

A hidden population: What are the sexual health needs of women who have sex with women?

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**Entry for the 2017 Margaret Jackson Essay Prize**

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## **Why is this population important?**

‘Women who have sex with women’, or WSW, is a term encompassing all females who engage in sexual activities with other females. In the UK, it is estimated that 4.9% of women have had at least one female sexual partner in their lifetime<sup>1</sup>.

WSW make up a significant proportion of the population, but are often overlooked in public health campaigns, which is especially clear when comparing them to their heterosexual counterparts<sup>2</sup>.

Furthermore men who have sex with men (MSM) are the centre of numerous interventions which aim to increase screening, reduce risk-taking behaviours, and reduce HIV transmission within this population<sup>2</sup>. The Family Planning Association’s Sexual Health Week focussed on the needs of people with learning disabilities in 2008, and in 2010, the over 50s were the target of their campaign<sup>3</sup>.

However, health promotion campaigns have only just begun to address the sexual health needs of WSW, with the first National Lesbian and Bisexual Women’s Health Week taking place in March 2017<sup>4</sup>, showing years of delay versus these other populations.

This essay will examine the importance of promoting sexual health within this population. It will discuss their risks for acquiring sexually transmitted infections (STIs), any difficulties they face with regards to screening and other aspects of their sexual health. Finally, suggestions for future changes that can be made to accommodate the sexual health needs of WSW will be discussed.

## **How is this population’s sexual health at risk?**

It was found that 85% of WSW are currently, or had been in the past, sexually active with men<sup>1</sup>. This large majority who have had male sexual partners can acquire STIs in the same way as heterosexual women; this includes HIV, even though it is much rarer those having sexual contact with women alone<sup>5</sup>. Nonetheless, even those who have only ever had sexual contact with women are at risk of infections. The most common infections and their modes of transmission between WSW are listed in *Table 1*<sup>5</sup>.

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<b>Table 1</b>	
<b>Infection</b>	<b>Transmission in WSW</b>
Bacterial vaginosis (BV)	(BV is not considered an STI but it is a common infection in WSW)
Chlamydia	Genital-genital and genital-oral contact
Genital herpes	Oral herpes can be spread to the genitals by oral-genital contact
Human papillomavirus (HPV)	Genital-genital, digital-genital, and sex toys
Pubic lice	Via clothing/bedding/towels and direct contact with genitals
Trichomoniasis	Via damp towels/clothes and direct contact with genitals

STIs can be transmitted through a variety of methods such as genital-to-genital contact, mouth-to-genital contact and vaginal fluids<sup>5</sup>. Women seem generally aware that exchanging body fluids, such as in oral sex, can permit the transmission of STIs<sup>6</sup>. Despite this, only 1% of women who participated in oral sex with other women always used dental dams, whilst 86% had never used them<sup>1</sup>. Another mode of transmission is not washing sex toys before sharing them with sexual partners and 22% claimed they never did this<sup>1</sup>. This is a significant number of women not taking precautions to protect themselves from STIs. This could be somewhat explained by women being in long-term relationships and knowing the sexual history of their partners, or recognising the symptoms of some STIs (such as abnormal discharge) and avoiding contact in such cases<sup>6</sup>. However, a lack of education about the transmission of infections in WSW also plays a large role; if women see STIs as a problem for other subgroups and are not being told otherwise, there would seem no reason to take precautions.

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One study found over half of its cohort of over 6000 WSW had never been tested for an STI, with three quarters of these women claiming the reason for this is that they do not believe they are at risk<sup>5</sup>, even though one quarter of all WSW had been diagnosed with an STI<sup>2</sup>. This implies that, as women do not understand STI transmission, they are taking more risks and using less protective behaviours, inevitably spreading infection. Another area where WSW lack knowledge is regarding specific infections they are at risk of. Five percent of WSW had bacterial vaginosis (BV)<sup>7, 8</sup> which is five times more than heterosexual women<sup>8</sup>, however a large number of WSW admitted having very little knowledge about it<sup>6</sup>. With these increased rates, there should be attempts to increase knowledge within this population about the symptoms and management of this, and other infections.

