

ORIGINAL RESEARCH

A Comparison of Sexual Health History and Practices among Monogamous and Consensually Nonmonogamous Sexual Partners

Justin J. Lehmiller, PhD

Department of Counseling Psychology, Ball State University, Muncie, IN, USA

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ABSTRACT

Introduction. Although consensually nonmonogamous (CNM) relationships are presumed to be far riskier for partners' sexual health compared with monogamous relationships, the disparity between them may be smaller than assumed. A growing body of research finds that many partners who have made monogamy agreements cheat, and when they do, they are less likely to practice safe sex than CNM partners.

Aim. Extant comparisons of monogamous and CNM relationships are rare and have yet to establish whether rates of sexually transmitted infections (STIs) and STI testing differ between these groups. The present research compared self-reported STI history, lifetime number of sex partners, and condom use practices among monogamous and CNM partners.

Methods. Participants (N = 556) were recruited for an online survey of "attitudes toward sexual relationships." Approximately two-thirds of the sample reported current involvement in a monogamous relationship, with the remainder indicating involvement in a CNM relationship.

Main Outcome Measures. All participants completed a questionnaire that included measures of condom use practices with primary and extra-pair partners, as well as their STI history.

Results. CNM partners reported more lifetime sexual partners than individuals in monogamous relationships. In addition, compared with monogamous partners, CNM partners were more likely to (i) report using condoms during intercourse with their primary partner; (ii) report using condoms during intercourse with extradyadic partners; and (iii) report having been tested for STIs. Approximately one-quarter of monogamous partners reported sex outside of their primary relationship, most of whom indicated that their primary partner did not know about their infidelity. The percentage of participants reporting previous STI diagnoses did not differ across relationship type.

Conclusions. CNM partners reported taking more precautions than those in monogamous relationships in terms of greater condom use during intercourse with all partners and a higher likelihood of STI testing. Thus, although persons in CNM relationships had more sexual partners, the precautions they took did not appear to elevate their rate of STIs above an imperfect implementation of monogamy. **Lehmiller JJ. A comparison of sexual health history and practices among monogamous and consensually nonmonogamous sexual partners. J Sex Med 2015;12:2022–2028.**

Key Words. Consensual NonMonogamy; Monogamy; Sexually Transmitted Infections; Sexual Health; Condom Use; Number of Sexual Partners

Introduction

Sexually transmitted infections (STIs) are a major public health concern. In the United States alone, there are an estimated 19 million new cases per year, resulting in \$17 billion in associated health care spending [1]. The global health and financial toll of STIs is much larger, given that the United States represents just 4.45% of the total world population [2]. In order to reduce the spread of STIs, sex education courses [3], and government health agencies [4] frequently highlight sexual monogamy as a primary prevention strategy. There appears to be broad public belief in the effectiveness of this strategy. For instance, in a qualitative study in which participants were asked to describe the benefits of monogamy, 59% reported that monogamy promotes physical health, primarily by providing safety from STIs [5]. The perceived benefits of monogamy extend far beyond physical health, though; indeed, this same study found that 56% of participants believed that monogamy increases trust and 46% believed that it increases the meaningfulness of a relationship [5].

In theory, it is indisputable that monogamy limits sexual infections; however, this is contingent upon the assumption that people enter monogamous relationships free of STIs (or at least wait until tests determine they are free of STIs before stopping condom use in a new relationship) and maintain absolute fidelity. Monogamous partners often stop using condoms without first getting tested for STIs, though [6]. Even when people do get tested, they can still enter monogamous relationships without realizing they have an STI because (i) certain infections are not immediately detectable (e.g., HIV antibody tests cannot generate accurate results until enough time has passed for antibodies to be produced) and (ii) because definitive diagnostic tests do not exist for all possible STIs (e.g., herpes, the human papillomavirus [HPV]). In addition, sexual infidelity is common. For example, in a recent review of studies of infidelity based upon national probability samples, the number of married and cohabiting participants who reported sexual interactions with someone other than their primary partner while in their current relationship ranged from 13.3% to 37.5% [7]. Rates of sexual infidelity documented in college student samples are typically even higher [7]. Compounding the sexual health risks of infidelity is the fact that people who cheat do not reliably use condoms with partners outside of their

relationship. For example, in a study of sexually unfaithful individuals, condom use was reported during their most recent instance of infidelity by 48% of participants who had vaginal intercourse and by 32% of participants who had anal intercourse [8]. Moreover, this same study revealed that those who admitted to infidelity reported rarely using condoms with their primary partners and relatively few of them (29%) reported telling their primary partner about their infidelity.

Given the above, one might question whether persons who have made monogamy agreements experience any sexual health benefits on average relative to those who have made alternative agreements, such as persons in consensually nonmonogamous (CNM) relationships. CNM relationships refer to instances in which two people have an ongoing sexual relationship, but have explicitly agreed to permit sexual interactions with partners beyond the dyad (e.g., open relationships, swinging, polyamory, “friends with benefits”). Studies of Internet users in relationships reveal that about 5% of participants report having some type of CNM arrangement [9]. People rate CNM as riskier than monogamy primarily because they believe CNM offers less protection from STIs [5]. Some have even suggested that the greater prevalence of CNM in the gay community may be contributing to the disproportionately high rate of HIV infection among men who have sex with men [10]. On some level, these beliefs make intuitive sense, given research demonstrating that number of partners is positively correlated with STI risk [11]. However, CNM relationships may not be quite as high risk as they are assumed. People in CNM relationships appear to be more cognizant of their sexual health risks and, consequently, take more precautions. Consistent with this idea, during their most recent sexual encounter with someone other than their primary partner, the majority of persons in CNM relationships reported discussing STI testing history with their extradyadic partner (63%), using condoms during vaginal intercourse with their extradyadic partner (66%), and telling their primary partner about the encounter (81%) [8]. When compared with monogamous persons who commit sexual infidelity, persons in CNM relationships therefore appear to have more open communication with both primary and secondary partners and a greater likelihood of practicing safer sex (although condom use remains far from perfect for both monogamous partners who report infidelity and for CNM partners) [8].

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