



ORIGINAL

## Self-care of sexual health in people with vulva who have sexual practices with other people with vulva, city of Rosario (Santa Fe), year 2023

### Autocuidado de la salud sexual en personas con vulva que tienen prácticas sexuales con otras personas con vulva, ciudad de Rosario (Santa Fe), año 2023

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#### ABSTRACT

**Introduction:** self-care refers to the set of actions that a person performs with their body and their environment, in order to regulate internal or external factors that are perceived to be related to one's own health.

**Objective:** to learn about sexual health self-care in people with vulva who have sexual practices with other people with vulva in the city of Rosario during the year 2023.

**Method:** quantitative, observational, descriptive, cross-sectional and retrospective study. Duration of the study was 6 months, in the city of Rosario. The study population consisted of women who had had sex with other women, over 18 years of age, regardless of their sexual orientation and who went to the squares and parks of the city of Rosario during the study period. A 30-item instrument was applied. The data were analyzed with SPSS software.

**Results:** 89 % were cis females with a mean age of  $30,94 \pm 8,18$  years (min. 18; max. 57). Forty-two percent identified as heterosexual and 30 % as lesbian. In the romantic relationship 29 % (n=51) were in a monogamous relationship, 25 % in an open relationship, 21 % without an affective relationship but with sexual partner(s), 15 % in a polyamorous relationship and 9 % without an affective relationship, nor sexual partner(s). Of these, 84 % had sexual relations exclusively with persons with vulva and 16 % exclusively with persons with a penis. Ninety-seven percent had had sexual intercourse, and the mean age of sexual intercourse was  $16,77 \pm 2,77$  years. Sixty-two percent reported the use of sex toys, 70 % have practiced tribadism and 66 % have practiced oral sex. 65 % referred to have never used STI preventive methods in such practices, 34 % sometimes use them and 1 % always use preventive methods.

**Conclusions:** the study found that the average age of sexual debut was 16 years, the population was sexually active with use of sex toys, oral sex and tribadism. It was observed that the population studied does not make adequate use of condoms during sexual intercourse as a method of protection against sexually transmitted diseases, based on the lack of information about these diseases by health care providers.

**Keywords:** Self-Care; Sexual Health; People with Vulva; Sexually Transmitted Infections; Sexually Transmitted Diseases.

#### RESUMEN

**Introducción:** el autocuidado hace referencia al conjunto de acciones que realiza una persona con su cuerpo y su entorno, con fin de regular los factores internos o externos que se perciben relacionados con la propia salud.

**Objetivo:** Conocer acerca del autocuidado de la salud sexual en personas con vulva que tienen prácticas sexuales con otras personas con vulva en la ciudad de Rosario durante el año 2023.

**Método:** estudio de tipo cuantitativo, observacional, con un diseño descriptivo de corte transversal y

retrospectivo. Duración del estudio fue de 6 meses, en la ciudad de Rosario. La población de estudio estuvo conformada por las mujeres que hayan tenido sexo con otras mujeres, mayores de 18 años, sin distinción de su orientación sexual y que concurren a las plazas y parques de la ciudad de Rosario durante el periodo de estudio. Se aplicó un instrumento de 30 ítems. Los datos fueron analizados con el programa SPSS.

**Resultados:** el 89 % eran mujeres cis con una edad media de  $30,94 \pm 8,18$  años (min.18; máx. 57). El 42 % se identificó como heterosexual y el 30 % como lesbiana. En la relación sentimental el 29 % (n=51) se encontraba en una relación monogámica, 25 % en una relación abierta, 21 % sin una relación afectiva pero con pareja/as sexual/es, 15 % en una relación poliamorosa y 9 % sin una relación afectiva, ni pareja sexual. El 64 % tuvo relaciones sexuales durante el último año, de estas el 84 % se relacionó exclusivamente con personas con vulva y 16 % exclusivamente con personas con pene. El 97 % ha tenido relaciones sexuales, refiriendo el inicio de estas a la edad media de  $16,77 \pm 2,77$  años. El 62 % refirió hacer uso de juguetes sexuales, el 70 % ha practicado tribadismo y el 66 % ha practicado sexo oral. El 65 % refirió nunca haber usado métodos preventivos de ITS en dichas prácticas, 34 % a veces los usa y 1 % siempre usa métodos preventivos.

