

Editorial

Comments on "Lesbians' Sexual Activities and Efforts to Reduce Risks for Sexually Transmitted Diseases"

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Well, I usually write about lesbians who don't have sex, so I was flattered to be invited to comment on the article by Diamant *et al.* in this issue (8) about lesbians who do. Not just sex, *risky* sex. My computer spellcheck program lit up over such phrases as "oro-genital sex" and "insertive anilingus."

The sample size is nothing to sneeze at. Nearly 8000 women took time out from reading *The Advocate* to complete the 186-item questionnaire contained in an issue in 1995, and almost 7000 of them self-identified as lesbians. I love reading about studies like this one. They illustrate the advances in methodologies for surveying sexual minority populations, the eagerness of lesbians to participate in research, and the openness of journal editors to publish the results.

My comments therefore are more generally about lesbians and sex. Surveys about sexual activity find that lesbians don't have sex that often, at least not as often as heterosexuals and gay men (1, 2). As Marilyn Frye stated, "Whatever it is that lesbians do that (for lack of a better word) might be called 'sex' we apparently do damned little of it" (3). The present study, for all its focus on sexually transmitted diseases and risk reduction, is no exception. Over 15% of the lesbians did not engage in any activities in the past year that could be considered genital sex. The median number of lifetime female sexual partners was 3. Forty percent of respondents were worried about contracting a sexually transmitted disease (STD), even though only 17% had ever had an STD and it is not at all clear whether any of these STDs were contracted from other women.

To obtain some comparison figures, I examined the literature on gay men and sex. Here the unit of measurement is not sexual activities in the past year, but rather in the past 2 months. The reason for this becomes immediately obvious when one looks at the

numbers. In fact, gay men seem to have more sexual partners in the past 2 months than lesbians do in their lifetime (4). Gay men have sex with a lot of partners, a lot of the time, and in lots of ways that are risky.

Why is it that lesbian sex researchers are so motivated to prove, once and for all, that some cases of women-to-women transmission of HIV exist? References entitled "*Possible female-to-female transmission of human immunodeficiency virus*" (5) and "*Transmission of human immunodeficiency virus infection presumed to have occurred during female homosexual contact*" (6) [in both cases the italics are mine] highlight the speculative nature of this research. Yes, I'm sure the day will come when it will be demonstrated that a lesbian with just the right number of bloody gashes on her hand or the sex toy with jagged edges did indeed transmit the HIV virus from one woman to another during genital sex. In the meantime, of the 12.9 million cases of HIV in the world since the AIDS epidemic began, male-to-male transmission accounted for 56% in North America, 54% in Latin America, 47% in Western Europe, 80% in Eastern Europe, and 87% in Oceania (7). Essentially, the female-to-male ratio of same-gender HIV transmission is a few speculative cases for lesbians versus approximately 6 million for gay men.

The present study found 53% of all lesbians in their sample, and 66% of lesbians with a history of an STD, to have ever been tested for HIV. In comparison, a study of gay men who frequent gay bars (4) (surely a sample at higher risk than lesbians who read *The Advocate*) found that 71.4% had been tested for HIV. It is just as astounding that so many lesbians have been tested as it is that so few men have been tested, given the low risk of the former and the high risk of the latter.

There is quite a difference in the moral tone of articles about lesbian versus gay male high-risk sex.

