

“I never thought lesbians  
can be infected.”



**WOMEN WHO HAVE SEX WITH WOMEN (WSW) AND HIV RISK**  
INGRID LYNCH AND MATTHEW CLAYTON

**Triangle Project Research Brief | May 2014**



# INTRODUCTION

Research indicates that **a substantial number of lesbian and bisexual women and other women who have sex with women (WSW) in South Africa are living with HIV**, yet this grouping is rarely included in efforts to curb the spread and impact of the epidemic and is generally invisible in sexual health policies, research and service provisions. This research brief summarises the findings of emerging studies regarding HIV risk among lesbian and bisexual women, and other WSW in Southern Africa.

---

## “WOMEN WHO HAVE SEX WITH WOMEN” AS A RESEARCH CATEGORY

“*Women who have sex with women*” is a **socially constructed research category** coined in recognition of the fact that sexual behaviour does not necessarily translate into sexual identity; i.e. women who have sex with other women may or may not identify as heterosexual, bisexual or lesbian – or may not identify with any sexual orientation at all. In public health research, this research category is increasingly used to study sexual and reproductive health and rights among diverse women who engage in same-sex sexual activity regardless of self-identification. ‘WSW’ therefore refers to a behavioural dimension of analysis, while ‘lesbian’, ‘bisexual’ or ‘heterosexual’ refer to self-aware social identities (Young & Meyer, 2005).

---

## ARE WOMEN WHO HAVE SEX WITH WOMEN AT RISK FOR HIV?

Accurate HIV prevalence statistics for women who engage in same sex sexual activity are hard to come by, motivating the need for including WSW in HIV research. The current HIV discourse creates a “hierarchy of risk” for women, where sex with men is considered the most risky, while sex with women is rarely considered. This hierarchy means that WSW become “epidemiologically unfathomable” and makes estimating the number of WSW with HIV almost impossible (Logie & Gibson, 2013). Research conducted in South Africa, Zimbabwe, Namibia and Botswana placed the self-reported rate of HIV infection among participating WSW at 9.6% (Sandfort et al., 2013). In a study focused on a South African sample only, 9% of black WSW and 5% of white WSW who were aware of their HIV status reported being HIV positive (Wells & Polders, 2004). These studies, while restricted to using self-reported HIV status, point to a high prevalence of HIV among a group generally regarded as not at risk for HIV infection.

# WHAT INFLUENCES WOMEN WHO HAVE SEX WITH WOMEN'S VULNERABILITY?

Women's vulnerability to HIV infection is increased by **high levels of sexual violence**. South Africa has one of the highest rates of sexual violence in the world (Jewkes et al., 2009) and, compounded by homophobia, has led to lesbian and bisexual women and other WSW being targeted for sexual violence motivated by prejudice (Human Rights Watch, 2011). Although no specific research has been conducted regarding the relationship between targeted lesbian rape and HIV infection, Dunkle et al. (2006) found a strong correlation between perpetration of sexual violence and HIV risk behaviour among men who admitted to having raped a woman. The correlation between rape and HIV prevalence in men is relevant to WSW because 25% of WSW report being raped by a man in their lifetime. Sandfort et al. (2013) hold that it is not sex with men per se, but rather forced sex with men, that is an important risk factor for HIV among WSW. This is currently completely invisibilised due to the fact that HIV transmission occurring through rape is classified as "heterosexual transmission" (Logie & Gibson, 2013).

A second route of HIV transmission among lesbian and bisexual women and other WSW is that of **transactional sex**. 10.5% of WSW have had transactional sex with men and 15.2% have had sex with other women. Also, WSW who report transactional sex with either men or women are more likely to be HIV positive than those who do not (Sandfort et al., 2013). Cloete, Sanger and Simbayi (2011) also identify transactional sex as an important marker for HIV among WSW, where a third of HIV positive WSW in their study had engaged in transactional sex.

A third route of transmission is **woman-to-woman transmission**. The pervasive idea that women cannot transmit HIV to other women is one that persists even among WSW, with many responding with disbelief to the idea (Matebeni et al., 2013). HIV is not the only concern for WSW as other sexually transmitted infections can also be passed on through female same-sex sexual activity.

---

## SEXUAL AND REPRODUCTIVE HEALTH CONCERNS OF WSW

Sexually transmitted infections for which WSW are at risk when engaging in same-sex sexual activity (CDC, 2010) include:

- **HIV**
- **Human papilloma virus (HPV)**
- **Syphilis**
- **Trichomoniasis (trich)**
- **Herpes simplex virus (HSV)**
- **Bacterial vaginosis**

Transmission risk is influenced by the type of sexual practices engaged in and whether barrier methods, such as dental dams or finger cots, are used to prevent contact with vaginal mucosa, cervical secretions or menstrual blood (CDC, 2010). Bacterial vaginosis occurs more often in lesbian women compared to women who have sex with men only (Muzny et al., 2013).