**Conclusiones:** en el estudio se encontró que la edad promedio de inicio sexual era 16 años, la población era sexualmente activa con empleo de juguetes sexuales, sexo oral y tribadismo. Se observó que la población estudiada no hace uso adecuado del condón durante las relaciones sexuales como método de protección ante las enfermedades de transmisión sexual, fundamentada en la falta de información sobre estas enfermedades por parte de los proveedores de atención médica.

**Palabras clave:** Autocuidado; Salud Sexual; Personas con Vulva; Infecciones de Transmisión Sexual.

## INTRODUCTION

Self-care refers to the set of actions that a person performs on their body and environment to regulate the internal or external factors that are perceived as related to their health (Galdames Cruz et al., 2019). Health is a human right defined as the complete physical, mental, spiritual, and social well-being that people should enjoy in all aspects of life, including sexual and reproductive health as an essential part of development (Gutiérrez, 2013).

Sexual health is an essential aspect of overall health and well-being, which involves positive and respectful approaches to sexuality and relationships, safe and pleasurable experiences, and access to good quality information and medical care. Sexual health problems range from orientation and identity to negative consequences such as infections, unwanted pregnancies, and sexual violence. Achieving sexual health requires protection, knowledge, and access to care in an affirmative environment (World Health Organization [WHO], 2019). When it comes to self-care of sexual health, behavior can be determined by the position of the sexual partner or partners, knowledge on the subject, the presence of erroneous beliefs or stereotypes, the availability of public policies, access to health services, among other factors (Venegas et al., 2022).

A deficit in the self-care of sexual health can have different consequences, such as infertility problems, sexual dysfunction, unwanted pregnancies, or sexually transmitted infections (STIs). STIs stand out for their incidence in the population; they are produced through sexual contact with an infected person without any method of prevention. These infections are a global problem and affect the integrity of people's sexual health (Loscalzo et al., 2020).

According to the WHO, in 2021, there will be an estimated 374 million new cases of sexually transmitted diseases worldwide, including chlamydia, gonorrhea, syphilis, and trichomonas bacterial vaginosis (BV) (WHO, 2023). In Argentina, there are more than 140,000 people infected with the human immunodeficiency virus (HIV), 290 million women infected with the human papillomavirus (HPV), and more than 500 million cases of herpes simplex virus (HSV) infections, according to statistical data from 2021 (Ministry of Health of the Argentine Nation, 2022).

Locally, in the Province of Santa Fe, 6,500 confirmed cases of HIV were reported in 2017, a figure that increased to 6,700 confirmed cases of the disease in 2018 (Ministry of Health of the Province of Santa Fe, 2019). In the city of Rosario, in the same province, between January and October 2013, 259 new cases of HIV were diagnosed, of which 41 % (119) were women. However, the data found in most of the studies surveyed do not define which cases belong only to people with vulvas who have sex with other people with vulvas.

One of the groups for which there are hardly any studies or precise epidemiological data exploring, for example, STIs (sexually transmitted infections), corresponds to the population of people with a vulva who have sex with other people with a vulva (Blondeel et al., 2016). There are hardly any studies analyzing sexual behaviors within this group (Doull et al., 2018). They even tend to show that some diseases are more prevalent among people with vulvas who have sex with other people with vulvas than in the general population or

heterosexual women (Zeeman et al., 2017).

