

Bisexual College Women at Most Risk for STDs

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CHICAGO — Bisexual college women were 60% more likely to report having a sexually transmitted disease during the past year than were heterosexual college women, and more than four times more likely to have an STD than lesbians, according to a study of 30,000 sexually active women.

"It's not clear whether it's the gender of their sex partners, the number of their sex partners, or the combination of these factors that increases their STD risk," Lisa L. Lindley, Dr.P.H., said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention. "We need more research to understand the elevated sexual risk-taking of bisexual college women."

Her study of 30,000 sexually active college women also concluded that lesbian students were significantly less likely than either heterosexual or bisexual students to have had a routine gynecologic exam during the past year—a finding that prompts concern about the future sexual health of this group. "Educational efforts targeting lesbians must address the behavioral risk for STDs, safer sex practices, and the importance of regular gynecological exams and Pap tests," said Dr. Lindley of the Arnold School of Public Health at the University of South Carolina, Columbia.

Dr. Lindley drew her data from the spring 2006 National College Health Assessment, a survey of 117 postsecondary institutions, which included data on 95,000 male and female college students.

The majority of sexually active college women in the analysis were white (78%). Blacks and Hispanics comprised 10% of the sample, while students of other races and ethnicities rounded out the group. Most of the women (94%) were heterosexual; 1% described themselves as lesbians, 3% as bisexual, and 1% said they were unsure of their sexual orientation.

Sexually active college women who had sex only with men during the past year had an average of two sex partners, as did college women who had sex only with women. However, women who reported sex partners of both genders during the past year had an average of five sex partners.

The women also reported whether they had acquired an STD in the past year (HPV/genital warts, chlamydia, genital herpes, gonorrhea, and/or HIV). No significant differences were reported in the incidence of each STD based on students' sexual orientation, with the exception of HPV/genital warts. Lesbians were least likely to report having HPV/genital warts, while, compared with lesbians, heterosexual women had a fourfold increased risk, bisexual women had a sixfold increased risk, and college women who were unsure of their sexual orientation had a fivefold increased risk.

When all the STDs were taken together, lesbian women had the lowest risk of infection—a 62% decreased risk, compared with heterosexual women. Bisexual women were 60% more likely to have

an STD than heterosexual women were. But, compared with lesbian women with their very low rate, bisexual women were four times more likely to have an STD.

Lesbian women were also the least likely to have had a routine gynecologic exam in the past year. While 73% of heterosexual women and 67% of bisexual women had an exam, only 46% of lesbian women did. "Therefore, it's likely that more lesbian women have an STD but don't know it," Dr. Lindley said.

The analysis also pointed up an interesting dichotomy between the women's self-proclaimed sexual orientation and their actual sexual behaviors, Dr. Lindley noted. For example, 5% of women who self-identified as lesbians reported having only male sexual contacts in the past year, and 10% of lesbians reported having sex partners of both genders. Among bisexual women, 56% reported sexual contact with only men in the past year, and 10% reported sexual contact with only women;

35% of these women had sex with both men and women in the studied year.

"It's vital that college and sexual health professionals understand the difference between sexual orientation, sexual identity, and sexual behavior," Dr. Lindley said. "When assessing STD risk, it is vital to ask about sexual behaviors and not make assumptions based on how these women identify."

Dr. Lindley reported that she had no financial disclosures. ■



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