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Bates College

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Chronically Ill, Sexually Active

Anonymous Contributor

When I was in high school, and none of my friends had had sex yet, I remember everyone worrying about the silliest things happening their first time. They would say, “what if my hymen breaks and I bleed so bad that I bleed out?” or maybe, “what if I accidentally pee?” Looking back, most would call these questions unreasonable.

You are probably wondering why I am saying “most.” Frequently, I am scared of having sex. Not because I don’t know what I’m doing, but because I actually might pee. Plus, if there is a condom with spermicide on it being used, a tongue, or an unwashed finger, I am definitely going to get an infection, and then I am definitely going to pee.

If I wanted to do it at night, and a partner was going to remove my underwear, then well, how would I explain the adult diaper I sometimes have to wear at night? I was sexually assaulted on campus, and yet, that can’t even be my main reservation about having sex.

I can’t remember the last time my bladder and kidneys were doing anything right. Peeing yourself as an adult is one of the most depressing and embarrassing things you can go through. Having unannounced bowel movements may be slightly worse, but I have got those too.

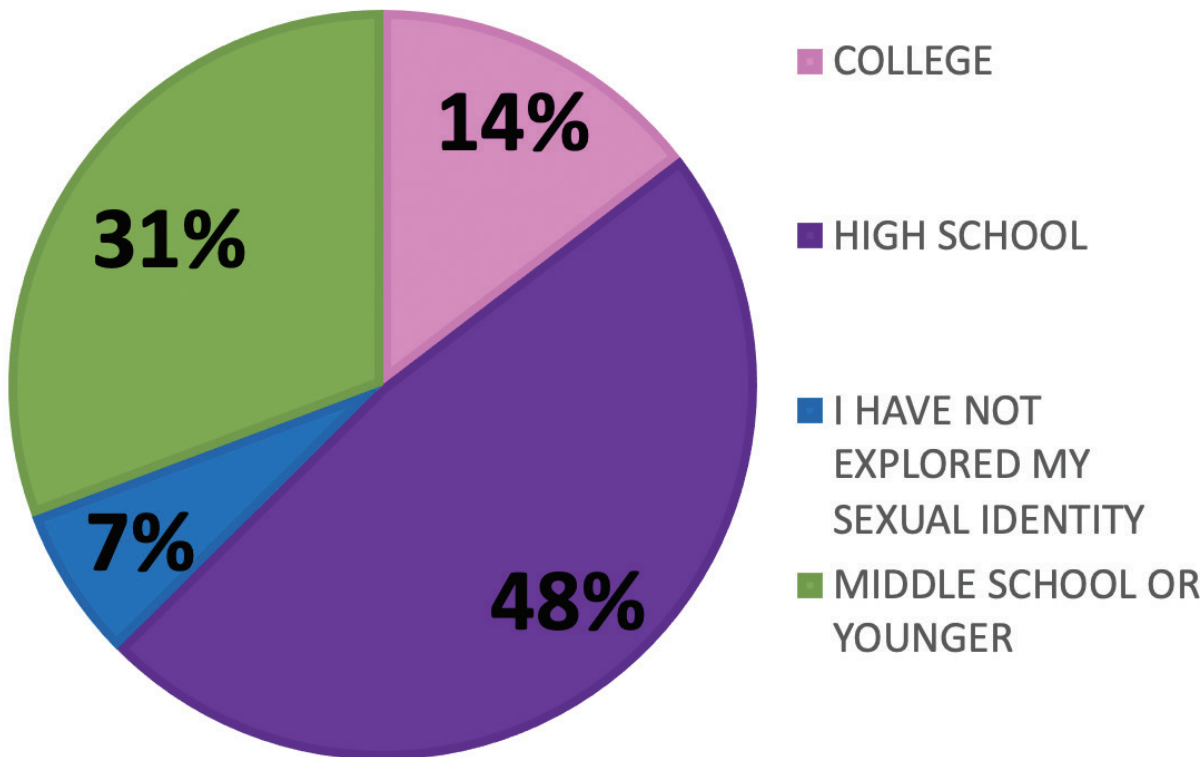
Aside from my physical concerns about mechanics and my illness, it is pretty hard to think of yourself as “sexy” when you go periods of days vomiting and being totally incontinent. How many times have you puked in front of your partner? Have they ever had to clean up your “mess?”

CHRONICALLY ILL  
Continued on Page 2



This issue was created in partnership with Bates Peer Health Educators.

WHEN DID RESPONDENTS BEGIN TO EXPLORE THEIR SEXUAL IDENTITIES?