However, others show that some of these diseases are the result of lifestyle and stigmatization based on sexual orientation (Gil-Borrelli et al., 2017). At the international level, research has been conducted into the use of barrier methods for the prevention of STIs in women who have sex with women (Gutiérrez et al., 2022), generally lesbians or bisexuals. For example, in research carried out in the United States, the United Kingdom, Canada, and Australia, it was found that 95 % of the sample of more than three thousand women studied never used a barrier for prophylactic purposes for genital contact and only 16 % used condoms when sharing vibrators and only 5 % of women used dental dams for oral sex (Gil-Llario et al., 2019).

In short, the research gathered reported that very few women know about these methods, fewer use them, and there is a low perception of the risk of acquiring an STI (Soligo et al., 2019). However, none of the previous studies has focused on vulvoportent people regardless of their sexual identity or preference.

In this sense, the absence of studies aimed at investigating self-care practices in people with vulvas who have sexual practices with other people with vulvas justifies orienting the study under the assumption that women who have sex with women are unaware of the sexual health self-care habits they should follow to lead a healthy sex life without the risk of contracting STIs. Based on the above, the following question is formulated: How do people with vulvas who have sexual practices with other people with vulvas in the city of Rosario carry out self-care of sexual health during the year 2023?

## Objectives

### General objective

- To learn about the self-care of sexual health in people with vulvas who have sexual practices with other people with vulvas in the city of Rosario during the year 2023.

### Specific objectives

- To define the sociodemographic characteristics of the people with vulvas who have sexual practices with other people with vulvas surveyed.
- Investigate sexual preferences in terms of frequency, type of intercourse, and STI prevention in people with vulvas who have sex with other people with vulvas.
- Explore the source of information where they acquired knowledge about sexual health care.
- Detect the self-care practices (gynecological examinations and STI tests) carried out by people with vulvas who have vulva-to-vulva sexual practices.
- Find out about the frequency of use of STI prevention methods in people with vulvas who have vulva-to-vulva sexual practices.

## Design

A quantitative, observational study was carried out with a descriptive cross-sectional and retrospective design. The study duration was 6 months, from June 1 to November 30, 2023.

### Scope

It was carried out in Rosario, in the province of Santa Fe, Argentina. Rosario is a city located on the right bank of the Paraná River. Its population is 1,342,619, making it the third-most populous city in Argentina.

The city's origins lie in the Plaza Veinticinco de Mayo, which is surrounded by important buildings such as the Basilica Catedral de Nuestra Señora del Rosario and the Palacio de los Leones. The streets of Rosario follow a grid pattern, with the Boulevard Oroño and the Avenida Pellegrini being the main thoroughfares. Parque Independencia is the city's main green space and is home to several museums, sports clubs, and statues. Córdoba Street is the main street in the city center, and Plaza San Martín is an important landmark.

For this reason, data collection was carried out in the city's main squares and parks to reach as many participants as possible.

## Population and sample selection

The study population was taken to be all those women over the age of 18 who had had sex with other women, regardless of their sexual orientation, and who went to the squares and parks of the city of Rosario during the study period.

The following selection criteria were applied to them.

### Selection criteria

- People with vulvas who have vulva-to-vulva sexual practices, regardless of individual sexual orientation or age, who give their informed consent to participate in the study.

**Exclusion criteria**

- Women who only have sexual practices with people with penises, that is, penetration (penis-vagina or penis-anus), and people who have not had a sexual experience so far.

**Elimination criteria**

- People with vulvas who have vulva-to-vulva sexual practices who do not complete the survey in its entirety.

**Sampling and sample size**

The sample was non-probabilistic and for convenience, with the consecutive incorporation of all subjects.

