristics onto a new partner.

"because it's somebody else that's been in a long-term marriage you think, 'right, okay we're sort of kindred spirits here, we're in the same boat, there isn't an issue.'"

- Trauma from previous relationships may undermine trust in new sexual partners; scepticism about former partners' monogamy is a commonly stated reason to get STI testing at midlife. A suspicion of non-monogamy doesn't always translate into a sexual health check though. It is sometimes assumed that ex-partners would only have had sex with others who were 'low risk', meaning motivation to get tested is reduced.

"I didn't think because he'd done it with her he must have slept with loads of different women because he wasn't like that."

- When risk of pregnancy falls away – due to menopause or vasectomy – condom use is often no longer seen as a priority.

"You throw caution to the wind, y'know, I suppose with the no pregnancy risk."

- After years of using other forms of contraception with ex-partners, midlife men and women often find condoms embarrassing to discuss and use. Women may be more likely to request a new partner uses a condom or gets tested for STIs, but they can resent this responsibility.

“it is strange how you find how many men, especially my age group, don’t use condoms and you have to question them, y’know, are they going to use anything? You have to sort of initiate the conversation where it should be automatic, I think. They seem to think because they sleep with older people a lot that it doesn’t matter and it does matter!”

- Individuals sometimes base their new partner’s potential STI risk on factors like their appearance or perceived wealth. They might make assumptions about their sexual history, without actually discussing it.
- Social networks strongly shape how people approach sexual risk in midlife. Dating experiences are compared with those of similar-aged friends and colleagues. However, talking with, and observing the health practices of, younger relatives (including adult children) provided the most up to date knowledge and strategies for negotiating safer sex in the early days of a new relationship.

“It’s nice to think that kids these days can be like that and it sort of makes you think oh it’s no biggie.”

- The end of a long-term relationship may lead to losing contact with friends and family, resulting in social isolation or extra caring burdens. For some, especially men, a new social scene might involve heavier drinking, frequent partner change or paying for sex, increasing their vulnerability to sexual risk. For others, mostly women, divorce can mean more freedom to discuss intimate matters with friends and family.
- Many mid-lifers feel embarrassed talking to their GP about sexual health or accessing sexual health services, and women are particularly nervous about buying condoms, for fear of being judged because of their age. While more public discussion about sex was seen as a positive, media coverage of STI risk among midlife and older adults, which often includes sensationalist headlines and ageist stereotypes, does not help the over 40s relate to public health messages about safer sex with new sexual partners.

Take home messages

- Among mid-lifers, an awareness that STIs are on the rise doesn’t necessarily translate into condom use with new partners, STI testing, or even feeling at personal risk.
- Risk judgments tend to be grounded in previous long-term relationships (such as a history of monogamy, or on legacies of mistrust), rather than current circumstances.
- Mid-lifers who are used to condomless sex with their previous long-term partner can struggle to have conversations about safer sex with new partners.
- Where a break-up heralds a new social environment, there may be reduced opportunities for informal support from friends and family, new norms may promote sexual risk taking, and seeking help with sexual health may be deprioritised.
- Mid-lifers often feel sexual health services are geared to younger people; they find media stories on sexual health risks for older adults sensationalist. They often conclude that sexual health services are for others, and not them.

Recommendations

- Age-specific sexual health campaigns may be needed to reach newly single midlife adults.
- Sexual health campaigns must not only equip this age group with the skills to negotiate condom use and STI testing but must address the broader context of their lives and the age-specific constraints on risk prevention.
- Interventions could capitalise on the fact that mid-life adults often update their knowledge about sexual safety through discussions with friends and family, including younger relations.
- GP training could help to challenge doctors’ assumptions about their middle-aged patients’ sex lives, and give them the confidence to start discussions.

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