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# Why Girls Choose Not to Use Barriers to Prevent Sexually Transmitted Infection During Female-to-Female Sex

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A B S T R A C T

**Purpose:** Using data from a national qualitative study of lesbian, bisexual, and other sexual minority adolescent girls in the U.S., this study examined their awareness of the risk of sexually transmitted infection (STI) and opportunities for barrier use.
**Methods:** Online asynchronous focus groups were conducted with lesbian and bisexual (LB) girls ages 14–18 years. Girls were assigned to online groups based on their self-identified sexual identity and whether they were sexually experienced or not. Two moderators posed questions and facilitated online discussions. Interpretive description analysis conducted by multiple members of the research team was used to categorize the results.
**Results:** Key factors in girls' decisions not to use barriers with female partners concerned pleasure, sex of sexual partner, lack of knowledge of sexual risk or of barrier use for female-to-female sexual activities, and use of STI testing as a prevention tool.
**Conclusions:** Addressing knowledge and access gaps is an important first step for improving sexual health. Prevention priorities should focus on helping LB girls understand their risk of STI transmission in both opposite and same-sex relationships. Tailoring messaging to move beyond heteronormative scripts is critical to engaging LB girls and equipping them with the skills and knowledge to have safer sex regardless of the sex of their partner.


**IMPLICATIONS AND CONTRIBUTION**

Although lesbian and bisexual teenage girls are at higher risk of sexually transmitted infections than their heterosexual counterparts, little is known about how they understand STI risk or why they may choose not to use barriers when engaging in female-to-female sex.

Although evidence indicates that lesbian and bisexual (LB) adolescent girls are at increased risk of sexually transmitted infections (STIs) and adolescent pregnancy compared with heterosexual girls [1–4], few targeted sexual health intervention programs are available for LB girls. Standard sexual health interventions for adolescents typically rely on beliefs and understandings of risk that are centered on heterosexual sexual behaviors; even the growing body of research about LB adolescent sexual health disparities tends to focus on their unprotected sexual experiences with males as a key explanation for that higher risk [5–7].

For LB girls, the exchange of vaginal fluid during female-to-female sex by mouth, fingers, or sex toys serves as routes for the transmission of STIs. For example, the transmission of human papillomavirus (HPV) requires only skin-to-skin contact, and genital HPV types have been identified on fingers [8]. HPV has also been found on sterilized forceps and surgical gloves, making

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transmission via sex toys, even those that are "cleaned," plausible [9]. Research has documented transmission of bacterial vaginosis, HIV, chlamydia, HPV, herpes simplex 1 and 2, and trichomoniasis between women having exclusive sexual contacts with other women [10–13].

Health practitioners should not presume that women are at low risk of STIs because they have sex with women, especially as current clinical guidance advises practitioners to screen women for STIs regardless of patients' sexual orientation [14,15]. A U.S. representative sample found bisexually identified young adult women had significantly higher odds of receiving an STI diagnosis compared with heterosexual women, and lesbian young women were more likely to believe that they were at lower risk of STI transmission compared with heterosexual peers [16]. One study of LB women demonstrates those reporting sex with a male partner were significantly more likely to report being screened, but a majority had not received STI screening in the past year [17].

Very little research has explored the STI knowledge of LB girls [18,19]. The available research on LB women finds they are aware of STI, but have limited knowledge of female-specific barriers (e.g., dental dams) and misconceptions about the risks of STI transmission during same-sex sexual activities [20–25].

Using data from a national qualitative study of LB adolescent girls in the U.S., this study examines participants' choices to use barriers in their sexual relationships with other girls as a means of identifying what kinds of prevention messaging or programming might be needed to better inform LB girls. Given that many young women first have sex in their teen years [19], our research identifies perceptions and knowledge gaps that inform decisions to use barriers with female partners.