According to an anonymous *Bates Student* survey with 340 respondents, almost half of students began to explore their sexual identities in high school. *n=342*

Sadie Basila/The Bates Student

Read more about the Sex Survey on Page 4

Gay, Lesbian, Queer Woman

It is definitely more normalized to talk about heterosexual sex than it is to talk about gay sex. I would say it is much less encouraged to talk openly about gay sex and hookups.

Straight Woman

People seem to be having sex all over the place.

Straight Man

When people are openly discussing hook-up culture, I don't know how to pitch in because I've only ever had one committed partner.

Asexual Woman

Bates encourages safe sex, but I never hear that it's okay not to have sex too. This leads to feelings of isolation.

Read more anonymous Sex Survey comments on Page 6

Lewiston Family Planning: Sexual Resources



Elizabeth LaCroix,  
Assistant News Editor

Located on Lisbon Street, directly across from Forage Market, is Lewiston Family Planning which offers a wide range of services and resources regarding sexual health. Lewiston Family Planning is part of a larger network of reproductive healthcare facilities in Maine under the name Maine Family Planning.

“Maine Family Planning provides affordable, gender-affirming reproductive health care services for all Mainers, as well as primary care, help for new parents and families, and transgender health services,” their website states.

Sara Hayes, a nurse practitioner at Lewiston Family Planning, added to this mission statement. “We meet each person ‘where they are’ so to speak, and [we] realize that when they come to see us, it is often for an issue that is very important to them personally, even though it is an issue that we deal with frequently,” Hayes told *The Student*.

In addition to the sexual health services provided by Bates Health Services, which are provided on campus, Lewiston Family Planning acts as an additional sexual health resource for Bates students. *The Student* has compiled a list of their services below, as well as methods to easily navigate the Maine Family Planning healthcare system with the hope of alerting students to all of the resources made available to them.

Sexual Health Services

- Birth Control Options:** There is a full line of birth control options available in the clinic including Nexplanon arm implants, four types of intrauterine devices (IUDs), depo shots (birth control shots), and birth control pills and rings. The birth control patch is also available by prescription from a pharmacy of your choice.
- STI Testing and Treatment:** A full range of STI testing is available, including chlamydia and gonorrhea testing, and in-office rapid HIV testing (15 minutes). Blood samples are also sent out to labs for syphilis, herpes, and hepatitis B and C testing. Treatment is also available in office, and they also offer home/dorm sample collection to reduce in-person contact for those wanting
- Other Testing and Treatment for Reproductive Health Issues:** Evaluation, testing, and treatment for vaginal infections, male reproductive issues, urinary tract infections (UTIs), breast issues, bleeding problems, sexuality issues, and genital wart treatment are also available. There are also annual exams available and Pap tests for patients starting at the age of 21. In the case of abnormal Pap tests, evaluation is provided in-office along with colposcopies to look for signs of disease.
- Pregnancy Testing and Abortion Care:** Testing for pregnancy and options counseling for positive tests are provided. Medication abortions are accessible through telehealth for up to eleven weeks after your last period. Aspiration abortions are provided up to 14 weeks and are only available in the Augusta Maine Family Planning office.
- HIV and HPV Prevention:** PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) can be prescribed for HIV prevention. The Gardasil HPV vaccine is also available to uninsured patients under the age of 27.

Transgender Healthcare Resources

Maine Family Planning currently offers gender affirming care to about 300 transgender people from all over the state. Including the Lewiston location, services are provided throughout the transitioning period for transgender patients.

The initial evaluation visit is about an hour where the healthcare provider obtains background information from the patient relating to medical and social histories with particular attention to their narrative about their gender and the goals of their transition. During the first visit, the provider also goes over options with patients for how to medically achieve their transition, as well as a review of the risks, benefits, and expected side effects of medical transition.

The informed consent model that is used does not require a transitioning patient to have an approval letter from a therapist, but resources are offered for counselors or therapists if it is needed. “We find that generally speaking, listening to people tell their stories is enough to get a sense that transitioning is an appropriate step for these people,” Hayes said.

Rarely does Lewiston Family Planning require someone to be in therapy, but it is encouraged. “There are those times when someone is having substantial mental health issues without the support of a mental health professional, and in cases like that, we might require them to be established with a mental health professional before starting [hormone therapy], but this is a rare occurrence,” Hayes explained.

