

SEXUAL HEALTH AND SEXUALITY DEVELOPMENT IN ADULT LESBIAN WOMEN

Lic. Omar Frómeta Rodríguez,* MSc Tania Maité Ponce Laguardia**

“Dr. Enrique Barnet” University-Teaching Polyclinic, Lajas, Cienfuegos

omar@polilajas.cfg.sld.cu tania@polilajas.cfg.sld.cu

* Master of General Psychology.

** Master of General Psychology, Master in Science in Satisfactory Longevity, and Assistant Professor at the “Carlos Rafael Rodríguez” University of Cienfuegos.

THE WORLD HEALTH ORGANIZATION DEFINES HEALTH AS A STATE OF PHYSICAL, EMOTIONAL, MENTAL AND SOCIAL WELLBEING IN RELATION TO SEXUALITY AND NOT THE MERE ABSENCE OF DISEASE, DYSFUNCTION OR INFIRMITY. TO ENJOY AND MAINTAIN SEXUAL HEALTH, THE RIGHTS OF EVERY PERSON MUST BE RESPECTED, PROTECTED AND FULLY EXERCISED (1). OBJECTIVE OF THE RESEARCH: TO CHARACTERIZE THE RELATIONSHIP BETWEEN SEXUAL HEALTH AND THE ACTIVE SEXUAL LIFE OF ADULT LESBIAN WOMEN. METHODOLOGY: A QUANTITATIVE-QUALITATIVE, DESCRIPTIVE, CROSS-CUTTING, RETROSPECTIVE, AND OBSERVATIONAL STUDY WAS CONDUCTED IN THE PROVINCE OF CIENFUEGOS. SAMPLE: 25 LESBIAN WOMEN BETWEEN 25 AND 45 YEARS OLD. EMPIRICAL METHODS USED: ANALYSIS OF DOCUMENTS, QUESTIONNAIRES, SEMISTRUCTURED INTERVIEWS, COMPLETING THE PHRASE, AND SELF-REPORTED EXPERIENCES. STATISTIC METHODS: FREQUENCY ANALYSIS. FINDINGS: 100% OF THE WOMEN

STUDIED CONSTRUCT THEIR SEXUALITY BY ADMITTING AND ASSUMING THEIR LESBIAN WOMAN IDENTITY. THEY HAVE BEEN VICTIMS OF SOCIAL VIOLENCE. 88% DECLARE THEMSELVES SEXUALLY SATISFIED; 72% HAVE RISK BEHAVIORS AND DO NOT TAKE CARE OF OR PROTECT THEMSELVES. THERE ARE PREJUDICES AMONG HEALTH PROFESSIONALS IN TREATING LESBIAN WOMEN. CONCLUSIONS: ALL THE WOMEN CONSTRUCT THEIR SEXUALITY BY ADMITTING AND ASSUMING THEIR LESBIAN WOMAN IDENTITY. THEY DECLARE THEMSELVES SEXUALLY SATISFIED, HAVING AN INTRINSIC MOTIVATION TOWARDS SEXUAL ACTIVITY. THEY LIVE WITH THEIR FAMILIES, HAVE SEX WITHOUT PROTECTION, AND SHOW RISK BEHAVIORS FOR CONTRACTING SEXUALLY TRANSMITTED INFECTIONS.

KEY WORDS: SEXUAL HEALTH, ACTIVE SEXUAL LIFE, LESBIAN WOMAN

INTRODUCTION

Lesbianism has existed since ancient history. The term lesbian appeared in the media in the early 1970s and became official in 1975, during the Conference on the International Year of Women, due to feminist influence (2). Though lesbianism has historically enjoyed an intimate relation with feminism and feminist projects (at least since the 1890s), lesbian feminism is best contextualized as a movement that emerged from the latter following the dissatisfaction with the second feminist wave and the gay movement in the early 1970s (3).

Like feminism, studies on lesbians and gays, and the queer movement, lesbian feminism is characterized by revision and debate. However, the analysis of

heterosexuality as an institution is a key element. This stems (and shows a historic approach) from "homosexuality" being under scrutiny, particularly its origins. Lesbian feminist texts attempt to denaturalize heterosexuality and, once achieved, submit hypothesis about having its "roots" in such institutions as patriarchy, capitalism, and colonialism.

The most comprehensive of the early studies on female homosexuality was conducted by the Kinsey Institute for Sexual Research, which published in 1953 an in-depth report on the sexual experiences of women. Before this study, sexual behavior had only been studied by medical doctors and psychiatrists, and mostly all findings had been construed from a moral stand (4).

