



*Sense
&
Sexuality*

The college girl's guide to real
protection in a hooked-up world

By Miriam Grossman, M.D.

*Sense
&
Sexuality*

By Miriam Grossman, M.D.

© Copyright 2008
Clare Boothe Luce Policy Institute

Welcome to campus, girls.

Don't take this the wrong way, but I hope to never see you in my office.

For more than ten years I've been a physician at a campus counseling center, and hardly a day has gone by without my meeting a young woman like you. She's working hard to fulfill her dreams: a college education, maybe grad school, a great career, and—at some point—a home, husband, and kids. But she's in crisis, and there are lots of tears as she shares her struggles and setbacks. I feel terrible, but there's not much I can do.

You see, by the time she comes into my office, it's after the fact. She's already made decisions she regrets. She's already involved with the wrong guy, or infected with genital warts or herpes. She's already lost a great relationship, missed an opportunity, or failed a midterm. I'm her doctor, but all I can do is sit there, listen, and hand her tissues.

The worst part? Many times the crisis was 100 percent preventable. *If only I'd known ...* she says. *If only someone had told me.*

I've written this for you—for young women everywhere—so you won't ever utter those words. No, this is not a guide to “safer sex.” Those are easily available elsewhere. What you'll find here is

critical health information you've probably never heard, facts that can help you avoid some of the disappointments and troubles so many college women experience.

Look, there are irritations you may face in college that are out of your control: roommates who endlessly hit "snooze"; weird dorm odors; mandatory Friday morning lab; a computer crash at the worst possible time. They may seem disastrous, but someday, when you recall them, you'll laugh.

Then there are challenges you may face in college, or later, that will never bring a smile. Blisters or warts in private places. Meaningless, regrettable sex. Pre-cancerous conditions. Age-related infertility. These are huge issues that affect women more often than men. They can throw your life plans off track. They can stand between you and your dreams.

The good news? It's in your hands. You can avoid joining the patients who stream into my office saying, *if only I'd known*.

I want you to dream big, girls, because there's so much to look forward to. Just know this: you've got to play it smart.

1

*Intimacy
promotes
attachment
& trust.*

Intimate behavior floods your brain with a chemical that fuels attachment. Cuddling, kissing, and sexual contact releases oxytocin, a hormone that announces: *I'm with someone special now. Time to switch love on, and caution off.*

When oxytocin levels are high, you're more likely to overlook your partner's faults, and to take risks you otherwise wouldn't. So you certainly do *not* want your brain drenched in this hormone when making critical decisions like, *What do I think of him? How far do I want this to go?*

When it comes to sex, oxytocin, like alcohol, turns red lights green. It plays a major role in what's called "the biochemistry of attachment." Because of it, you could develop feelings for a guy whose *last* intention is to bond with you. You might think of him all day, but he can't remember your name.

2

*Science confirms:
alcohol makes
him hot ... when
he's not.*

Did you hear? Science has confirmed the existence of “beer goggles”—when a person seems more attractive to you after you’ve had a few drinks. Enjoy a glass of wine or a couple of beers at a party, and the guy hitting on you begins to look better than when you arrived. It works the other way too: guys will find your face prettier after they’ve had a few.

In a British study, 80 college students rated photos of unfamiliar faces of men and women their age; alcohol consumption significantly raised the scores given to photos of the opposite sex. Drinking affects the *nucleus accumbens*, the area of the brain used to determine facial attractiveness. It’s probably one of several reasons that casual, high risk sex is often preceded by alcohol consumption. In the morning, you both look different.

3

A hook-up usually
leads to regret.

A recent study of the hook-up culture at Princeton University reveals :

Before the hook-up: Girls expect emotional involvement almost twice as often as guys; 34% hope “a relationship might evolve.” Guys, more than girls, are in part motivated by hopes of improving their social reputation, or of bragging about their exploits to friends the next day.

After the hook-up: 91% of girls admit to having feelings of regret, at least occasionally. Guilt and “feeling used” are commonly cited, and overall, 80% of girls wish the hook-up hadn’t happened.

Why don’t you hear about this? Students may conceal these negative reactions, the study indicated, because they perceive them as different from their peers’.

Other studies have shown: 84% of women said that after having sex a few times, even with someone they didn’t want to be emotionally involved with, they begin to feel vulnerable and would at least like to know if the other person cares about them.

As the number of casual sex partners in the past year increased, so did signs of depression in college women.

49% of students whose hook-up included intercourse never see one another again, and less than 10% of “friends with benefits” develop into romances.