Once the patient fully understands the risks and benefits of medical transitioning and has the capacity to freely give their consent, hormone therapy can be started. Referrals for gender affirming surgeries can also

LEWISTON RESOURCES  
Continued on Page 8



Playing the Waiting Game

‘Why not wait until after you’ve tied the knot?’  
PAGE 2



Reimagining Hookup Culture

Creating a hookup culture that works for you  
PAGE 3



Intimacy Within the Bachelor

‘[We] f\*\*\*\*\* in a windmill.’  
PAGE 3



Sex for One at 22

Exploring intimacy without a sexual partner  
PAGE 3



Health Services Sexual Resources

BHS aims to educate students on sexual health  
PAGE 7



# Stix Makes Buying Pregnancy Tests Easy, Stress-Free



Eleanor Boyle,  
Managing Arts & Leisure Editor

When you need to get a pregnancy test, going into a drug store can be daunting, awkward, and anxiety-inducing. No birth control is 100% effective; therefore, testing can be a way to calm yourself down after a late period. If you already have irregular periods or your birth control has caused your period to disappear, regular pregnancy testing may be part of someone’s schedule.

However, pregnancy tests can range from \$8-15, and consistent testing can make a stressful situation even worse due to the cost. Stix offers subscription services for pregnancy tests, ovulation tests, as well as UTI tests and prevention materials.

Stix was launched in February 2019 by two women who have each had awkward experiences buying pregnancy tests at drug stores. They believed there should be a better way, so they decided to make one. They wanted to make purchasing tests easy. Stix can be bought for a one-time purchase, or you can start a subscription.

Starting a subscription means that every two, four, eight, or 12 weeks, tests will be delivered to you. Another priority was to make accessing tests more discrete. The shipping is discrete, as it comes in a basic brown envelope. Their final focus was on cost. For Stix, no matter if you have a subscription or are making a one-time purchase, you will get two tests for the cost of \$13.

Stix offers not only pregnancy tests,



Katy Boehm /The Bates Student

but also UTI materials, such as tests and daily protection. They also have ovulation tests, which are commonly used by people who want to get pregnant; additionally, if you ever want more protection, checking your ovulation is a good way to get in touch with your cycle. Ovulation tests can give you insight into

when you are most likely to get pregnant, but if you have a fairly regular period, it may also help you gauge when your period will arrive.

Stix is always expanding their products and helping make these products affordable.

## CHRONICALLY ILL CONTINUED FROM PAGE 1

As much as we want to call ourselves open and accepting of mental and physical illness, we can’t help but point out someone wetting themselves in the Testing Center, or complaining about the smell that accidents leave behind in hallways. It sucks that your roommate peed in the hall. That is so nasty. Do you know what sucks more? Peeing in the damn hall.

Even if you are sexually active, you might not have sex when you are sick. Some of us don’t just get sick for a few days. Some people live their lives “sick.” So, avoiding sex while you are sick means avoiding it forever, which isn’t exactly practical for a lot of people. Yet, I don’t know of any resources on having a sex life as a person who deals with regular illness.

The last time I went to the Health Center about my urinary issues, they congratulated me on being sexually inactive. “Really? Didn’t your significant other just

come in with you?” they said, which was a bit awkward. I didn’t want to explain all my reasons why, so I said, “we haven’t been together that long.” A nurse told me, “good for you. That’s not reason enough for some people, congratulations!”

Quickly, it was no longer just awkward, it was invasive and insulting. You might be asked twice a year at the doctor if you’re sexually active. Now imagine having to go to the doctor every week.

Yeah, maybe sex isn’t the thing to worry about. Maybe getting some organ functioning would be good. Maybe I should be happy that I am alive and kicking.

But I am in college. I am in my twenties, and many of my peers want to talk about sex. All I can think about is how I have basically had all forms of “accidents” in front of my significant other, and how does one really come back from that?

# Why I Play the Waiting Game

Anonymous Contributor

A much-discussed question among friend groups of all genders is when to start having sex in a relationship. A few months? Fourth date? Maybe even that first night?

Why not wait until after you’ve tied the knot?

The immediate reaction to this proposal, I assume, is one of shock, disgust, and horror. College is the perfect time to sexually experiment, to figure out what you like and don’t like. It’s after that awkward, uncomfortable high school era in which you still live with your parents, but before we’re thrust into the real world and have to Be Adults Who Are Mature About This Kind of Thing. Plus, sex and everything related to it is more normalized now than it ever has been in modern society. There is no reason not to go around and have a little fun: protection is 99+% effective, people are generally upfront about STIs, and few people (at least at small lib-

eral arts colleges) are judgmental about any aspect of it. Sex is better now than ever!

No other act approaches sex in terms of physical and emotional intimacy. Ideally, all of the sexual partners are having a safe, consensual, and awesome time for as long as they want, and from what I hear, nothing compares to the feelings released during the experience. Sex is like biting into an orange slice. You get wet and sticky, your senses kick into overdrive, and in five minutes you are told to get your butt back on the field. You never want it to end, and afterward, you feel an emotional attachment like no other to the other person(s) involved.

