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Sarrah Spohnholtz
sspohnho@depaul.edu

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Relevance of Sex Education for Women Who Have Sex with Women
DePaul University MENP August 2019- Sarrah Spohnholtz

Problem Statement
Women who have sex with women (WSW) encompasses a large community that is often times made to be invisible within society. There are missing sexual scripts for WSW making it difficult to communicate and negotiate how to have safe sex and engage in the healthcare system. WSW are not given the appropriate resources, knowledge, or materials to engage in safe sex practices or advocate for their health. On top of that, there are minimal amounts of health research focusing on lesbian, bisexual, women who have sex with women and sexual education or health education.

The WSW population was left out of key risk groups for STI studies that only included heterosexual/bisexual men and heterosexual women. According to Richardson (2000), “Lesbian sex is disassociated from dominant discourses on HIV and AIDS, sexual health and homophobia, which focus mainly on gay men.” WSW were left out of the studies which could have led to increased risk of STI due to the lack of knowledge of transmission and risk for WSW. This increased the misconception that WSW are not at risk for STIs due to the lack of knowledge of sexual and sexual script.

It has been found that women who have sex with women have a higher prevalence of bacterial vaginosis than heterosexual women. Oral sex among WSW may also increase the risk of genital infection with HSV type 1 (Ripley, 2011). In a nationwide study of 6,935 self-identified lesbians, 17.2 percent reported a history of STI. In another survey of lesbian and bisexual women, 26 percent reported a past STI. Human papillomavirus occurred among 30 percent of surveyed WSW, including 19 percent of women who had sex only with other women (Gilliam, 2001).

Due to the risk that WSW face when engaging in sex with their partners, it is clear that sex education can aid in STI prevention. Therefore, there is a need for more sexual health information resources specifically targeting women who have sex with women. It was found by Powers et al. (2009) that WSW lack relevant health education to protect themselves and their partners from STIs. Resources for WSW should be explicit and detailed about sexual activities while clearly explaining how STIs may be transmitted between women and prevented. It is also important to create a new cultural script that encompasses WSW that will make female/female relationships more visible and risks more tangible (Powers et al., 2009).

Purpose
The purpose of this integrative literature review is to analyze the impact of sex and health education on women who have sex with women (WSW) in an attempt to improve patient outcomes, healthy literacy, safe health and preventative behaviors, and to increase qualitative research for women within the LGBTQ+ community.

Method
An integrative literature review was conducted using CINAHL, PubMed, and Gender Watch. A search was conducted using these terms: lesbian, bisexual women, or women who have sex with women, safe sex, and sex education.

Findings
Fourteen studies met the inclusion and exclusion criteria. Reports indicated that health educators view WSW as having little to no risk for transmitting HIV, other STIs, and unintended pregnancy; however, this is little concrete research to verify this assumption. There are reports of WSW not having a pap smear within the past 2 years and to have never had a mammogram. There is a large undertook of STIs among WSW. Compared with the general population of women, lesbians were more likely to report tobacco and alcohol use, being overweight, and also engage in vigorous physical activity.

Sex Education for WSW

“Safer sex is all about protecting yourself and your partners from sexually transmitted infections. Safer sex helps you stay healthy and can even make sex better.” (Planned Parenthood, 2019)

Dental dams are not commonly found in health aids. However, you can still cut a condom in order to use a dental dam.

Increased Health Risks of WSW
Most health care concerns for WSW are the same as for any woman, though some risks are overrepresented in the WSW population (Knight, 2017).

Nursing Implications
Nurse educators and public health nurses are needed to go into the LGBTQ communities to address the many different health needs and to include a sexual script for WSW in health education. With evidence-based design, nurses can develop socially and culturally relevant sex education and health education programs for WSW to address specific health disparities while formulating a sexual script that is inclusive of diverse sexualities. Nurse advocacy needs to increase in assisting in forming an inclusive sexual script to promote safe sex between women. The need for health research and education is expanding as social acceptance grows but the knowledge gap increases. It is important for nurses to advocate through public arenas for these patient populations, to generate accurate research, as well as to provide relevant health education for these communities.

Through increased research and educational programs developed by WSW and nurses; social progress can continue and health literacy will increase. Through nurse education and advocacy for patients, the healthcare system as a whole will benefit through the promotion of health education and safe sex programs for WSW.

Summary
Deliberate and inclusive health education for WSW rooted in evidence-based literature can have an impact by decreasing health disparities and increasing health literacy. In order to create an inclusive healthcare system the research community needs to first identify the needs of the marginalized communities including WSW. With the current limited research on WSW, it is recommended that further research is conducted that includes lesbian women, bisexual women, and transgender and non-binary women that have sex with women. Further more, health education programs should be created to include relevant health topics for WSW, safe sex practices for female partners, and preventative health measures for WSW.

References
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