## Methods

LB girls, ages 14–18 years (see Table 1 for more descriptive information), were recruited primarily through Facebook using standardized protocols [26–28]. The 160 girls participated in asynchronous, online focus groups as part of a larger project. Online focus groups were chosen as a convenient way to interact with LB girls from all over the U.S. while protecting their identities [29]. The University of British Columbia's Behavioral Research Ethics Board and the Chesapeake Institutional Review Board approved all procedures. Parental permission was waived by both institutional review boards for legal minors. Youth assent or consent was secured, as was their capacity to assent/consent, during phone screening.

Eight online focus groups were conducted from September 2015 through January 2016 with cisgender LB girls who had a cell phone with an unlimited text messaging plan. Girls were grouped into focus groups based on their sexual experience (i.e., no sexual experience with either sex, or at least one sexual experience involving a finger or sex toy, vaginal sex, or anal sex) and their sexual identities based on a telephone screen. Youth who identified as lesbian, gay, asexual, demisexual, or queer and who were mostly or only attracted to girls were grouped together as "lesbian." Those who identified as bisexual, pansexual, polysexual, omnisexual, unsure/questioning, or queer and who were attracted to boys and girls or mostly boys were grouped as "bisexual." Two focus groups were conducted with each of four identity (lesbian and bisexual) by sexual experience (inexperienced and experienced) groups.

Participants chose their own anonymous screen name and were given a password to sign into the asynchronous online focus groups. Moderators posted a series of questions twice a day for 3 days as prompts. Questions centered around youths' sexual experiences, their thoughts about the use of birth control and latex barriers (e.g., condoms, dental dams), and STIs and pregnancy among LB girls. Moderators also posted follow-up questions and participants interacted with these and each other's comments. Peak posting times revolved around the school day, with most participants online after school and later in the evenings.

Analyses focused on participant opinions regarding the use of latex barriers during sex (dental dams and condoms) in the context of sex with other girls. Interpretive description [30,31] was used to inductively derive themes from the data. Two of the co-authors completed initial coding. Another co-author served to verify the coding and help resolve any discrepancies. A second round of analysis was conducted to further develop themes related to opinions about and use of barriers. Finally, answers from each identity/experience group were compared to identify potential variations in responses and confirm the themes. Meetings among co-authors confirmed consensus of the dominant themes and their nuances as a validation measure.

## Results

Four main themes emerged as part of participant's reasons for why they would not use barriers. The themes, as discussed in greater detail below, concerned pleasure, risk linked to sex of partner, lack of knowledge of barriers, and STI testing as a prevention measure. Results also noted that once the topic of barriers was introduced in the focus groups, some participants did share reasons and scenarios in which they might use barriers, particularly among inexperienced girls.

### *Pleasure*

Across all our focus groups, concerns about pleasure in relation to barrier use were voiced, with decrease in sexual pleasure a reason for not using barriers. An 18-year-old girl in the experienced lesbian group wrote, "I never really used a barrier because I felt it would be weird. Like laying down a sheet of plastic over her vagina just doesn't seem very sexy." An 18-year-old girl in the experienced bisexual groups commented, "I think using protection with a girl would make sex not feel as good. I would probably do it for safety, but I think if it didn't feel good, I would be less interested in having sex and I would probably even just stop having sex all together."

Inexperienced girls also noted barriers could be awkward. A girl in the inexperienced lesbian groups, aged 14, volunteered, "I feel like it would be uncomfortable and ruin the mood." A 17-year-old in the inexperienced bisexual groups admitted, "I'd much rather go without any barriers. I really just feel like I'd rather be able to taste someone or feel them exactly as they are."

Inexperienced girls in our focus groups could imagine pleasurable benefits of barriers not mentioned by experienced girls. For example, an 18-year-old girl in the inexperienced lesbian groups said, "There are barriers such as condoms that have been designed to add to the pleasure of sex. I know that I've seen boxes claiming that they have ridge or bumps that will 'make her feel better than ever' and stuff like that." When prompted that using condoms on sex toys can be a safe-sex practice, individuals among