And then, odds are you sneak out in the wee hours the following morning and stare at the ground whenever they pass you in Commons or the COVID-19 testing line. Maybe there is an unrequited “hey that was nice” text. Maybe it happens again, and you consider starting something up, but there is just

too much on your plate right now and your roommate is always around at night and you don’t feel like getting super invested and their friends are kind of strange. Oh well. So much for that emotional attachment. Guess we will see what happens next weekend?

“ Sex is like biting into an orange slice. You get wet and sticky, your senses kick into overdrive, and in five minutes you are told to get your butt back on the field.

It is pretty standard practice to not say “I love you” on the first date. It is usually a good way to not get asked out for a second date. Jumping to a level of intimacy so high right off the bat, when you have barely got past the “What’s your favorite color?” stage, is commonly seen as off-putting and unnerv-

ing. Nobody wants to get caught up in a “You” stalker situation. And after you say it, the only way you can go up from there intimacy-wise is adding terms of endearment, which really should be removed from the English lexicon as soon as possible already anyway.

I approach sex the same way. If it is the most intimate interaction with somebody you can have, why get to it right away? Let the feelings marinate for a while, and build up to the big event. That way, your first time is with someone you feel truly differently about than anyone else in the world. Obviously,

saying those three little words is different from having sex; it is a declaration of total commitment. But there are as many physical levels scaling up to sex as there are verbal levels scaling up to the word love. Why not take it slow if it means greater satisfaction down the road?

Personally, I am fine with waiting until I know I have found the right person. Shredding gnar at Sunday River provides me with the physical thrill, and laughing with friends at dinner provides me with the emotional attachment. Not in the same way, of course, but to a far enough extent that I don’t crave anything more.

I am not here to preach that abstinence is the way to salvation, or to cite statistics about the results of getting pregnant before you are emotionally or financially ready, or to foist my stance upon you at all. I am just here to say that if you are also waiting until you have found the right person, power to you.

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# Reimagining Hook-up Culture

Anonymous Contributor

When I think of hookup culture, I think of mint ice cream. It is fine, but I wouldn’t choose it if I had other options.

In an age of Tinder, Bumble, and whatever the latest app promising connection is, you would think engaging in this culture shouldn’t be so hard, yet real connection seems to be as rare as the almond butter dish in commons being full to the brim. And before you give me the “we’re in a pandemic” talk, I argue that this desire of wanting something more than hooking up with your lab partner only to have to avoid eye contact with them for the remainder of your Bates lifetime has been felt long before we were social distancing.

This system of hook-up culture we all silently sign up for follows us everywhere, and no matter how hard we try, we are always wrong. If you hook up too soon, you are easy. If you don’t hook up right away, you are a prude. If you ask to be exclusive, you are clingy. There is no end to the many wrongs one can commit. Granted, these are narratives that target the experience of women, which is the only one I can speak to personally, yet it is not just men who uplift this culture. The internalized value women have dedicated to it feeds into the continuation of this cycle.

Like I mentioned before, even if you choose not to partake in it, being someone who does not hook up at all is just as questionable to others. Unless you are in a committed relationship, you are subjected to ques-

tioning. Too many Commons Sunday mornings have turned into full-on interrogations where the interrogators hold their mostly-milk coffees and bombard you with questions in hopes of gaining the currency that is knowing if you hooked up with someone. And if so, who? And if so, why? And if so, was it good? Moments like this have you wishing those Commons to-go boxes existed before the pandemic so you could make your waffle creation and “skrrt.”

I have been witness to so many conversations about this that I know I am not alone in this feeling. Why are we forcing students to adhere to the culture instead of making the culture work for us?

I invite you to challenge yourself to imagine a culture that works for you. Not based on what you think you should do, but what you actually want to do. It is the “should” mentality that makes hook-up culture a part of the community that so many feel does not benefit or add to their life in a positive way. But, ladies, gents, and non-conforming humans, it is 2021, we have lived through a pandemic, and soon we will enter the world of post-pandemic hook-up culture. A life where vaccine cards are the new condoms (I am just kidding, please use condoms). Do we want to return to what was? Or are we ready to start saying what we mean, doing what we feel is best for us (as long as it is consensual because that is hot), and start creating a culture that works for us?