## WHY ARE WSW OVERLOOKED?

**D**espite indications of HIV risk and vulnerability, there is a widespread silence regarding the sexual and reproductive health of lesbian and bisexual women and other WSW in research and policy documents. Heteronormative notions of what is considered “real” sex have informed a dominant focus in HIV research and policy on penile-vaginal penetrative sex, rendering woman-to-woman transmission unfathomable. For example, in country reports responding to HIV and AIDS, there is an almost universal lack of reporting on HIV indicators for WSW (AIDS Accountability International, 2011; Poteat et al., 2013), and the South African National Strategic Plan on HIV, STIs and TB (2012-2016) excludes WSW as an at-risk group in the government’s response to the epidemic (SANAC, 2011).

**A**dditionally, lesbian and bisexual women and other WSW are often met with stigmatising and discriminatory responses at health care providers when they attempt to access services such as testing or treatment for HIV or other sexually transmitted infections (Matebeni et al., 2013; Müller, 2013; Poteat et al., 2013; Sandfort et al., 2013). 18.7% of WSW site fear of being discriminated against or embarrassment after disclosing their sexual identity to health care providers as reasons contributing to non-disclosure whilst wishing to avoid further experiences of discrimination and stigmatisation ultimately leads to WSW avoiding seeking treatment. WSW who do not encounter hostility when seeking medical attention or testing are often met with inexperienced or curious healthcare providers who know very little about lesbian sexual health, and healthcare facilities do not supply safe sex aids for WSW (Matebeni et al., 2013; Poteat et al., 2013).

---

## SILENCE INCREASES RISK

**O**f particular concern is how the widespread belief that HIV risk is minimal for WSW is internalised by many women who **view themselves as virtually immune to HIV** and who are generally unconcerned about the use of prevention measures in same-sex sexual practices (Matebeni et al., 2013; Power, McNair, & Carr, 2009; Richardson, 2000). **A further consequence of stigmatisation is the manner in which it contributes to isolation and consequently increases risk and vulnerability.** Lesbian and bisexual women and other WSW who test HIV positive may be stigmatised especially in contexts of general and ongoing stigmatisation of people living with HIV. Research conducted by Triangle Project in urban and rural settings in the Western Cape indicates that the silence of lesbians around HIV and their HIV status is related not only to a denial of risk or limited information, but also to the possibility of stigmatisation within lesbian social spaces (Henderson, 2008; Henderson, Cloete, & Van Zyl, 2011). Furthermore, bisexual women may also be stigmatised as ‘AIDS carriers’ by lesbian women which may prevent health and support seeking behaviour (Sandfort et al., 2013).

# WHAT SHOULD BE DONE TO ADDRESS HIV RISK AMONG WSW?

## Recommendations for activists and NGOs:

- Include the sexual and reproductive health and rights of WSW, including their HIV risk and vulnerability, as a programmatic focus in your own activism and that of your organisation.
- Conduct or facilitate research on the sexual and reproductive health and rights of WSW.

## Recommendations for researchers and academics:

- Conduct research on the sexual and reproductive health and rights of WSW, with particular focus on: the prevalence and correlates of HIV among WSW; the relationship between sexual violence and HIV risk; woman-to-woman transmission as a possible route for HIV infection; experiences of WSW when accessing health care; and social and structural barriers to sexual health of WSW.

## Recommendations for government and policy makers:

- Ensure that WSW are included in national reporting indicators, policies and plans to address HIV and AIDS.
- Integrate sexual and reproductive health and rights of WSW, including their HIV risk and vulnerability, in sensitisation and competency training of health care service providers.
- Ensure the availability of relevant safer sex information and barrier methods for WSW, such as finger cots and dental dams.

## Recommendations for donors:

- Fund research on the sexual and reproductive health and rights of WSW.
- Fund programmes that integrate the sexual and reproductive health and rights of lesbian and bisexual women and other WSW into overall HIV advocacy and direct service provision.
- Take into consideration the severe lack of existing services and support targeted programmes that provide services to WSW in particular until such services become available through mainstream service providers.

---

This research brief was developed by Ingrid Lynch and Matthew Clayton for Triangle Project with funding support from COC Netherlands. For further information or enquiries please contact Ingrid Lynch (Research, Advocacy and Policy Coordinator) at [advocacy@triangle.org.za](mailto:advocacy@triangle.org.za).

Layout, editing and design by Aragorn Eloff and illustrations by Anastasya Eliseeva.