**Instruments or procedures**

As a data collection technique, primary sources were used through an adaptation of the survey designed by Paz et al. (2021) in an exploratory study entitled “Methods of prevention of sexually transmitted infections in non-coital sexual relations for people with Vulva” from the Universidad Abierta Interamericana (UAI). This survey consisted of 30 items, including:

- Sociodemographic data (place of residence, age, self-perceived gender identity, sexual orientation, current relationship status, and age at which they first had sex).
- Sexual activity (sexual exclusivity, frequency of sexual practices, use of condoms, sex during menstruation, use of prevention methods).
- Sexual health care (knowledge about STIs and their prevention, discriminatory attitude on the part of health personnel, training of health personnel to care for this population, annual gynecological check-ups).
- STI prevention (exploratory tests carried out, diagnosis of an STI in the last year, known prevention methods, and place of acquisition of prophylactics).
- Data collection was self-administered, digitally uploaded to the SurveyMonkey database, and sent via email once participants indicated their interest in voluntarily participating in the study.

**Definitions**

- Self-care: The ability of individuals to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.
- Gender identity: A person’s concept of themselves as a sexual being and the feelings this entails. The categories used were Cis woman, transgender man, transsexual woman, non-binary person, and other.
- Sexual preferences: This is understood as the sexual attraction to other people of the same or different sex. For the study, the sexual preferences of heterosexuals, gays, lesbians, pansexuals, or others were considered.
- Sexual activity: This is a behavioral expression of personal sexuality where the erotic component of sexuality is the most evident. The type of intercourse practiced, the practice of sexual exclusivity, the use of condoms, sexual practice during the menstrual period, the use of sex toys, and the practice of tribadism, among others, were evaluated.
- Means of information: How people acquire information on a given topic. In the case of the study, the acquisition of knowledge from schools, health professionals, the internet, and others was evaluated.
- STI prevention: Measures taken or planned at different stages of sexual activity aimed at preventing or reducing the risk of contracting an STI. These included the use of preventive methods,

**Variables**

- Place of residence - Nominal qualitative variable  
Operationalization: City or province where the person resides.
- Age - Discrete quantitative variable  
Operationalization: In years completed at the date of the study.
- Self-perceived gender identity - Nominal qualitative variable  
Operationalization: Gender with which the person identifies.
  - Cis woman
  - Transgender man
  - Transsexual woman
  - Non-binary person
  - Other (specify):

- Sexual preference - Nominal qualitative variable  
Operationalization: According to the sexual preferences of the participants.
  - Heterosexual
  - Gay
  - Lesbian
  - Pansexual
  - Other (specify):
- Type of affective relationship - Nominal qualitative variable  
Operationalization:
  - Without an adequate relationship or sexual partner
  - Without an effective relationship but with sexual partner(s)
  - In a monogamous relationship
  - In an open relationship
  - In a polyamorous relationship
- Sexual practice - Dichotomous qualitative variable  
Operationalization: having or not having sexual relations.
  - No
  - Yes. Age of onset:
- Sexual Activity - Dichotomous qualitative variable  
Operationalization: Yes/No.
  - Sexual exclusivity with one person
  - Sexual practices carried out
  - Use of sex toys
  - Tribadism
  - Oral sex
- Method of information - Nominal qualitative variable  
Operationalization: How the person acquired knowledge about STIs.
  - I did not have to
  - From school
  - From a health professional
  - From the internet
  - Other (specify):
- STI prevention - Nominal qualitative variable  
Operationalization: YES/NO.
  - Gynecological check-up
  - Diagnostic tests
  - Use of prevention methods

### Data analysis

The data was entered into an Excel spreadsheet and processed using SPSS statistical software. It was expressed in absolute and relative values. The quantitative variables were summarized using central position measures: mean, median, and mode; non-central measures, quartiles 1 and 3; and dispersion measures, range, and standard deviation, while the qualitative variables were analyzed using absolute and relative frequencies. From these data, graphs, and tables were constructed for easy visualization.

### Ethical considerations

Ethical principles for research involving human subjects were adhered to, as indicated by the American Psychological Association (2022), the Declaration of Helsinki (World Medical Association, 2019), and National Law 25.326 on the Protection of Personal Data, applicable throughout the national territory, ensuring the anonymity and confidentiality of all participants.