4

*A younger cervix
is more vulnerable
to infection.*

Your cervix, the entrance to your uterus, has a vulnerable area one cell thick, called the transformation zone. It's easy for HPV (the human papillomavirus, which can cause genital warts, and even cervical cancer) to settle in there. That's why most teen girls are infected from one of their first sexual partners. By adulthood the transformation zone is replaced with a thicker, tougher surface. So it's wise to delay sexual activity, or, if you've already started, to stop.

Even though these infections are common, and usually disappear with time, learning you have one can be devastating. Natural reactions are shock, anger, and confusion. *Who did I get this from, and when? Was he unfaithful? Who should I tell?* And hardest of all: *Who will want me now?*

These concerns can affect your mood, concentration, and sleep. They can deal a serious blow to your self esteem. And to your GPA.

The HPV vaccine is a major achievement, but the protection it provides is limited. You are still vulnerable to other infections like herpes, chlamydia, HIV, and non-covered strains of HPV. And of course no vaccine prevents a broken heart.

5

He may not
know he has
HPV or herpes.

Most guys who have a sexually transmitted infection don't know it. Routine testing for men does not provide information about HPV or herpes. So if you end up—like so many sexually active women on campus—getting bad news at the health center, don't assume you've been lied to. When he told you he's "clean," that's probably what he believed.

It's easiest to transmit herpes or HPV when warts or sores are present, but it can also happen at other times, when everything looks OK. Condoms reduce the risk by 60–70%. So you may still pay a price, even if you both are tested and you use a condom every time.

One reason genital infections are so common in young women is because so many young men unknowingly carry them. The best course is to delay sexual activity, and eventually commit to someone who also waited. The closer you get to that ideal, the better your chances of enjoying a life free of these worries.

6

*The rectum is
an exit, not an
entrance.*

*A*nd about those other sexual activities ...

Having more than five oral sex partners has been associated with **throat cancer**. Turns out that HPV can cause malignant tumors in the throat, just like it does in the cervix.

In a study of sexually active college men, HPV was found both where you'd expect—the genital area—and where you wouldn't: under fingernails. Yes, you read that right. Researchers now speculate whether the virus can be shared during activities considered “safe,” like **mutual masturbation**.

According to the Centers for Disease Control, approximately 30% of all women will have had **anal intercourse** by the age of 24. Even with condoms, this behavior places them at **increased risk** of infection with HIV and other STDs. For example, the risk for HIV transmission during anal intercourse is at least **20 times higher** than with vaginal intercourse.

The government website, www.fda.gov, provides no-nonsense advice about avoiding HIV: “Condoms provide some protection, but anal intercourse is simply too dangerous to practice.”

The rectum is an exit, not an entrance. Anal penetration is hazardous. Don't do it.

7

Your fertility is
a window of
opportunity that
will close.

Seventy-five percent of college freshmen say that raising a family is an “essential or very important goal.” But 55% of younger high-achieving women are childless at 35. And 89% of them think they’ll be able to get pregnant into their forties.

OK, time out. It’s easiest for a woman to conceive and deliver a healthy child in her twenties. Fertility declines slightly at 30, and more dramatically at 35. You may imagine that the waiting rooms of fertility clinics are packed with obese women smoking cigarettes. If so, you’re wrong: they are filled with health-conscious women who work out and count calories. They are there because they’re forty.

If having children is one of your dreams, it won’t hurt to keep these facts in mind as you make decisions about careers and relationships. Remember that motherhood doesn’t always happen when the time is right for you; there’s a window of opportunity, then the window closes.

For some women, just as this window is closing, they feel an unexpected longing for a child. It saddens me each time a patient describes this—typically a student who always put career first, and is finally getting a Ph.D. at 38 or 40. She’s thrilled to reach that milestone, but aches for another: to feel a new life inside her, to give birth.

The rewards of sexuality—with the right guy, at the right time—are immense. Ask an older woman you respect who waited and chose the right man; you might be surprised to hear her describe love and passion that has lasted for decades—and keeps getting better.

Yet you're bombarded with a different message: you can reap these rewards with nearly any guy, at almost any time. You've been told that exploring and experimenting—as long as you're “protected”—can be safe, satisfying, and beneficial.

Don't fall for it. It's easy to forget, but the characters on *Grey's Anatomy* and *Sex in the City* are not real. In real life, Meredith and Carrie would have warts or herpes. They'd likely be on Prozac or Zoloft. Today a woman cannot have so many partners without paying a price.

