

Study examines how sexual agreements affect HIV risk, relationship satisfaction

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A new study examining the relationship dynamics of gay male couples finds that couples make "sexual agreements" -- rules about whether sex with outside partners is allowed -- primarily because they want to strengthen and improve their relationship rather than for protection against HIV. Published today in the journal *AIDS Care*, the study explores how sexual agreements affect both HIV risk and a relationship's satisfaction and quality, and contains insights for HIV prevention.

Gay couples' top reasons for establishing sexual agreements were to build trust in the relationship, promote honesty between partners and to protect the relationship, according to the study, led by Colleen Hoff, professor of sexuality studies at San Francisco State University.

"We found that gay couples are interested in building healthy, satisfying and loving relationships," Hoff said. "These desires, when nurtured, can lead to strong relationships. Yet the reality is that a broken sexual agreement, or one that isn't clear to either partner, can make both partners vulnerable to <u>HIV</u>."

Widespread among gay couples, sexual agreements can include conditions limiting when, where, how often and with whom outside sex is permitted and whether safe sex is practiced.

Hoff and colleagues surveyed 566 gay male couples in the San Francisco Bay Area and found that 99 percent had sexual agreements. Specifically, 45 percent had monogamous agreements, 47 percent had open



agreements and 8 percent of couples had discrepant agreements where partners reported a different understanding of whether they have an open or monogamous agreement.

"Discrepant couples were particularly concerning in terms of HIV risk," Hoff said. "When there isn't consensus on what the agreement is, one partner could be involved in risky behavior outside of the relationship and the other partner may be unaware of the resulting risk of unprotected sex within the relationship."

The study suggests that knowing what motivates gay couples to make sexual agreements could help HIV prevention programs tailor their efforts to be relevant to the whole relationship. "HIV prevention needs to take a more holistic approach that goes beyond messages about safe-sex," Hoff said. "Helping gay couples learn how to negotiate robust sexual agreements and how to disclose and deal with a break in an agreement could be an effective approach to HIV prevention."

Participants in the study responded to a series of statements assessing their satisfaction with their relationship and various relationship characteristics, such as trust and intimacy. The study found no significant difference in relationship satisfaction between men in open or discrepant relationships and those in monogamous relationships. For relationship characteristics, participants' responses did vary significantly depending on the type of sexual agreement they had (open, discrepant or monogamous). Men in monogamous relationships reported greater levels of intimacy with their partner, more trust, commitment and attachment toward their partner and greater equality in the relationship.

More information: "Relationship characteristics and motivations behind agreements among gay male couples: differences by agreement type and couple serostatus" was published in the July 2010 issue of the journal AIDS Care.



Provided by San Francisco State University

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