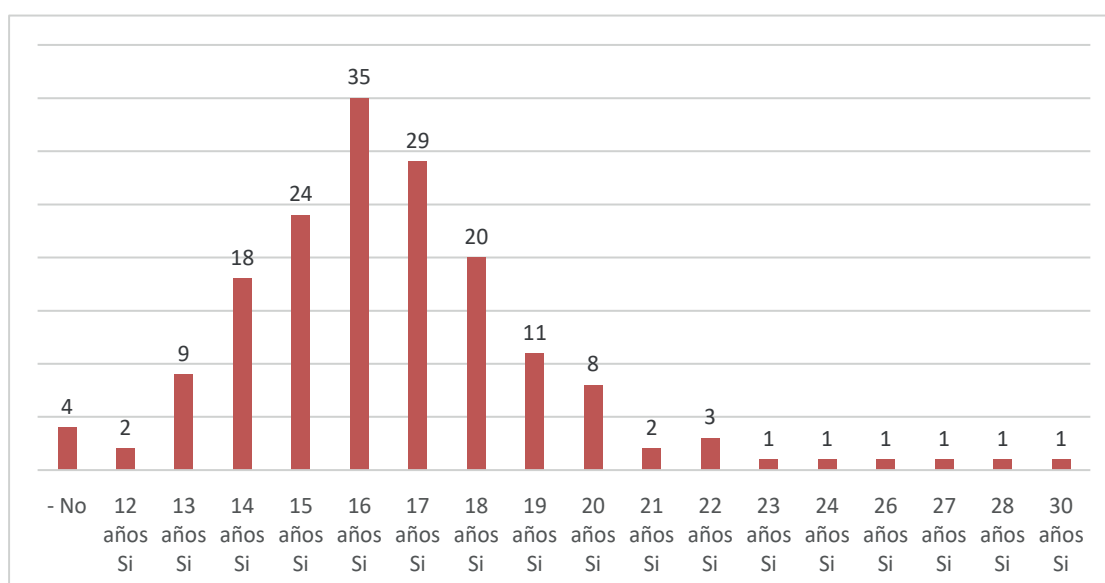
## RESULTS

A total of 247 surveys were completed, of which those with incomplete data were eliminated. A total of 173 surveys were analyzed, of which 89 % were cis women with a mean age of  $30,94 \pm 8,18$  years (min.18; max. 57). Forty-two percent identified as heterosexual and 30 % as lesbian (table 1)

<b>Variable</b>	<b>Absolute frequency (n)</b>	<b>Relative frequency (%)</b>
<b>Age</b>		
• 18 - 25	45	26 %
• 26 - 33	78	45 %
• 34 - 41	31	18 %
• 42 - 50	12	7 %
• Más de 50	7	4 %
<b>Gender identity</b>		
• Cis female	154	89 %
• Other	8	5 %
• Non-binary person	5	3 %
• Transgender male	6	3 %
<b>Sexual preference</b>		
• Gay	2	1 %
• Heterosexual	72	42 %
• Lesbian	52	30 %
• Other (specify)	24	14 %
• Pansexual	23	13 %
<b>Place of residence</b>		
• Buenos Aires	52	30 %
• Cuyo	6	3 %
• La Pampa	3	2 %
• Patagonia	3	2 %
• Río Negro	3	2 %
• Rosario	98	57 %
• Salta	6	3 %
• Uruguay	3	2 %

Regarding romantic relationships, 29 % (n=51) were in a monogamous relationship, 25 % were in an open relationship, 21 % were without a romantic relationship but with a sexual partner, 15 % were in a polyamorous relationship, and 9 % were without a romantic relationship or sexual partner.

