

quently. Participants expressed concern about transmitting certain types of infections, particularly herpes, cold sores and HIV, during oral-genital sex. As one woman commented:

“I mean, I get nervous about oral sex too...you know, if somebody has a cold sore and they go down on you.”  
—*Woman in a group for 23–29-year-olds*

While participants expressed less concern about becoming infected with an STD through oral sex than through penetrative sex, most stated that infection could occur because of the common practice of switching from oral-genital contact to kissing one’s partner on the mouth. Vaginal fluid was specifically identified as being a possible vehicle for disease transmission. Some participants wondered if oral sex might contribute to the risk of acquiring bacterial vaginosis:

“I think you have some sort of bacteria living in your mouth that doesn’t agree with your partner’s vagina, maybe?”—*Woman in a group for 18–22-year-olds*

For oral sex, a variety of practices related to STD prevention were suggested. Many participants thought they could identify visible signs that indicate if a partner is infected (for example, a sore on the mouth or genitals, presence of yeastlike vaginal discharge or abnormal odor):

“Just kind of check it out and make sure that you don’t have any sores, they don’t have any sores, you know. Look at their mouths and look at their vaginas. I don’t mind if they look and see if I do.”—*Woman in a group for 23–29-year-olds*

“But if it’s different, like if it’s fishy, or if it’s a little rotten-smelling, that’s not clean. You just stop.”—*Woman in a group for 18–22-year-olds*

Participants generally agreed that use of barrier methods, including dental dams and plastic wrap, to cover the genitals is not a common approach to reducing the risk of STD transmission with oral sex.

Direct genital-to-genital contact (body rubbing) was discussed across all groups and was said to be fairly common. Participants recognize that small amounts of vaginal fluid and menstrual blood can be transferred between partners through this activity. However, they hold diverging views about whether this practice contributes to STD acquisition. Women in the older age-group made the following remarks:

“I don’t believe that like clit-to-clit and with even a little bit of vaginal fluid that there is as high a risk as, you know, penetration and then out and then on me or near my anus or anything like that.”

“If it’s clit-to-clit, definitely vaginal fluid could be transmitted.”

In three of the four groups, at least one participant expressed the perception that lesbians feel particularly responsible for maintaining awareness of how potential STD transmission might affect their partners’ health. This was referred to as “a courtesy to my partner” and as not placing one’s partners “in a position where they can get something.” One woman described her reaction to discovering her partner had bacterial vaginosis as follows:

“How did she get that in our household? Not that there was a stigma, just like where had I dropped the ball, ’cause

we’re so careful.”—*Woman in a group for 23–29-year-olds*

### Information Needs

Although a number of participants reported having had bacterial vaginosis, all strongly agreed that lesbians lack information about it:

“I just don’t know that many women that even know what bacterial vaginosis is. I don’t even think my mother did.”—*Women in a group for 18–22-year-olds*

“Even though I’ve had it, I still don’t know anything about it.”—*Woman in a group for 23–29-year-olds*

“I don’t know the exact myths,...but number one is that bacterial vaginosis is completely random. You know: You really can’t do anything to stop it. You can’t do anything wrong, right, better; it just kinda happens to you, and there it is.”—*Woman in a group for 23–29-year-olds*

Participants in all groups identified significant gaps in knowledge about several areas of bacterial vaginosis (Table 1). Much of this discussion underscored the perception that providers lack knowledge about STDs and sexual health, including STD risk reduction, in lesbians.

Interestingly, most participants noted that lesbians are unlikely to discuss health-related topics, especially sexual matters and vaginal health, with each other. This perception may help explain why participants in all groups identified health care providers and the relative privacy of a health care visit as appropriate sources of information about STDs. In all groups, participants mentioned that health care providers need to be more sensitive to and better educated about several critical aspects of lesbians’ sexual health:

“I’ve had gynecologists who have been like horrible . . . doctors who have been like totally homophobic and misogynists....I don’t think there’s a lot of education for health care practitioners, in general....Your queer clients have different needs than your straight clients, sometimes, and you can’t make assumptions about any of your clients’ sexuality....They all deserve your respect.”—*Woman in a group for 18–22-year-olds*

Participants thought that information about bacterial vaginosis should be disseminated through advertisements or articles in gay and lesbian print media or college and university newspapers, or via pamphlets or wallet-size cards that can be distributed in places that lesbians frequent. While younger participants mentioned gay bars, others noted that some women who have sex with women but do not necessarily identify themselves as lesbians (the term “heteroflexible” was used) frequent straight bars. Other suggestions included Internet postings, use of peer educators, sex education classes, workshops targeted to the lesbian community, sex toy package inserts and telephone hotlines.

### DISCUSSION

Our focus group discussions identified several common themes regarding sexual behaviors and STD risk perceptions among women who have sex with women. Notably, participants reported a number of specific misperceptions that likely represent common beliefs among young women