# Intimacy Within the Bachelor Franchise

Katherine Merisotis,  
Staff Photographer

“[We] f\*\*\*\*\* in a windmill. And guess what? We did it a second time,” Bachelorette Hannah Brown admitted to Luke P., one of the final contestants, after he infamously told her that she couldn’t have sex in the fantasy suites. Later, Brown came clean about her statement, confessing that, “it was actually four times”.

Intimacy is an important part of many relationships, which is why the Bachelor franchise repeatedly has a week called “Fantasy Suites” for contestants to explore their chemistry on a deeper level. Although there is always drama throughout every season of the Bachelor, the fantasy suites episode brings out notable jealousy from the contestants.

“Fantasy Suites” is one of the infamous weeks within the Bachelor franchise, where the last four contestants left are given the option to go into the fantasy suite. For obvious reasons, the fantasy suites are not filmed, and the couples have the choice to stay in separate rooms or share the same room and spend the night together.

What happens on these dates is up to the audience’s imagination, and only the couples know the truth of what happened during their night. While “Fantasy Suites” are known for providing a setting where the bachelor or bachelorette explores intimacy with their contestants, there is also another aspect that is often forgotten about by the franchise – this moment is the first time the cameras are not on, and the couples are free to discuss im-

portant issues.

While the fantasy suites are an important time to explore the sexual chemistry between couples, it is also significant in having real conversations about the couple’s connection. Many contestants must deal with the reality that their significant other is having real relationships with other individuals that may involve intimacy too. This heartache that contestants deal with always causes tension between the host and their relationships. Often, this jealousy comes from having a real connection with the host and shows how the show is able to create real relationships and connections.

This type of emotion can directly translate to the real world whether that be with cheating or having an open relationship. Jealousy is described as a complex emotion where a person perceives a threat to a valued relationship from a third party. There are many ways to deal with this behavior, and contestants within the franchise primarily deal with this through communication with their partner. Often, their relationship becomes stronger after the experience by gaining validation within their own relationship; however, when this is not the case, often the tension between the couple is due to differences in religious values.

Religion often plays a huge role in intimacy in general because individuals who are passionate about this spiritual connection with their version of God, often share the belief that sexual intimacy should be withheld until marriage. This has often been an ideology that is highlighted within the franchise by

individuals such as Hannah Brown and Madison Prewett.

Brown had the most controversial conversation with contestant Luke P. when he shared ideologies of waiting until marriage and expressed that his wife should do the same. Brown responded by saying that she “has had sex and Jesus still loves me.” After sending him home, he continuously attacked her faith, leading her to share on television that she had intimacy with another contestant, Peter Weber, in a windmill.

Prewett was a contestant on Peter Weber’s season who expressed that she was saving herself for marriage; however, it became difficult for her to forgive Weber for his choice to have intimacy with previous people. She shared with Peter her feelings explaining, “I just can’t wrap my mind around in a week from now, if you’re down on one knee, and six days before that, you slept with somebody else.” After Prewett explained that she was virgin, it led to a divide in their relationship because of Weber’s past intimate relationships. Prewett decided to leave the show because her ideologies differed from Weber.

Overall, intimacy within the Bachelor franchise is exemplified within this week due to the untold story of what actually occurs within the Fantasy Suite. Fantasy Suites, however, are an important part of the show because within its fast paced timeline and the goal to be engaged by the end, it is important for the couples to build not only an emotional connection but a physical relationship.

# Sex for One at 22

Anonymous Contributor

The first time I masturbated, I was a junior in high school. By this time I had read countless romance novels, many of which described sex in grossly over exaggerated detail. While reading one of these books in bed, I felt my body begin to buzz and decided to explore myself for the first time.

After a while, something happened that left me feeling confused. No one had ever described to me what an orgasm felt like, nor had I ever talked with my female friends about masturbation. The topic felt taboo, and despite my extensive readings, I didn’t have a clue what sex — by myself or with others — would feel like.

I didn’t experience another orgasm until years later. Possibly when I was 19. Maybe 20 or 21. I can’t say for sure. Up until a few months ago, I could count on one hand the number of times I had ever orgasmed, and even that was dubious at best.

As a first-year, I borrowed my then-boyfriend’s 600-page book about sex, a joke gift from his sister. I pored through the pages hoping it would provide me with clues on how to navigate the physical aspects of my first relationship.

Eight weeks later, graduation came, the relationship was over, and I found myself more confused about sex and physical intimacy than I had been going into it. I struggled, because I couldn’t figure out how to become aroused the same way he so easily did.

For years afterward, I wondered if I would ever figure it out. I stressed about starting new relationships and learned how to friend-zone almost every guy I met in part because I

was scared of physical intimacy.