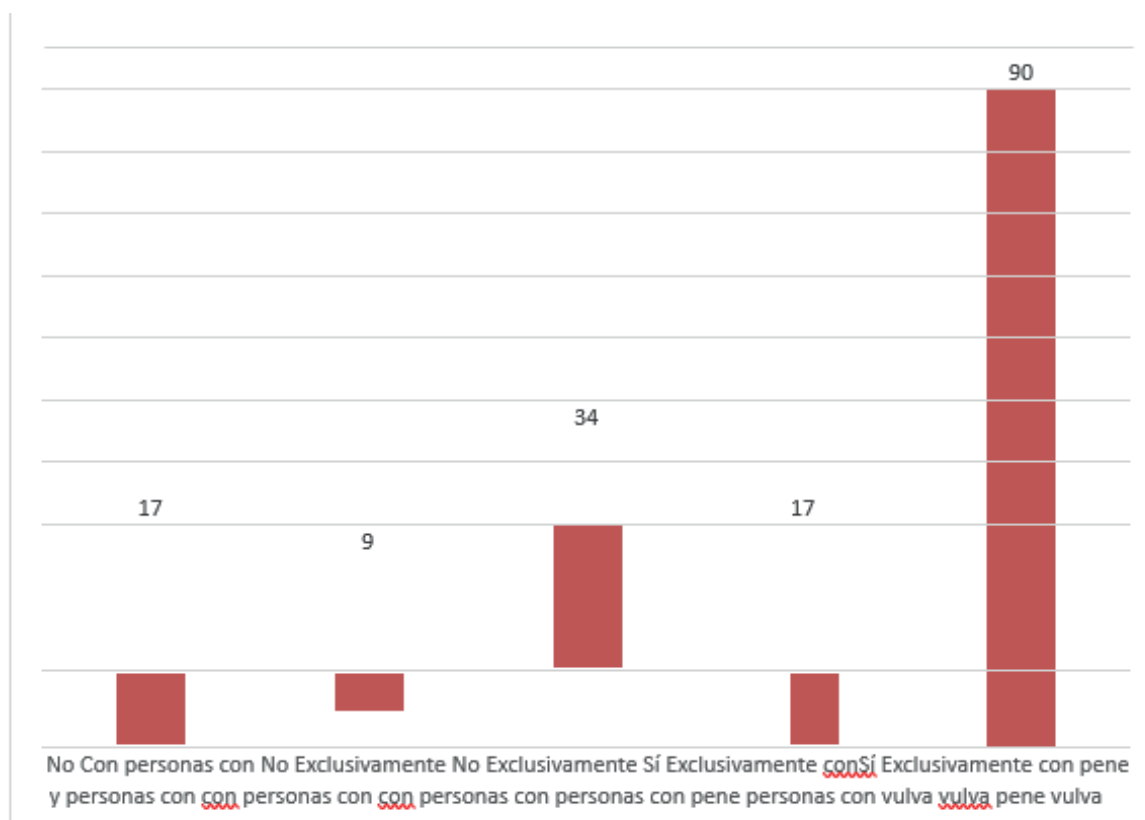
97 % (n=167) have had sexual relations, reporting the average age at which they started at  $16,77 \pm 2,77$  years (min.12; max. 30) (figure 1).