There are many well known risk factors for STIs which are consistent regardless of sexual preferences and so are present in WSW: younger age, lack of barrier contraception, sexual contact with MSM, social deprivation, and risk-taking behaviour such as prostitution and intravenous drug use<sup>9</sup>. An easily modifiable risk factor is poor access to advice and treatment<sup>9</sup>. WSW generally seem to lack adequate understanding about maintaining their sexual health, so this is an area where healthcare professionals could and should intervene. Improving health-seeking behaviour will then encourage women to access treatment. Several risk taking behaviours are more prevalent in WSW compared to heterosexual women; sexual contact with MSM and with intravenous drug users, and sex work were all more common<sup>9</sup>.

HPV, as mentioned in *Table 1*, is sexually transmitted and women who have this are at risk of developing cervical cancer. HPV is common in WSW<sup>5</sup> therefore it is recommended that they should undergo cervical screening as part of the national screening programme, alongside heterosexual women<sup>10</sup>. Despite this, 37% of WSW had been told that they did not need a cervical screening test with 14% being actively discouraged from attending<sup>10</sup>. This indicates that perhaps the reason WSW lack knowledge regarding sexual health issues is because they are being given misinformation from

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health professionals. Women's health is consequently being threatened, with 5% believing it is unnecessary to have cervical screening and 51% have either never been tested or attended testing outside the recommended timeframes<sup>10</sup>. If these women had attended a screening test and were found to have abnormal cytology this could have been dealt with appropriately. However, a delay in attendance, or non-attendance, means a delay in diagnosis with huge clear impacts on their health.

## **What other challenges do WSW face because of their sexuality?**

WSW often struggle with accessibility to healthcare. Whilst services are available for them to attend, two out of five women reported practitioners assumed they were heterosexual, so the information they received was not tailored to their needs and often inappropriate for sexual interaction with other women<sup>7</sup>. Moreover, this can make women embarrassed, distressed and less likely to engage with any health services.

Domestic violence is experienced by one quarter of WSW in relationships<sup>7</sup>. This is in line with women in the general population<sup>7</sup>, including heterosexual women, thus dispelling the common misconception that it is only males who are the offenders. Both sexual and psychological abuse are also present, with one in fourteen being forced to have unwanted sex and one in twenty women saying they were made to feel worthless<sup>7</sup>. It is important to stay vigilant to the signs of domestic abuse, regardless of the sexuality of the patient, and treat patients sensitively.

There are countless other physical and mental health problems that WSW experience that are potential targets for interventions. For example this population has increased numbers of: breast cancer diagnoses, alcohol consumption, smoking, self-harm, suicide attempts and eating disorders<sup>7</sup>. Whilst these are all beyond the scope of this essay, a tentative connection could be made between their reluctance to reach out to health professionals for help, and the above problems. Improving the relationship between WSW as patients and doctors, will hopefully feedback to make women feel more comfortable seeking help and discussing sensitive topics.

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## What can be done?

As discussed, there are discrepancies between those who know the risks of acquiring STIs and those who use protection or attend screening. One in ten WSW claimed the information they were given was not suitable for them given their sexual preferences<sup>7</sup>. Firstly, research is needed to assess staff's knowledge regarding cervical screening<sup>10</sup> and STIs. Doctors could then be offered training about women's sexual health needs and how to approach patients regarding sensitive topics such as sexuality. Once a patient's sexuality has been established, this should, with the permission of the patient, be recorded in their notes to ease future conversations.

Educational materials should be provided for all WSW about the transmission of STIs, including HPV as a risk factor for cervical cancer. Giving correct information will encourage protective behaviours such as using barrier methods and attending screening programmes. This can be provided in the form of educational posters in sexual health clinics, general practices and colleges and universities, with links for further information on websites and social media. This will enable the dissemination of material to a wider population, whilst removing the need to rely on a good doctor-patient relationship (though this should still be aimed for). In forums, some women have suggested inserting information in with sex toy packaging, using peer educators and educating women via sex education classes<sup>6</sup>, but this is a longer term plan as it requires the cooperation of large companies and teaching organisations. Teaching in schools could be adapted, as sex education has historically focused more on anatomy rather than sexuality and students may not know how or where to reach out for help.

Only half of women had told their doctor of their sexuality, and one in five said there was no opportunity to discuss this<sup>7</sup>. Healthcare professionals should be upfront about discussions regarding sexuality, without making assumptions. This would help twofold – it allows them to deliver correct advice, but also improves their working relationship so women are more likely to disclose problems. The importance of accurate information from medical professionals cannot be overstated. Some

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women have reported that they are less likely to discuss such sexual health issues with each other<sup>6</sup> meaning they are more likely to turn to doctors for guidance and answers.