Over the years, I talked to several female friends about their sexual experiences, asking about what arousal felt like to them and hoping to glean some insight into my own struggles. I searched “how to masturbate” on the internet countless times, as I had decided that figuring out how to have sex with myself was the first step to ever having sex with someone else.

I began to see more and more of my friends date and have sex. Despite their assurances that I would understand it all in time, I increasingly felt left behind and even more self-conscious about my own lack of experience.

For a long time, nothing worked. My interest in learning about my body ebbed and flowed throughout the years, and each unsuccessful attempt at masturbating made me feel as if I would never understand.

And one day, I did. Just after my 22nd birthday, I tried masturbating and orgasmed. I even Googled it to be sure, as silly as that sounds. A couple days later, I did it again. And it felt great.

For the first time, I finally felt like I understood what made me aroused and what it would take to bring myself to orgasm. I recognize that for some people this knowledge comes easy; for me, it took years.

It isn’t just about sex. Masturbating makes me feel more confident in myself and my body. It makes me worry less about my lack of experience. And perhaps most of all, it makes me excited to date again and explore both the emotional and physical aspects of a relationship.

At 22, I finally figured out how to have sex with myself.

# Masturbation 101

I am a novice at masturbation, but I am an expert in confusion. Here are some tips I wish someone had told me at 19. Everybody's body is different, and what worked for me might not work for others. But, I hope these steps will provide a place to start.

1. Start with sexy thoughts. Before masturbating, I like to spend upwards of five minutes imagining sexy scenes and sensations that turn me on. These are very person specific, but I have found that imagining sensations like rubbing (me on objects/people, and others on me) is a favorite. Reading erotica, listening to music, or caressing sensitive areas of your body (nipples, thighs, stomach) can also be a turn-on. This is something that confused me for a while because I didn't know what turned me on. I suggest experimenting with different methods and a wide variety of thoughts to see what works for you.
2. Grab some lube. I actually prefer spit to store-bought lube, but this is certainly something that everyone will have different preferences. Even when I am turned on following step one, I always need some type of lube to start stimulating myself with. Later, I can usually swipe some from my vagina to use.
3. Skip the vagina and go for the clitoris. I only use my fingers, but I have found that trying to mimic a vibrating sensation (a faster, energetic movement with some slower motion mixed in every few minutes) works beautifully. I also like to stimulate the outside of my inner labia, but again, the tiny nub-like clitoris is where it is really at for me. I only stimulate the right side of my genitals and the top of my clitoris usually, but others may stimulate both sides.
4. Have patience. There have been times where I masturbated and orgasmed in under five minutes, other times it takes me 20 minutes. Changing up the rhythm and maintaining sexy thoughts is important for me. Put aside your homework and responsibilities, and just focus on yourself. Sometimes it helps to have a novel thought, something particularly exciting, other times, focusing on the stimulating sensation is a turn-on itself.
5. You may not orgasm, and that is OK. I masturbated many times before figuring out how to reach orgasm. As I have gotten to know my body better, I have become more successful at orgasming when I want to, but some days of the month are easier than others, and I don't always get there. When you begin exploring your body, recognize that orgasm may take a few times to experience (or, for me, a few years) and that is to be expected. The more you explore, the better you will understand your own body.



4

SEX SURVEY RESULTS

The Bates Student  
April 28, 2021

The Bates Student conducted a survey to gauge insight into the sexual health and identities of the Bates College student body. The survey was distributed via class listservs, Facebook groups, and other social media platforms.

340 students encompassing approximately equal sectors of each class year responded to the survey, which was entirely anonymous.

The respondents reflect a variety of gender identities and sexual orientations, and offer many different attitudes on sexual encounters and masturbation.

71% of students are sexually active, and 65% have “hooked up” with someone at Bates. More than half of the respondents reported having five or more sexual partners in total.

40% of respondents stated that they masturbate multiple times a week, with another 31% reporting masturbating multiple times a month. Students who identify as male masturbate

much more frequently than non-male-identifying students, with 71% reporting that they masturbated multiple times a week compared to only 19% of non-male-identifying respondents.

When asked about sexpositivity culture at Bates, some respondents felt that campus culture was mostly positive about sex while others found that particular spaces on campus did not share this same culture. “Most students talk openly about sex in a positive way, however ‘slut shaming’ still has some presence,” shared a an who identifies as bisexual and questioning.

31% of students have sex multiple times a week, 22% have sex multiple times a month, and 5% have sex everyday. Another 13% reported that they have sex rarely and 4% do not have sex.

Members of the class of 2023 and 2021 tied in the number of respondents who did not consider themselves “virgins”; the class of 2024 had the fewest.