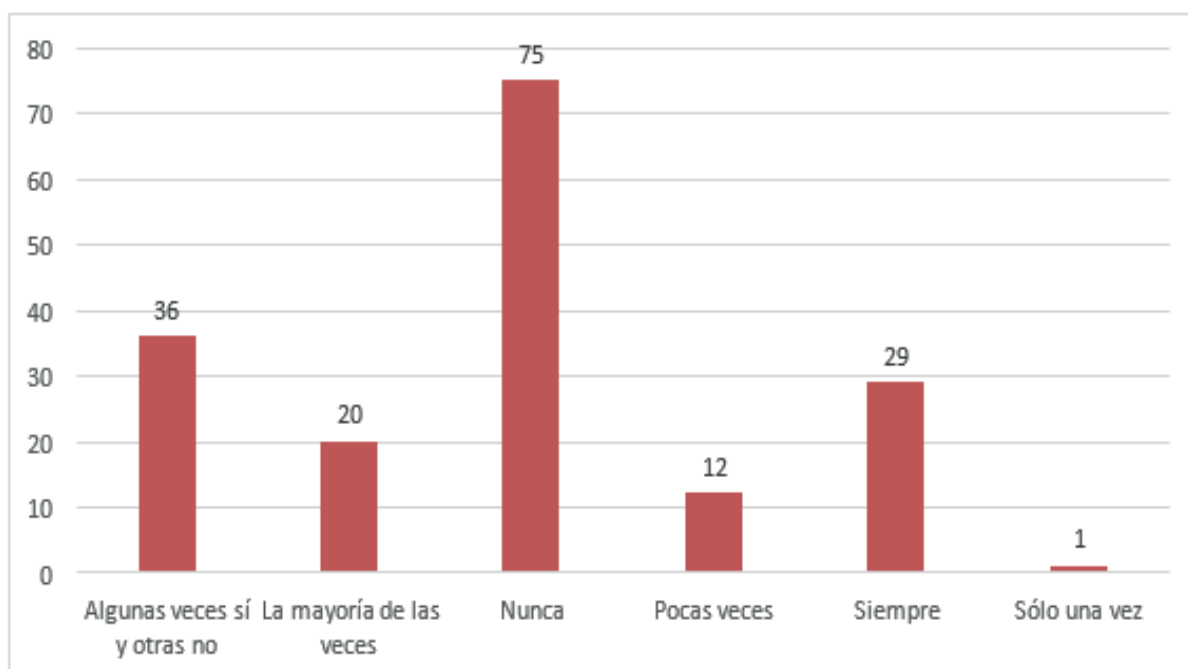
**Figure 1.** Distribution of the population surveyed according to the age of first sexual intercourse



64 % had sexual relations during the last year, of these 84 % related exclusively to people with a vulva and 16 % exclusively to people with a penis (figure 2). Of these, 59 % were through vaginal intercourse, 26 % through vaginal and anal intercourse and 9 % none.



**Figure 2.** Distribution of the population surveyed according to sexual relations preferences



**Figure 3.** Condom use during sexual relations

62 % reported using sex toys, 70 % had practiced tribadism, 66 % had practiced oral sex exclusively on the vulva and 31 % vulva-anus (table 2).

Table 2. Sexual practices used by the surveyed population

Variable	Frecuencia absoluta (n)	Frecuencia relativa (%)
Juguete sexuales		
• Si	103	62 %
• No	64	38 %
Tribadismo		
• Si	117	70 %
• No	50	30 %
Sexo oral		
• Ano	1	1 %
• Ninguna	20	12 %
• Vulva	94	56 %
• Vulva y ano	52	31 %

65 % said they had never used STI prevention methods in these practices, 34 % sometimes used them, and 1 % always used prevention methods.

Meanwhile, 49 % said they had received information about STIs online, 33 % from a health professional, 10 % had not received information on the subject, and 8 % in schools and study centers.

76 % reported having felt discriminatory attitudes from health personnel due to their sexual preference, identity, or practices. 71 % considered that health personnel are not sufficiently prepared to provide information and address these issues. About gynecological check-ups, 85 % reported having had regular gynecological check-ups or Pap smears in the last year. Similarly, 60 % had been tested for STIs in the last year, and 63 % had been tested for HIV. 89 % had never been diagnosed with an STI, and 11 % reported having been diagnosed with external warts, chlamydia, HPV, genital herpes, and fungi.

One hundred percent reported using a latex condom as a method of STI prevention during non-coital practices. As secondary methods, they mentioned dental dams, latex/nitrile gloves, latex panties, plastic wraps, and vulva harnesses.