As a result of the interviews conducted with a group of lesbian women, researcher Aloyma Ravelo, in her article entitled *Amor entre mujeres* (Love Between Women), spurs us to reflect on the following questions: How many lesbian women are there in Cuba: many, few? Where do they meet? How are their relations? These and other questions still go unanswered. This topic has many obstacles. Maybe that is the reason why there are hardly any studies on lesbian homosexuality. But there is another set of questions; the ones that lesbian women pose themselves. They have many doubts. They do not quite understand why they feel attracted towards women. Nobody gives them an explanation and they do not dare ask. They don't know if being a homosexual is something you learn, inherit or you are born with. Likewise, the prejudices and lack of acceptance unleashed by the love and erotic couple relationship between two

women, on many occasions prevent them from making public their relation and also lead them to neglect their sexual and reproductive health (5).

Based on the fact that there was no research in the province to characterize the active sexual life of lesbian women and address their sexual health needs, the following research target was posed: What is the relation between sexual health and the active sexual life of adult lesbian women?

The research was conducted with the purpose of characterizing the relation between sexual health and the active sexual life of adult lesbian women, contributing to the development of community projects on health promotion and education and laying the foundations for the implementation of sexual therapies and intervention projects aimed at achieving favorable sexual health indicators in lesbian women, as well as health promotion and prevention actions related to STIs and HIV/AIDS.

METHODS

A study based on a quantitative-qualitative, descriptive, cross-cutting, retrospective, and observational method was conducted in the province of Cienfuegos. The quantitative-qualitative research made the numerical analysis of the data as well as the relation between variables possible. This methodology was chosen because it allows measuring the reality in its natural context, as it happens, trying to make sense of (or interpret) the phenomena in accordance with the meaning they have for the persons involved. This methodology implies the compilation and use of a wide range of materials, interviews, personal experiences, and observations, which describe the habits, difficult situations, and meanings in the life of people. In sum, from an

epistemological point of view, qualitative research is concerned with the construction of knowledge of the social and cultural reality from the viewpoint of those who produce and live that reality. From a methodological viewpoint, such a stand implies assuming a dialogic nature of beliefs, mentalities, myths, prejudices, and feelings, which are accepted as elements for the analysis to produce knowledge about human reality.

The abovementioned characteristics, however, are no obstacle for qualitative researchers to transform the text data provided by the persons into numeric data and its quantitative treatment when analyzing and processing the information, in order to compare or complement the conclusions obtained through the qualitative process.

As part of the research a fact-finding study was conducted with the purpose of diagnosing the level of knowledge that health professionals have of the sexual life of lesbian women and those aspects related to their sexual health, being active sexual life understood as the characteristic coital behavior of the human being since it became human and the way in which is understood, formulated, and verbalized by the same (6). Thirty health professionals (family doctors, psychologists, gynecologists, and nurses) were interviewed for the purpose of the study, which showed their poor knowledge of the development of sexuality in these women. The study detected prejudices related to treatment of this population group, ignorance of their sexual health status, and poor attendance to specialized medical visits. All the professionals interviewed stated the need for training on topics related to education, orientation and sexual therapies for the treatment of these women.

The sample group was made up by 25 lesbian women in the province of Cienfuegos, who were identified through snowball sampling, where they themselves became the access bridge to others. A non-probabilistic, discretionary or purposive sample was used since the selection of the subjects or objects of the study are left to the discretion of the researcher. Within the strategies of purposive sampling, the criteria case was chosen, entailing the selection of subjects who meet certain prerequisites. In this case, such prerequisites were to be an adult lesbian women living in the province of Cienfuegos. The cases were selected on the basis of a given population until the estimated figure needed was reached.

The sample was finally made up by 25 lesbian women between 25 and 45 years old, belonging to the province of Cienfuegos.

The empirical methods used in the research were the questionnaire and the semistructured interview with lesbian women in order to get certain data as age, occupation, educational level, age in which the first lesbian contact took place, understood as the age in which the sexual union between two individuals as part of the sexual relation, without involving the genital organs and limiting the act to kisses, caress, and embraces, took place. Questions were made as to their living together, difficulties during their sexual relations and self-perception of the causes. Other psychological techniques like completing phrases and self-report of experiences were applied. The self-report of experiences was designed by Jorge Grau Avalo and it involves submitting to the subject a list of fifteen terms expressing emotional states that can be experienced at any given time. The subject must evaluate each of the

terms in accordance with the degree or level of intensity with which it is experienced. To this end, the subject is given three categories: scarcely, moderately and intensively. This was done to identify the feelings and emotions related to sexual activity and how the emotional content of sexual satisfaction is expressed. The ten wishes technique was also applied, in order to learn about the needs of lesbian women related to their sexuality and active sexual life.