“Virginity is generally

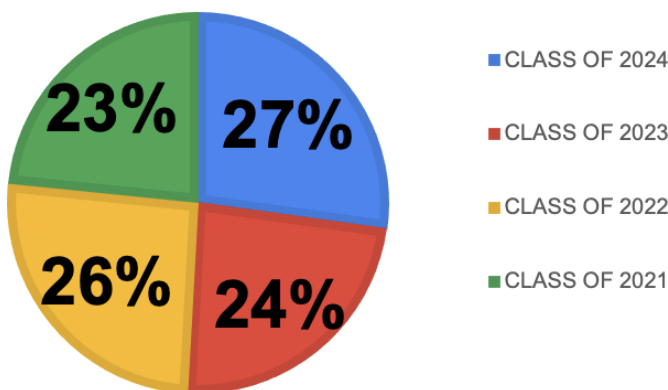
something people are not particularly open about or proud of. When sex is talked about, and hook-ups are talked about, it is much more often by segments of the Bates population that are having sex,” mentioned a woman who identifies as bisexual.

Overall, students are unsure whether Bates provides adequate sexual health resources, with 41% of the total respondents and 51% of non-heterosexual respondents declaring they were unsure about the adequacy of Bates’ sexual health measures.

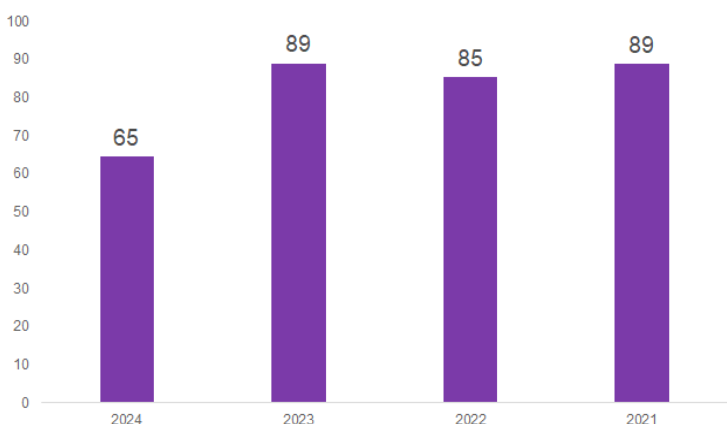
Comments on sexual healthcare at Bates include requests for more LGBTQIAP2+ resources and dissatisfaction with the reproductive care provided by Bates Health Services. Others also pointed to Bates’ sexual assault related resources as inadequate.

For a more comprehensive look at the results of the Sex Survey, The Bates Student has compiled the data in the following charts and graphs.

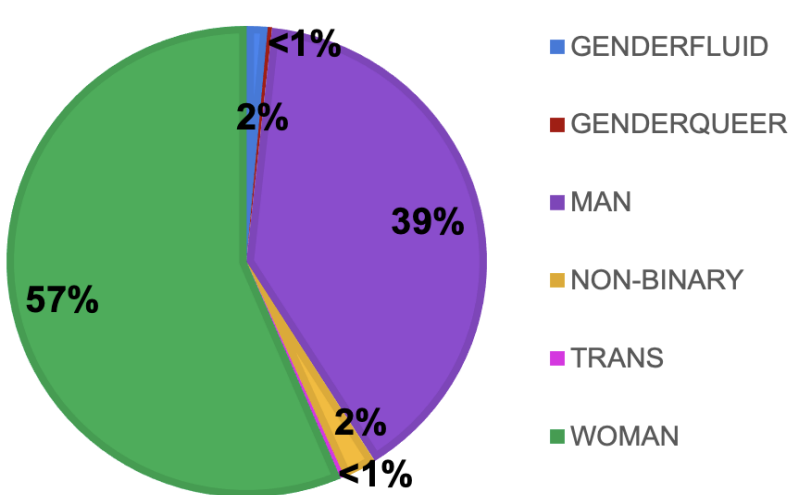
CLASS YEAR MAKEUP OF RESPONDENTS



RESPONDENTS WHO DO NOT CONSIDER THEMSELVES TO BE A "VIRGIN"