## DISCUSSION

The objective of this work was to learn about the self-care of sexual health in people with vulvas who have sexual practices with other people with vulvas in the city of Rosario during the year 2023. In the population under consideration, 30 % have stated that they are lesbians. It is therefore important to know that medical care should take special consideration of this group of people, according to their sexual preference (Mejía & Benavides, 2008).

About self-care among lesbian women, only 17 % have indicated that they always use condoms. Thus, there are methods for lesbian women to practice self-care in sexual relations in various ways, for example, with body exploration, communication with the partner, and the prevention of sexually transmitted infections. This type of woman should go to regular medical check-ups to learn about the proper use of condoms and protective barriers and body exploration (Andrade et al., 2020).

The practice of self-care is vital for anyone who has sex, including women who have sex with other women. Some self-care practices that women can carry out include having regular gynecological check-ups to detect possible sexually transmitted infections (STIs) and receiving adequate medical care, using condoms to protect themselves against STIs, including HIV, genital herpes, chlamydia, and HPV, women who share sex toys should disinfect them properly before and after each use to avoid the transmission of infections, maintaining good sexual hygiene is essential to prevent the transmission of diseases. This includes washing before and after sex, using soap and warm water for intimate hygiene, and avoiding the use of oil-based lubricants (Serrano, 2020).

It is important to be informed about sexually transmitted diseases, contraceptive methods, and safe sex practices. In addition to practicing self-care, women who have sex with women must communicate openly with their partners and share information about their sexual and reproductive health. This can include discussing their medical history, their self-care practices, and how they feel about preventing sexually transmitted diseases (WHO, 2023).

The lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) community is made up of a cross-cultural group of people with different sexual orientations and gender identity groups, including all races, ethnic and religious backgrounds, and socioeconomic statuses. Compared to the heterosexual population, LGBTQ+ people experience significant health disparities throughout their lives, including a marked onset of HIV or other sexually transmitted diseases, psychiatric disorders, substance abuse, and suicide.



Experiences of homophobia, stigmatization, and marginalization increase distress, limit coping strategies, contribute to depression, and interfere with health and well-being. In addition, the LGBTQ+ community experiences nutrition-related disparities in areas of obesity, eating disorders, body dissatisfaction, and food insecurity and face challenges in receiving individualized clinical nutritional counseling and treatments due to a lack of training, cultural competence, and responsiveness among healthcare professionals, providers, and related services.

Lesbian women's self-care is related to their identity. In this sense, research on the process of lesbians coming out at the beginning of the 21st century not only highlights an incongruent relationship between attraction, behavior, and identity but also demonstrates that identifying as heterosexual, bisexual, or lesbian is not necessarily a linear endpoint in the process of coming out (Gil et al., 2017).

For example, in a classic longitudinal study, Diamond showed that among lesbian women who were interviewed in their early 20s and at different intervals over the next 8 years, 18 maintained a stable lesbian identification, while 25 were categorized as fluid, changing their sexual identity over different periods. In another classic study, Kitinger and Wilkinson examined the processes that led women married to men to identify as lesbians after their heterosexual marriage (Hagai, 2023).

In any case, the accumulation of evidence of changes over time in lesbian attraction, behavior, and identity supports the fluid paradigm in women's and lesbians' sexuality. This is why the issue of self-care and medical attention is important, which means that these women must rationalize their time thinking about their health (Hagai, 2023).

### Limitations

As this was a single-center study, the results cannot be extrapolated to all medical students at the various universities in Rosario.

### CONCLUSIONS

The study found that the average age of sexual initiation was 16 years old, and the population was sexually active, referring to the use of sex toys, oral sex, and tribadism. It was observed that the population studied does not make adequate use of condoms during sexual intercourse as a method of protection against sexually transmitted diseases, based on the lack of information about these diseases from healthcare providers.

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The authors declare that there is no conflict of interest.

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