“Safer sex” guidelines were developed before you were born, but now we live in a different world. Now we're fighting a horde of bugs, and the bugs are winning. It's no longer enough to communicate with your “partners”, get tested, and use condoms. In this century, if you wish to avoid genital infections, you need a different plan.

Recognize that sexual activity—any genital

contact with another person—is a serious matter. A single encounter can have life-long consequences, especially for a woman. That's not sexist, that's biology—*your* biology. Ignorance or denial of this fact will only increase your vulnerability—don't let that happen. Instead, learn about the distinct sensitivities of being female—go beyond the brief information provided here—and use that knowledge to inform your decisions. That's *real* empowerment.

You're in control, it's all in your hands. The distress that often follows casual sex is **100% preventable**. Life may throw you some curve balls, but STDs, and encounters you'd rather forget, are burdens that you can avoid.

Listen to the lesson of hard science: it's wise to be very, very careful about who you allow to get close to you.

I believe in you. And I don't want to see you in my office. Now go pursue your dreams.

A handwritten signature in black ink that reads "Miriam Grossman M.D." The signature is written in a cursive, flowing style.

Miriam Grossman, M.D.

For Your Bookshelf

The Female Brain by Louann Brizendine, M.D.

Taking Sex Differences Seriously by Steven E. Rhoads, Ph.D.


Unprotected by Miriam Grossman, M.D.

Works Cited

- SH Ebrahim et al (2005) Sexual Behavior: related adverse health burden in the United States
Sexually Transmitted Infections; 81, pp 38-40
- Louann Brizendine (2006) *The Female Brain*, Broadway Books
- M Kosfeld et al, (2005) Oxytocin Increases Trust in Humans, *Nature* 435
- Barry T Jones et al (2003) Alcohol consumption increases attractiveness ratings of opposite-sex faces, *Addiction*, 98, pp1069-1075
- Baumann, M.E. (2007) *The "Hookup Culture": Pluralistic Ignorance and Its Consequences*. Unpublished undergraduate thesis, Princeton University, New Jersey.
- Anne Campbell (2008) The Morning after the Night Before *Human Nature* 19:157-173
- Townsend, JM (1995) Sex Without Emotional Involvement: An Evolutionary Interpretation of Sex Differences, *Archives of Sexual Behavior*, 24;2: p 187
- C Grello et al(2006) No Strings Attached: The Nature of Casual Sex in College Students, *The Journal of Sex Research*, 43, 3:pp 255-267
- Elizabeth L Paul et al(2000) "Hookups": Characteristics and Correlates of College Students' Spontaneous and Anonymous Sexual Experiences *The Journal of Sex Research* 37.1
- Melissa A Bisson and Timothy R Levine (2007) Negotiating a Friends with Benefits Relationship *Archives of Sexual Behavior*, 10.007
- Reitano, M(1997) Counseling Patients with Genital Warts, *American Journal of Medicine*, 102(5A):38-43
- Rachel Winer, et al (2006) "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," *New England Journal of Medicine*, 354;25
- D'Souza et al (2007) Case-Control Study of Human Papillomavirus and Oropharyngeal Cancer, *New England Journal of Medicine*, 356;19
- Jeffrey M Partridge et al(2007) Genital Human Papillomavirus Infection in Men: Incidence and Risk Factors in a Cohort of University Students, *Journal of Infectious Diseases*, 196 (15 October) pp 1128-36, <http://www.cdc.gov/nchs/data/ad/ad362.pdf>
- Beena Varghese et al (2002) Reducing the Risk of Sexual HIV Transmission: Quantifying the Per-Act Risk for HIV on the Basis of Choice of Partner, Sex Act, and Condom Use, *Sexually Transmitted Diseases* Vol 29, No 1, pp38-44
- Rachel Winer, et al (2006) "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," *New England Journal of Medicine*, 354;25
- D'Souza et al (2007) Case-Control Study of Human Papillomavirus and Oropharyngeal Cancer, *New England Journal of Medicine*, 356;19
- The Chronicle of Higher Education*, January 26, 2007
- www.worklifepolicy.org, 4/15/2002
- "Ice, Ice Baby," *Elle*, April 2004 (from www.extendfertility.com)

Author Miriam Grossman, M.D. served as a Senior Fellow with the Clare Boothe Luce Policy Institute. For more information, visit www.cblpi.org or call us toll-free at (888) 891-4288.

This booklet is available for reprinting at www.cblpi.org/senseandsexuality/
Copyright © 2008 by the Clare Boothe Luce Policy Institute



*from the
Clare Boothe Luce
Policy Institute*