

# The WELL - WOMAN

A peek into the bedrooms . . .

## Sex in America

**U**nless you're also on the jury of the O.J. Simpson trial, I'm sure you've heard about the National Health and Social Life Survey, better known as **Sex in America**, the newly published book from the University of Chicago study.

So, what'd they find? Surveying and extensively interviewing nearly 3500 adults - aged 18 to 59, chosen randomly across from across the country to get a representative sample of the population, the researchers revealed "unexpected" insight.

People think that everyone else is having more and more sex with more and more partners. But the facts, as the surveys seem to reveal, say the opposite.

In the past year, of those dating, only 9% had 5 or more partners and 25% had no partners. 28% of dating individuals had 2-4 partners and 38% had only 1 partner.



Should the WELL-WOMAN have a name?

Actually, most of America had only one partner. Despite the astronomic divorce rate (often attributed to infidelity), supposedly 94% of the married were faithful and 75% of those living together also had only one partner.

(Were these participants sworn to "tell the whole truth and nothing but the truth?" Uhh...were they attached to a

polygraph during the 1.5 hour interview?)

Anyway, speaking only about women, since age 18, 3% have abstained, 31% have had only 1 sex partner, 36% say 2-4 partners, 20% say 5-10, 6% say 10-20, and 3% say more than 21 sex partners (let's just hope they practiced safer sex!). The median number of sex partners since age 18 for 18-24 year old women was 2!

Another startling (and sobering) finding was that 22.8% of the women had been forced by men to do something sexually that they did not want to do, usually by someone they knew well, were in love with or married to. But only 2.8% of the men said they had ever forced a woman into a

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sexual act which speaks volumes about miscommunication between the genders and that maybe many men do not realize how coercive women have found their behavior. What implications does this have on rape issues?

Another issue to consider is AIDs. The authors' findings support the "birds of a feather flock together" mentality since most people chose sexual partners who resembled them in race, religion, age, socioeconomic status, and education.

"There is reason to think that AIDS will tend to be

confined largely to the groups that are already infected namely homosexuals and intravenous drug users and their partners," said Edward Laumann, an author of the study as well as a sociology professor for the University of Chicago.

No one should feel safe and secure enough that if s/he does not fall into either of the afore-mentioned categories, s/he is immune...because that's not true. Somehow, in some way, we are all connected.

REFERENCES: The New York Times (October 9, 1994) and Glamour (November 1994).

### words from the WHISE

## Better Things to Think About . . . ?

**I**s it possible that despite the 5001 things on a Barnard woman's mind each day that she still finds it academically and psychologically profitable to spend her limited resources of anxiety obsessing about dieting, eating, and weight? Doesn't she have more constructive ways to use her time?

For some women, yes, body concerns *were* just a rite of passage and a notification that our bodies were becoming feminine and voluptuous in preparation for bearing healthy children.

However, for other women such a change posed difficulties and evolved into obsessive weight concerns and even eating disorders. At this stage, these women spend so much time pondering their bodies and what they look like that they feel embarrassingly superficial and empty. Such feelings are especially pronounced considering the elevated level of worries we must confront just by virtue of moving on in our lives.

Extreme eating concerns, which can result in anorexia and/or bulimia, are hardly shallow and are but outward manifestations of deep internal suffering. Simply because such a problem surfaces in college is not an indication of the inability to rid ourselves of the provincial pursuits of our adolescence. On the contrary, by this period in our lives, the decision to have such concerns is no longer consciously made. Our habits and worries are already ingrained either by nature or nurture and have the potential of becoming baggage we struggle to drag with us through life.

In many cases, it is our past experiences which inspire, promote,

and encourage disordered eating as a coping mechanism. Nevertheless, if repressed feelings are discussed and openly dealt with, there is a good chance that the vicious cycle of binge eating and/or hunger strikes can be ministered to.

For example, eating difficulties often result from abuse. Women who have a history of sexual abuse may develop anorexia or bulimia in an attempt to exert control over their bodies which, at the time of abuse, was taken from them. Compulsive over-eating is also a way for survivors to disguise their bodies by gaining weight so as to avoid further sexual advances.

Another instance of past experience disturbing eating habits has been identified in children and grandchildren of Holocaust survivors. Because inmates in concentration camps suffered such severe nutritional deprivation and dehumanization, many of the effects they suffer get passed down to subsequent generations. Since food in our society can be symbolic of indulgence, a woman with "child-of-survivor" syndrome tests her endurance with not eating save to fill her vital needs.

Obviously, disordered eating traces to deeper origins than a simple vainglorious attempt to look like Barbie. Realizing that much of who we are now is determined by our early life experiences, hopefully, we can change our behaviors that are detrimental to our physical and emotional health while we are still young. - Rena Rosenberg



I heard it through *the grapevine* that...

...there's a newly patented "force sensitive, sound-playing condom!" Listen to this, kind of like those micro-micro chips in musical greeting cards, these condoms have a similar chip which is programmed to play music (anything from Mozart to Motown) when the "love sock" fills during intercourse.

the greater SCOPE

## The Morning After Pill

- We have it!