The frequency analysis was used to analyze the results, besides the psychological interpretation of the other variables.

ANALYSIS OF RESULTS

The analysis of the methods and psychological techniques applied to adult lesbian women showed that their ages ranged from 25 to 45; less than half (48%) worked as technicians, few of them (28%) assumed the role of housewife, and an almost similar number (24%) were professionals.

The educational level of the lesbian women studied was technical-professional (32%), university (24%), senior high school (32%), and junior high school (12%). More than half of them (72%) assumed their identity as a lesbian woman before society after they turned 20.

When asked at what age did they have their first lesbian contact, more than half of them (64%) answered they had non-coital relations during their adolescence, and this coincided with those who expressed having preference for persons of the same sex since a very early age. Only a small group (36%) had lesbian relations involving their

genital organs during that same stage, coinciding with coital relations and the moment in which they became fully aware of their sexual identity as a lesbian woman.

It is interesting to point out that all of them became aware of their identity as lesbian women before they turned 20. However, most of them decided to "come out of the closet" more than five years after assuming their identity, arguing feelings and emotions such as insecurity, fear and uncertainty in the wake of social and family acceptance, and the fear of being discriminated for not complying with the heterosexist and exclusionary norms of present day society.

Seventy-six per cent of the lesbian women live with their family of origin, 16% with their partner, and 8% with their family and their partner. Seventy-six per cent of them expressed the need to have a space for the full enjoyment and development of their sexuality, evidencing the need for a space to live in couple.

The semistructured interview showed that 40% of the women studied have had different partners in less than one year (i.e., they have many sexual partners); 32% have maintained relations with more than one partner, besides their steady sexual partner, and only 28% have a steady partner. Therefore, more than 72% of them have sexual relations with more than one partner at a time. Multiple relations, meaning that they are sexually involved with several partners for short periods of time, and the regular relation, maintaining relations for a year or more with another woman, besides their official partner (7), prevailed. Only a few (28%) have a steady partner, i.e., maintain relations with only one official partner. Consequently, risk behaviors such as instability and changing partners frequently, became evident.

The behavior pattern assumed by most of them (80%) to begin a relation is an exchange of glance, an essentially extra-verbal form of communication. Fifty-two per cent of them resort to flirting, arguing that they initiate seduction with no intentions of initiating a couple relation. In other words, these are incidental, by chance, and spurious fleeting relations as they do not imply a commitment. In the discourse of these women one can perceive their interest in attraction and not in falling in love. They all use the term *descarga* (chatting) or *relaciones musicales* (fleeting relation) to name what they pursue with this pattern.

Twenty-eight per cent expressed that courtship was the strategy for establishing a couple relation. They would begin by bringing up a topic of conversation, after asking the time or for a lighter to light a cigarette; 64% combine glances and flirting to initiate a couple relation. All the lesbian women interviewed agree that messages sent by any kind of gallantry is correctly interpreted by the target of the message, and are well received by the latter when there is the intention of initiating a lesbian relation, irrespective of its nature.

When asked about the attributes that arise their sexual desire, more than half (60%) mentioned physical features combined with emotional aspects, like, for example, being "pretty", "sexy", having a "good figure", "nice hair", combined with being "pleasant", "delicate", "affectionate", "understanding". They argue that "lesbian couples attach more importance to affection ties and emotional content than to the erotic aspect when involved in a steady couple relation." Only a few of them (20%) expressed the need to

maintain a more permanent affective relationship, giving high priority to the need for an affective and permanent couple relation in their life projects.

Regarding their physical conditions, less than half (32%) has been diagnosed with a sexually transmitted infection. It is important to stress that the risk of contracting such infections must be defined on the basis of risk behaviors rather than sexual orientation. Though the risk of transmission in the relations between women is less frequent, in the lesbian women studied there is a risk of contracting sexually transmitted infections due to the practice of having sex without protection and the trend to change partners, given the fact that risks are not only related to the behavior of the person, but also to that of their present and past partners.

All the women studied admitted practicing cunnilingus, mutual oral sex, finger penetration and masturbation during their sexual practices. They stated that "lesbians are more open to different forms of stimulation and place more emphasis on non-coital manifestations."