Importantly, whilst doctors should be open to discussing sexual health with WSW this should not detract from other problems and does not need to be discussed at every opportunity, unless relevant. WSW, like all other population groups, are susceptible to a myriad of other health problems and treating these is equally as important as promoting good sexual health.

Barrier methods such as dental dams can be used to minimise STI transmission during oral-genital contact, and gloves for digit-genital contact, so these among other products should be made more available. However, women claim they are not commonly used in real life as they are uncomfortable, inconvenient and unattractive<sup>6</sup> so alternative ways to minimise spread should also be sought. During counselling, women should be informed about the importance of hygiene such as hand washing and cleaning sex toys between uses.

It is also crucial to improve uptake for the national cervical cancer screening programme. The importance of this, in order to allow early diagnosis and treatment, should be stressed in educational leaflets and counselled to patients during discussions about their sexual health. It is important to adapt these conversations to the patient, and not assume their participation (or lack of).

## **Conclusion**

Women who have sex with women are a distinct population with different health needs to other subgroups within the UK. They are often overlooked by public health campaigns, given misinformation or are faced with doctors who may lack confidence in dealing with issues of sexuality. Whilst they may be at less of a risk of some infections than heterosexual women, there are many infections they can transmit through sexual activities which can have long term sequelae for their health. Women seem aware that there is some risk though more information should be

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provided on the rates of transmission and ways to minimise this. Educational materials distributed around healthcare settings, different methods of barrier protection, and social media campaigns are some ways this can be done. Education should not be limited to patients; healthcare professionals should also be provided with information on the sexual health needs of WSW allowing them to continue supporting and signposting women appropriately.

Word count: 1983

## References

1. Bailey, J.V., Farquhar, C., Owen, C. & Whittaker, D. Sexual behaviour of lesbians and bisexual women. *Sexually Transmitted Infections* 2003;**79**:147-150.
2. Madden, H., Harris, J., Tomkinson, C., Brown, E. & Timpson, H. A targeted Sexual Health Needs Assessment for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community and Ethnic Minority Groups across the life course in Warrington: Appendix 1 LGBT Literature review. 2014. Centre for Public Health LJMU, Liverpool.
3. The Family Planning Association. Sexual Health Week. 2017. Available online: <http://www.fpa.org.uk/campaigns/sexual-health-week> [Accessed 18/03/17]
4. The National LGB&T Partnership. National Lesbian and Bisexual Women's Health Week 2017. Available online: <https://nationallgbtpartnership.org/workstreams/national-lesbian-and-bisexual-womens-health-week-2017/> [Accessed 18/03/17]
5. Office on Women's Health. Lesbian and bisexual health fact sheet. 2012. Available online: <https://www.womenshealth.gov/publications/our-publications/fact-sheet/lesbian-bisexual-health.html> [Accessed 15/03/17]
6. Marrazzo, J. M., Coffey, P. & Bingham, A. Sexual Practices, Risk Perception and Knowledge Of Sexually Transmitted Disease Risk Among Lesbian and Bisexual Women. *Perspectives on Sexual and Reproductive Health*. 2005;**37**(1):6-12.

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7. Hunt, R. and Fish, J. Prescription for Change: Lesbian and bisexual women's health check. 2008. London: Stonewall. Available online:  
[https://www.stonewall.org.uk/sites/default/files/Prescription for Change 2008 .pdf](https://www.stonewall.org.uk/sites/default/files/Prescription%20for%20Change%202008.pdf)  
[Accessed: 15/03/17]
8. Fethers, K., Marks, C. Mindel, A. & Estcourt, C. S. Sexually transmitted infections and risk behaviours in women who have sex with women. *Sexually Transmitted Infections*. 2000;**76**:345-349.
9. Draper, R. & Knott, L. Sexually Transmitted Infections. 2016. Available online:  
<https://patient.info/doctor/sexually-transmitted-infections-pro> [Accessed 21/03/17]
10. Light, B. & Ormandy, P. 2011. *Lesbian, Gay and Bisexual Women in the North West: A Multi-Method Study of Cervical Screening Attitudes, Experiences and Uptake*. University of Salford Report.