**A**midst the clamor over RU - 486 and whether it will ever become available in the United States, there stands a drug that works in different ways but to achieve the same result: the termination of an unwanted "pregnancy." The difference with the morning-after pill, or "postcoital contraception," is that it prevents fertilization (which can occur even up to 24 hours after intercourse), or implantation of a fertilized egg on the uterine wall. The morning-after pill can be administered up to 3 days (72 hours) after intercourse. So even if an "accident" were to happen at 5:01 on a Friday evening, right when Health Services closed for the weekend, one would still have the morning-after pill as a viable option until Monday evening. The most commonly used morning-after pill is Ovral, which is essentially a high dose birth control pill containing estrogen and progestin. The pill is administered in two doses, taken 12 hours apart, and if fertilization did occur, the egg is

sloughed off with the rest of the uterine lining during the next menstrual cycle.

The morning-after pill is generally regarded as quite safe by many doctors and nurses who have been prescribing it for years. It has long been part of the standard treatment a woman receives after being raped, and it has also been widely available on college campuses. Taking the morning-after pill is not entirely risk-free; temporary symptoms include breast tenderness, nausea,

vomiting, and headaches. The morning-after pill has the same contraindications as birth control pills do; it is not recommended for women with a family history of high blood pressure, breast cancer, blood clots, and other disorders. While the morning-after pill is an effective and important option for women in controlling fertility, many doctors emphasize that it is not intended for regular use and in no way should replace careful planning and the practice of safer sex.

- Eunice Kang

### MY OWN PERSONAL OLYMPICS

BOUGHT AND MAILED MY BROTHER'S BIRTHDAY CARD ON TIME!



FLAWLESS PARALLEL PARKING JOB IN JUST ONE TRY!



PERFECT FORM ON THE STAIRMASTER, LEVEL 5, FOR 30 MINUTES!



SPENT MY VACATION MONEY ON A COMPUTER INSTEAD



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## Editor's Notes & Quotes

If you have a particular interest in anything you see in **The WELL-WOMAN**, please see your RA about requesting a floor rap with one of the peer ed groups. Also feel free to stop by the **Peer Education Office** or call us at 4-3063. We hope **The WELL-WOMAN** was educational, enlightening, and/or enjoyable, but hopefully all of the above.

## R-E-S-P-E-C-T!

Many of the articles, themes, and ideas presented in **The Well-Woman** involve, either directly or indirectly, the notion of respect.

Being respectful or disrespectful is a decision each of us makes in every encounter we have with people.

These people can be strangers, acquaintances, good friends, girlfriends, or boyfriends, and the decisions we make regarding respect can be conscious or unconscious. In this closing of the December issue of **The Well-Woman**, we challenge you to be more respectful of thoughts, feelings, attitudes, and beliefs of those around you. This can consist of something so seemingly trivial as holding the door for those following you, clearing your table in McIntosh of trash for those who will be next to sit, or making an effort to be more cordial and polite to those who cross your path on any given day! We all know how nice it is to be spoken to and treated in a respectful and friendly way. As we approach 1995, **The Well-Woman** encourages you to make a real effort to look at how you live your life on a daily basis, and make adjustments in how you relate to people where you see fit.

We all know that the world we live in could use a bit more respect, and this "social change" can only begin with individuals making the decision to change the small piece of the world within which they exist.



don't be HOPE-less

## HIV tests for all?

**S**hould everyone be tested for HIV?

Whether or not to get tested is a very personal decision, but here are some guidelines that might help. One reason to get tested is if you think you may be infected with the virus because of unsafe activities. These include sharing needles that contain blood i.e. IV drug use with heroin, cocaine, or speed, or sharing needles from tattooing or body piercing. Unsafe sexual practices include: penile-vaginal or anal intercourse without a condom; and oral sex on a woman without using a dental dam or saran wrap.

If you might be exposed to HIV, testing will give you a chance to start medical treatment and enroll in new drug trials. Knowing your status can help you decide whether or not to have a baby (mothers can pass the virus to their children in utero or

through breastfeeding). Testing can also relieve the stress of uncertainty.

There are also reasons not to take the test. If you have never engaged in any of the risky behavior listed above, you do not need to get tested. If you think you could not deal with a positive result and you already practice safer sex, you may not want to take the test without assurances that the results will remain anonymous, you should consider not taking the test. (See last month's **Well-Woman** for the differences between anonymous and confidential testing.) Remember above all that whether or not you get tested is YOUR decision. If you want to further discuss your options, HIV Outreach Peer Educators (HOPE) are available Tuesday nights from 6 - 7:30 PM in Health Services.

- Kate Drabinski

**POP QUIZ:** Why did SPEACH change its name to HOPE? (a) it's shorter and no one could remember what SPEACH stood for (b) it sounds more positive and less intimidating (c) it better matches our mission (d) it rhymes with SCOPE (e) a, b, and c.

# AIDS CURE!

It's decades away.

In the mean time, protect yourself.

WORLD AIDS DAY - DECEMBER

## STAAR struck

Earlier this semester, some of you participated in STAAR's annual clothesline project by designing t-shirts which were displayed in McIntosh and Health Services. If you would like to pick up your shirt, then call 4-3063 or stop by the PEO. The remaining unclaimed shirts will be sent to the national Clothesline Project for display.