Other sexual practices include tribadism (sexual practice in which two women rub each other's vulva during sexual intercourse), practiced by most women (88%). As to the use of sexual toys, more than half (76%) use them, being dildos the most common. They also practice anilingus. The rest consider this a dirty practice, associated to prejudices and stereotypes. All women resort to sexual fantasies.

Regarding information on effective stimulation and knowledge about the location of their and their partner's erogenous zones, they all stated that "being two persons of

the same sex, they know perfectly well their and their partner's body", and sexual intercourse is carried out through their own experiences and feelings.

All the lesbian women that were part of the research got their information on sexual health issues and aspects related to sexual activities between women, through "friends" with their same sex-erotic orientation, as well as from erotic movies and magazines.

They expressed that they have no knowledge of scientific and specialized literature dealing with these topics which they could consult in case of any doubts. The materials they read to find information on how to practice sex show unprotected sex, thus leading them to risk behaviors. Their level of information on sexual health is poor, since their main source of information is "friends" who lack knowledge and information on such topics.

The abovementioned findings show the existence of a sexuality culture in accordance with the socially established hetero-centered patterns, hindering—despite the political will of the Cuban state—the exercise of the right to information on sexuality based on scientific knowledge as well as the right to a comprehensive education on sexuality.

Most of the women (88%) declared themselves sexually satisfied. It should be stressed that, for them, sexual relations are a source of hyperbolized emotional satisfaction without expressing their erotic-related satisfaction—which is expressed with phrases such as: in my sexual life I am "fully satisfied", I "find satisfaction" in my sexual relations—maybe due to the price they have to pay for having a sexual life different from the majority.

Regarding how they emotionally express their satisfaction to their partners during sexual activity, 32% do it through gestures (when they "caress", "touch", "kiss", "smile", "look at each other", "embrace"); 16% do it verbally, with a sensual, provocative, erotic and passionate dialogue; 52% do it in both ways, combining gestures with complimentary phrases, "mostly whispering in her ear." In their discourse, they all identify "loyalty", "respect", "trust", "love", "peace of mind", "peace" and "stability" as emotional expressions of their sexual satisfaction.

There is a marked need for social recognition of the lesbian marriage to fully express their sexuality. This was expressed in phrases like "my aspiration has always been to get married", "that the gay marriage be approved."

Regarding the main difficulties perceived by women in their sexual relations, more than half (76%) pointed out the lack of privacy, stating that it is difficult for them to have their own space at home to develop their life as a couple.

As to the physical state of the sexual health of lesbian women, and the prevention of non-communicable female diseases such as breast and cervical cancer, more than half (52%) show no risk perception of contracting any of these pathologies and do not go for regular health check-ups or ruling-out tests such as breast examination and cytological test. Less than half (48%) go for gynecological examination and tests to rule out the possibility of suffering from any of these diseases. Those who don't, state that "why go to the doctor if I'm not ill", "I hardly fall ill", and in their families "nobody has suffered from such diseases."

Most of these women (80%) have perceived certain rejection when receiving specialized assistance, particularly during physical examination, by the health personnel, due to existing prejudices in the latter. Thus, they limit their visits to the doctor for fear of having to speak about their sexual history.

Whenever they have sought professional help, they have perceived disinformation and hidden prejudices among health personnel regarding their knowledge on lesbian sexual performance, which is expressed in phrases like "I'm shunted around." This comes to confirm the expressions of health professionals that were interviewed: "there is no chance for transmission of infections in sexual intercourse between lesbians", "lesbians have no real sexual contact", or "lesbians don't have sexual intercourse with men."

Today, professional training comprising knowledge about the sexual life of persons with a homosexual sex-erotic orientation is nowhere to be seen in health policies. The same is true for sexual orientation as a social behavior to be taken into consideration in health processes, due to inadequate training of human resources and information coverage of the sexual health of lesbian women in medical services, structured on the basis of an androcentric and homophobic model. Paying attention to this issue will contribute to explicit proposals for public policies and to more equitable health actions as a public good and citizen right.

It is important to highlight the affective couple link as part of the sexuality of lesbian women because in more than half of them (67%) it is associated with fidelity. The emotional expression of sexuality is influenced by their desires and preferences, in the

open expression of their sexual identity, exceeding the realms of genitalia and eroticism, with the aspiration of assuming gender roles from their sex-erotic orientation historically assigned to the female sex like motherhood. This was identified in phrases such as “[my ambition would be] to have children”, “having a family with my partner.”

