

Sexually Transmitted Infections in Polyamorous Relationships

How poly people have multiple partners but don't spread STIs.

Published on January 8, 2014 by Elisabeth A. Sheff, Ph.D. in The Polyamorists Next Door

The sexual revolution of the 1960s and 70s resulted in an explosion of sexually transmitted infections (STIs), and the appearance of HIV/AIDS in the 1980s sealed the deal when it came to fear of STIs. Panic about STIs and especially AIDS reached a fever pitch in the mid 1980s. While research that pinpointed transmission methods has smoothed the hysterical pitch a bit, people are still quite concerned about sexually transmitted infections. With good reason—the Centers for Disease Control identify chlamydia, gonorrhea, herpes, and syphilis as among the most common STIs in the United States.

Simple numerics mean that having multiple partners increases the risk of encountering STIs, and exposure of one partner can mean exposure of others down the line. How do people in polyamorous relationships deal with this magnified risk of STIs? Very carefully.

Testing and Talking

True to polyamorous form that emphasizes communication as a key relationship tool, poly folks talk with each other and partners' partners about sexually transmitted infections. Most frequently, people get tested (with six month follow-ups) and come together for a conversation with results to show and tell—sitting a circle in someone's living room or basement, handing the results papers around so everyone can see what everyone else has. It makes a difference to see the people who will be affected by your sexual choices and speak to them directly about how everyone is going to protect each other's' health.

Protection and Creativity

Condoms and dental dams can go a long way towards cutting the transmission of STIs by containing fluids and preventing (or at least inhibiting) skin-to-skin contact. There are also many ways to have sex or sexual interactions that do not involve fluid exchange, and polys can be creative about what kinds of sex they have and how they do it.

Fluid Bonding

Because of the potential for STIs to spread through a social group, the rule among mainstream poly communities is no fluid exchange unless and until it has been excruciatingly discussed, tested, and negotiated. This can be such an extensive process that actually deciding to have unprotected sex is a sign of serious commitment, enough so that it is associated with commitment ceremonies.

Source: <http://www.psychologytoday.com/blog/the-polyamorists-next-door/201401/sexually-transmitted-infections-in-polyamorous-relationships>

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Positive Outcomes

How does all of this careful talking, testing, and negotiating work for poly folks? Pretty darn well, it turns out. Recent research published in the *Journal of Sexual Medicine* indicates that people with negotiated non-monogamy have fewer STIs and infect fewer partners than do people in unfaithful relationships in which the partners are cheating and have not negotiated multiple-partner sexuality. Openly non-monogamous folks were more likely to get tested for STIs frequently, discuss their sexual health status with partners, and use condoms and other barriers than were people who had not negotiated an open relationship. Cheaters were less likely to use condoms with their primary partners or during their extradyadic sexual encounters, get tested for STIs, or discuss safer sex concerns with new partners.

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STD (Link to CDC)	Description	Rate of Infection	Condom Effectiveness
Unintended Pregnancy	Let's face it, if it's an unintended pregnancy it's a pretty huge sexually transmitted condition that you'll have to deal with.	~ 50% of pregnancies are unintended.	98%
Bacterial Vaginosis	Overgrowth of 'bad' bacteria in the vagina, causing discharge, odor, pain, itching or burning. Treated with antibiotics.	Most common vaginal infection (exact number not known)	Unknown
Trichomoniasis	Parasite infection that can cause painful urination, discharge and pain during intercourse. Highly treatable with metronidazole.	7.4 million new infections a year	High
HPV Poly Specific HPV Info	Human Papillomavirus - Responsible for both genital warts and cervical cancer. Can often require physical removal of tissue to correct.	6.2 million NEW infections a year 20 million active infections 80% of the population affected at some point in life.	70%
HSV 1 & 2- Herpes/Cold Sores	Viral infection that causes painful blisters and ulcers that can re-occur over a lifetime. Can occur on either the genitals, rectum, mouth or eyes and can be interchangeable. Anti-viral medications can shorten outbreaks, but there is no cure.	1 out of 5 adults has had a genital HPV infection.	Little (sores can occur outside of protected area)
Chlamydia	Bacterial infection that can cause infertility in women before she even knows she has an infection. Burning sensations in penis for men. Usually easily treated with antibiotics if caught.	2.8 million new infections a year	High
Gonorrhea	Bacterial infection that usually has few symptoms. Can cause PID and infertility if left untreated. Can spread to blood and joints too. Antibiotic treatments may be able to treat it, but there are drug resistant strains.	700,000 new infections a year.	High
Hepatitis A/B/C/D/E	Class of viruses that can attack the liver, causing severe and often untreatable damage. There are vaccines for some strains that are the best protection.	73,000 new infections of Hep B a year	Unknown
HIV	Viral infection that causes AIDS. There are treatments that prolong life, but no cure.	42,000 new infections a year	98%
Syphilis	Bacterial infection that causes 3 stages - sores, skin rash and internal organ damage. Easy to cure in early stages with antibiotics - critical to be diagnosed in first year.	32,000 new infections a year (and seems to be increasing)	Little (sores can occur outside of protected area)