To cite: Lynch, I., & Clayton, M. (2014). "I never thought lesbians can be infected": Women who have sex with women (WSW) and HIV risk. *Triangle Project Research Brief, May 2014*. Triangle Project: Cape Town.

# REFERENCES

- AIDS Accountability International. (2011). *The AIDS accountability scorecard on LGBTI 2011*. Accessed from <http://aidsaccountability.org/wp-content/uploads/2011/05/AAI-LGBT-Scorecard-Element-1-HCT.pdf>
- CDC. (2010). Sexually transmitted diseases treatment guidelines, 2010. *Mortality and Morbidity Weekly Report*, 59(RR-12), 1-109.
- Cloete, A., Sanger, N., & Simbayi, L.C. (2011). Are HIV positive women who have sex with women (WSW) an unrecognized and neglected HIV risk group in South Africa? *Journal of AIDS and HIV Research*, 3(1), 1-5.
- Dunkle, K.L., Jewkes, R.K., Nduna, M., Levin, J., Jama, N., Khuzwayo, N., Koss, M.P., Duvvury, N. (2006). Perpetration of partner violence and HIV risk behaviour among young men in the rural Eastern Cape, South Africa. *AIDS*, 20(16), 2107-2114.
- Henderson, J. (2008). *Lesbians and HIV/AIDS: Exploring risk, vulnerability and stigmatization*. Paper presented at The Silence is Political: WSW and HIV Symposium, 19-20 October, Cape Town, South Africa.
- Henderson, J., Cloete, A. & Van Zyl, M. (2011). "We women are women with a different manner": *Sexual health of WSW in four Western Cape communities*. Cape Town: Triangle Project.
- Human Rights Watch. (2011). "We'll show you you're a woman": *Violence and discrimination against black lesbians and transgender men in South Africa*. New York: Human Rights Watch.
- Jewkes, R., Abrahams, N., Mathews, S., Seedat, M., Van Niekerk, A., Suffla, S., & Ratele, K. (2009). *Preventing rape and violence in South Africa: Call for leadership in a new agenda for action*. MRC Policy Brief. Pretoria: MRC.
- Logie, C.H., & Gibson, M.F. (2013). A mark that is no mark? Queer women and violence in HIV discourse. *Culture, Health & Sexuality*, 15(1), 29-43.
- Matebeni, Z., Vasu, R., Sandfort, T., & Southey-Swartz, I. (2013): "I thought we are safe": Southern African lesbians' experiences of living with HIV. *Culture, Health & Sexuality*, 15(1), 34-47.
- Müller, A. (2013). *Barriers to health care for South African lesbian, gay, bisexual and transgender people*. Poster presented at the 9th PHASA conference, 2013 Sept 24-27, Cape Town: South Africa.
- Muzny, C.A., Sunesara, I.R. Austin, E.L., Mena, L.A., & Schwebke, J.R. (2013). Bacterial vaginosis among African American women who have sex with women. *Sexually Transmitted Diseases*, 40(9), 751-755.
- Potat, T., Logie, C., Adams, D., Lebona, J., Letsie, P., Beyrer, C., & Baral, S. (2014). Sexual practices, identities and health among women who have sex with women in Lesotho – a mixed-methods study. *Culture, Health & Sexuality*, 16(2), 120-135.
- Power, J., McNair, R., & Carr, S. (2009). Absent sexual scripts: Lesbian and bisexual women's knowledge, attitudes and action regarding safer sex and sexual health information." *Culture, Health & Sexuality*, 11(1), 67-81.
- Richardson, D. (2000). The social construction of immunity: HIV risk perception and prevention among lesbians and bisexual women. *Culture, Health & Sexuality*, 2(1), 33-49.
- SANAC. (2011). *National Strategic Plan on HIV, STIs and TB 2012-2016, 2011*. Accessed from: <http://www.thepresidency.gov.za/MediaLib/Downloads/Home/Publications/SANACCallforNominations/A5summary12-12.pdf>
- Sandfort T.G.M., Baumann, L.R.M., Matebeni, Z., Reddy, V., Southey-Swartz, I. (2013). Forced sexual experiences as risk factor for self-reported HIV infection among Southern African lesbian and bisexual women. *PLoS ONE*, 8(1), e53552.
- Triangle Project. (2009). *Lesbian women and HIV*. (Unpublished research report; a copy available from [info@triangle.org.za](mailto:info@triangle.org.za)).
- Wells, H., & Polders, L. (2004). *Levels of empowerment among LGBT people in Gauteng, South Africa*. Pretoria, South Africa: OUT LGBT Wellbeing.
- Young, R., & Meyer, I.H. (2005). The trouble with "MSM" and WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, 95(7), 1144-1149.