In terms of feelings and emotions regarding an active sexual life, they all said they felt proud of their sexual identity, despite the discrimination they have been victims of. This is evidenced in phrases stated by 56% of the women, such as: “[I rather] be myself”, “be like this”, “be lesbian even though I don’t give that impression”, “[I’ve always aspired to] being me.”

All the lesbian women have been victims of their own lesbophobia as evidenced in expressions such as: [I’m concerned with] “people looking at me”, “being humiliated”, “people poking their nose in my life”, “being rejected”, “not being accepted”, “being despised for what I am.”

We must highlight that all of them reject social violence. Some state that they do not seek the approval of the others, though they externalize a need for it. More than 80% state that they cannot freely exercise their sexuality with expressions such as: [I have high hopes of] “getting married to my partner”, “going out with my partner holding hands and not being rejected by my family.”

In the interview conducted, they all expressed having been the victims of psychological violence (“open or covert rejection by the family and social sectors”). They stated they “were expelled from their homes once they assumed their lesbian identity” and that

they constantly "have to turn a deaf ear to disqualifying comments, public insults, being branded immoral and depraved." They also assert "they need to work harder to get the same social recognition heterosexual women get, both as professionals as well as in the family."

It is quite obvious that the lesbian women studied have been victims of social violence be it due to aversion or open or covert rejection, and that their free development has been obstructed both as a result of omission of the homosexual marriage in the existing laws and social discrimination, manifested in a wide and varying range of practices, which go from silencing any mentioning of the marked person all the way to insulting them verbally when discriminatory jokes are made.

Discrimination makes the human being more vulnerable. Sexual orientation cannot be analyzed as alien to the sexual health of each individual. The exclusion of any human being for not complying with the demands of an exclusively heterosexist society where there is no place for diversity, lacerates his/her sexual health. The above findings show that the women studied cannot fully exercise their right to emotional sexual expression, free sexual association, and sexual equality due to prevailing discriminatory attitudes, which affect their sexual health.

CONCLUSIONS

- The ages of the lesbian women studied ranged between 25 and 45 years old and the prevailing educational level was senior high school. Almost all of them became fully aware of their lesbian identity before they turn 20.

- All these women construct their sexuality by admitting and assuming their identity as a lesbian woman. Most of them expressed that they are sexually satisfied and had an intrinsic motivation towards sexual activity. They live with their families to whom they have introduced different sexual partners, alternating their sexual relations with their steady partner with other partners. They practice sex without protection, thus running the risk of contracting sexually transmitted infections.
- Sources of information for lesbian women on sexual activity and their sexual health are scarce.
- Most of the women studied have a risk behavior for contracting communicable and non-communicable infections; they have no perception of the risk and do not take actions to prevent it. There are prejudices among health professionals to provide (and in lesbians to receive) medical assistance, with harmful effects for the sexual health of these women.
- There is an acute need for social recognition of the lesbian matrimonial union in all the women studied, who have a sexual identity which is in correspondence with their sex-erotic orientation, despite the discrimination they have been victims of.
- The sexual health of all the lesbian women studied is affected.

REFERENCES

1. World Association for Sexual Health (WAS). Salud Sexual para el Milenio: Declaración y documento técnico. Minneapolis: World Association for Sexual Health; 2008.
2. Hinojosa C. La apropiación de los derechos. Letra S. Available at: <http://www.jornada.unam.mx/2002/06/06/ls-lesbianas.html> [accessed October 29, 2012].
3. Isla de Mujeres; ALDARTE. Historia del lesbianismo en occidente (in Spanish). Available at: <http://www.cuidaddemujeres.com> [accessed October 16, 2012].
4. Bullough V. Alfred Kinsey and the Kinsey Report: Historical overview and lasting contribution. The Journal of Sex Research 1998; 35(2):127-31.
5. Ravelo A. Amor entre mujeres. Mujeres 2010; 2(439):74-6.
6. Rodríguez Boti R. La sexualidad en el atardecer de la vida. Autoayuda. Santiago de Cuba: Editorial Oriente; 2006.
7. Galarreta ME. Salud de lesbianas en Lima. Available at: <http://www.ciudadaniasexual.org> [accessed December 18, 2012].

FECHA DE RECEPCIÓN DE ORIGINAL: 7 de agosto 2013

FECHA DE APROBACIÓN PARA SU PUBLICACIÓN: 27 de noviembre 2013