



HIV Prevention for Women who have Sex with Women



Key Questions

What relevant social and biological issues exist for women who have sex with women with respect to HIV prevention in Canada?

Key Take-Home Messages

- Many lesbian women perceive that STI/HIV risk reduction behavior is primarily a concern for heterosexual women (1). This perception may lead to fewer and less frequent health screenings than heterosexual women (9).
- Although research suggests that women who exclusively have sex with women are at lower risk for STI and HIV infection, most WSW have had sex with men and many continue to do. This gap between sexual identity and sexual behavior may contribute to the risk for STI and HIV infection.
- WSW need sexual health information that reflects their sexual experience and realistically assesses their risk for STI and HIV infection.

The Issue and Why It's Important

Traditionally many health care providers consider women who have sex with women (WSW) a low risk group in terms of sexually transmitted infections (STI) (1) (2) (3). WSW often do not consider themselves to be at risk of STI/HIV infection assuming that having lesbian identity excludes sexual activity with men or that transmission of STIs /HIV between women is unlikely (2) (4). Existing research has not documented the exact risk of HIV infection through female to female sex (8) (9) and reliable statistics on the actual number of female to female HIV transmission are not available (3). Consequently, WSW have been largely overlooked in STI/HIV screening initiatives and risk intervention programs (5).

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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But studies indicate that women who exclusively have sex with women are at risk of STI and HIV infection (1) (6) as most self identified lesbians have had sex with men (53% -99%) and many continue to do so (21%-30%) placing them at a higher risk of acquiring STIs (1) and HIV (7) establishing the need for STI/HIV screening initiatives and risk intervention programs for WSW.

What We Found

The articles reviewed provided an insight into some of the social and biological issues that exist for women who have sex with women with respect to HIV prevention in the US (9), Canada (10), Australia (5), the United Kingdom (4) and Brazil (7). The studies found that:

- Lesbians and bisexual women have high risk prevalence of STIs/HIV (11).
- Misperceptions of STI risks by lesbians, bisexual women and healthcare practitioners have a negative impact on STI screening and preventive practices (12).
- Sexual health programs and risk interventions need to focus on sexual behavior rather than one's sexual identity (13).
- More research is necessary to determine the risk of HIV infection through female to female sex (13).

Biological and Behavioural Risk for STI/HIV

Research has documented that genital herpes, HPV and HIV can be spread between female partners (14). While such transmissions may occur with less efficiency as transmission during heterosexual intercourse, it is well documented that STIs are prevalent among women who have sex with women who never had sex with men (15).

A variety of behavioural factors also put WSW at risk for HIV (13). An Australian study found that sexual orientation did not correlate with sexual behaviour, as 66% of the lesbians surveyed reported having sex with a man (7). Studies also found that women who have sex with men and women present greater risk behaviour of acquiring STIs and HIV than women who only have sex with men (2) (7).

A study conducted in the United Kingdom identified several STI/HIV risk factors that increase the probability of disease transmission among self identified lesbian and bisexual women. These include the age of initiation of sexual behaviors, participation in sexual behaviors and number of sex partners.

Sexual Behaviour versus Sexual Orientation

In order to provide a proper framework for STI/HIV among WSW, it is important to understand the social context of their lives. Frequent changes in sexual attraction, identity and or behavior among heterosexual and non heterosexual women point to the need for interventions to focus on sexual behavior rather than on sexual orientation (16) (17).

A study conducted in Australia revealed that 66% of the lesbians surveyed reported having sex with a man while 18% of the heterosexual women reported having sex with a woman (17). This highlights the relevance of using neutral terms such as 'men' and 'women' rather than the terms homosexual, bisexual or heterosexual in HIV prevention interventions (18).

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Perceptions of Risk by WSW and Health Workers

STI/HIV risk misperceptions result from a general lack of knowledge of the potential for STI transmission between women (13) (15). As a result of these perceptions, WSW often assume that STI risk reduction behavior should primarily be a concern for heterosexual women (7). Perceptions of STI risk by bisexual women and lesbians may contribute to infrequent screening health by their providers (8).

Based on these STI risk perceptions, health workers and physicians often assume that having a lesbian identity precludes sexual activity with men or that transmission of STIs between women is unlikely (4). This often leads to a failure by health practitioners to obtain a complete sexual history from lesbians and bisexual women, resulting in an inadequate level of care (4).

Perceptions of risk by lesbians and bisexual women may also result in research that relies on self report data containing undiagnosed asymptomatic cases, resulting in disease underestimation due to under reporting (6).

Fearing negative reactions from health care practitioners, some WSW do not identify themselves as lesbian or bisexual, nor disclose their full sexual history to them (16) (18). To be able to assess the health needs of WSW, health practitioners should be sensitive and non judgmental when collecting sexual histories from lesbian and bisexual women. Sexual health screening for WSW should not differ from what is recommended for heterosexual women (7).

Factors that May Impact Local Applicability

Even though the samples were drawn from diverse geographical areas including US, Australia, Brazil, UK and Canada, the sample may not be representative of all women who have sex with women as most of the participants were recruited from gay bars, STI clinics and other community events that were organized specifically for lesbians and bisexual women (13) (12) and 27 of the 35 articles in this review reported on studies conducted in the United States.

Relatively few studies have been conducted on WSW HIV risk, therefore is a need for more research into STI/HIV transmission dynamics in addition to intervention strategies for risk taking behavior.

What We Did

To identify literature, we hand searched all systematic reviews and protocols from the HIV/AIDS Cochrane review group and the 'HIV' and 'acquired immunodeficiency syndrome' topic categories on www.health-evidence.ca. Using a set of relevant articles, we conducted related article searches in PubMed and scanned reference lists to identify additional literature.

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