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The former need to convince us that a problem even exists; the latter that their intervention did something to stem the epidemic, at least in some ways for some men. Thus, the introduction of the present study warns, "Health care providers and lesbians themselves may assume that the sexual activities that lesbians engage in do not carry any risk for transmission of STDs. . . . The information that is available regarding the sexual practices of lesbians with their female sexual partners includes limited descriptions of sexual activities that have the potential for the exchange of bodily fluids. To date, few studies have examined the prevalence of various sexual activities, yet there is evidence that transmission of some infectious organisms may occur between female sexual partners" (8). In contrast, a recent review of the literature of sexual behavior among gay men (7) begins, "Many studies have documented drastic reductions in the number of partners. . . . The majority of studies report impressive changes with respect to unprotected anal intercourse" (p. 75), while admitting that reducing the number of partners is less effective than consistent condom use and that a considerable number of men continue to engage in high-risk behavior. This contrast in writing style makes it easy to lose sight of the fact that what men are at risk for is a terminal illness that has decimated the gay male communities. In contrast, STDs in women may cause chronic pelvic pain, infertility, and ectopic pregnancy (8) (the latter two consequences surely not a major problem for most lesbians even during the current baby boom).

In their review of risk-taking sexual behavior among gay men, Hospers and Kok (7) point out that "in some cases, the labeling of sexual behavior as unsafe is unjustified. If men entered a monogamous relationship in the pre-AIDS era or if both men in a monogamous relationship have been tested HIV-negative, it is clear that unprotected intercourse within their relationship carries no risk of HIV infection" (p. 85). Call me a cynic, but I have enough gay male friends who define monogamy as no sex with other men unless they or their partner are out of town, to question the wisdom of this advice. In contrast, lesbians (who I sometimes feel define *non-monogamy* as fantasizing about another woman and telling their partner about it) are urged to use all kinds

of "barriers," latex and otherwise, by sex researchers (9).

I came away from reading this literature with two ideas for prevention of high-risk sexual behaviors for women:

1. DO NOT HAVE SEX WITH MEN. This should hold true even for lesbians.
2. ALLOCATE MAJOR FUNDING FOR SCHOOLS TO TEACH GIRLS TO BECOME LESBIANS. This should reduce their risk for all kinds of unsafe sex, including teen pregnancy, early on.

In sum, as Marcia Munson (10) writes (p. 210), "given the research showing the low risk of woman-to-woman transmission of HIV and other sexually transmitted diseases (STDs), and considering the statistics on traffic fatalities and work-related deaths, a woman is a lot safer in bed, having sex with another woman, than going out to do most anything else."

REFERENCES

1. Blumstein P, Schwartz P. *American Couples*. New York: William Morrow and Co., 1983.
2. Loulan J. Research on the sex practices of 1566 lesbians and the clinical applications. *Women Therapy* 1988;7:221-34.
3. Frye M. Lesbian "sex." In: Allen J, editor, *Lesbian Philosophies and Cultures*. Albany, NY: State University of New York Press.
4. Heckman TG, Kelly JA, Sikkema KJ, Roffman RR, Solomon U, Winett RA, Stevenson LY, Perry MJ, Norman AD, Deserato U. Differences in HIV risk characteristics between bisexual and exclusively gay men. *AIDS Educ Prev* 1995;7(6):504-12.
5. Marmor M, Weiss LR, Lyden M, et al. Possible female-to-female transmission of human immunodeficiency virus (Letter). *Ann Intern Med* 1986;105:969.
6. Rich JD, Buck A, Toumalala RE, Kazanjian PH. Transmission of human immunodeficiency virus infection presumed to have occurred during female homosexual contact. *Clin Infect Dis* 1993;17(6):1003-5.
7. Hospers HJ, Kok, G. Determinants of safe and risk-taking sexual behavior among gay men: A review. *AIDS Educ Prev* 1995;7(1):74-94.
8. Diamant AD, Lever J, Schuster MA. Lesbians' sexual activities and efforts to reduce risks for sexually transmitted diseases. *J Gay Lesbian Med Assoc*, this issue.
9. Einhorn L, Polgar M. HIV-risk behavior among lesbians and bisexual women. *AIDS Educ Prev* 1994;6(6):514-23.
10. Munson M. Safer sex and the polyamorous lesbian. In Munson M, Stelboum, JP, editors, *The Lesbian Polyamory Reader: Open Relationships, Non-monogamy, and Casual Sex*. New York: Haworth Press, 1999.