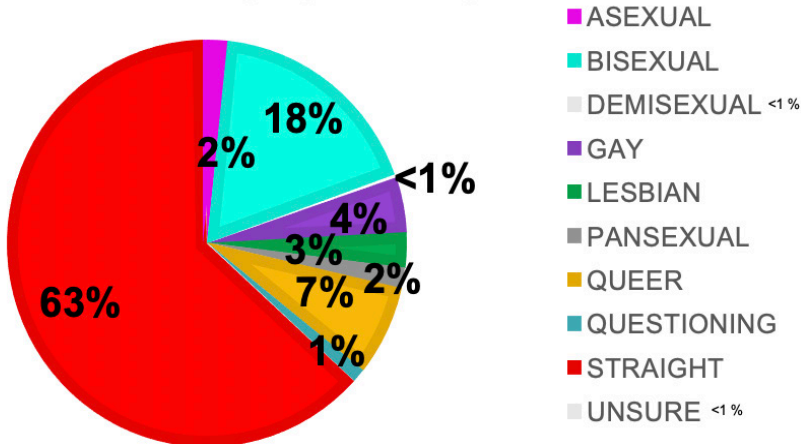


GENDER IDENTITY OF RESPONDENTS



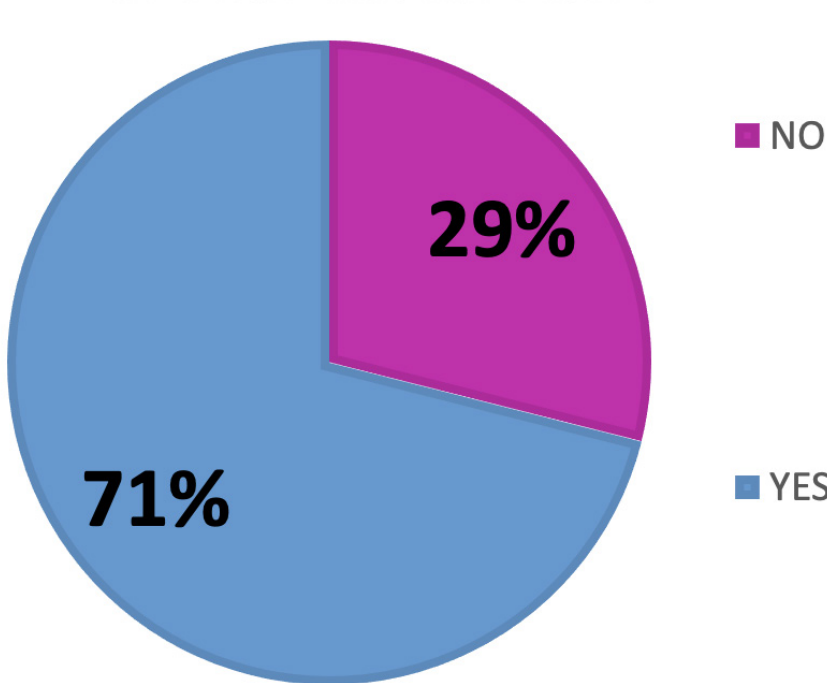
Respondents who categorized themselves in more than one gender group were counted once in each group they identified with. *n=340*

SEXUAL ORIENTATION OF RESPONDENTS



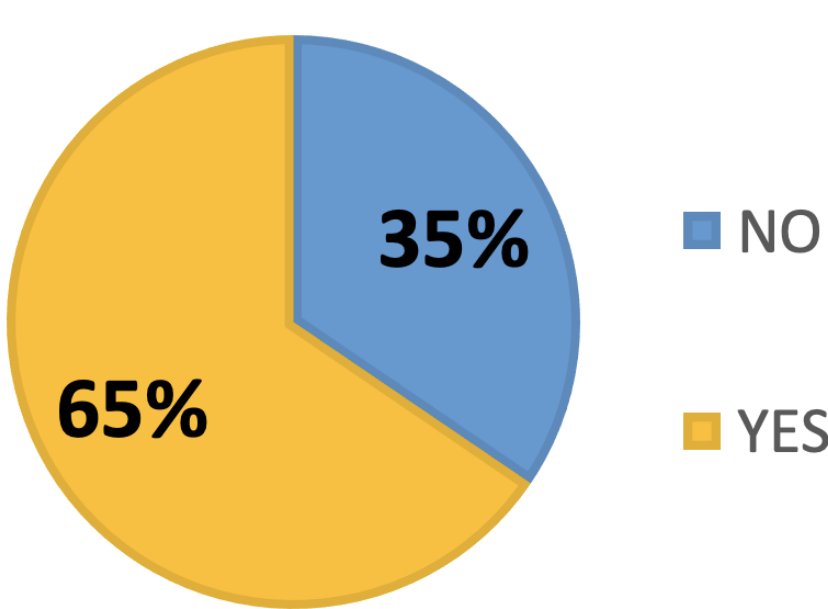
Respondents who categorized themselves in more than one sexual orientation group were counted once in each group they identified with. *n=340*

ARE RESPONDENTS SEXUALLY ACTIVE?



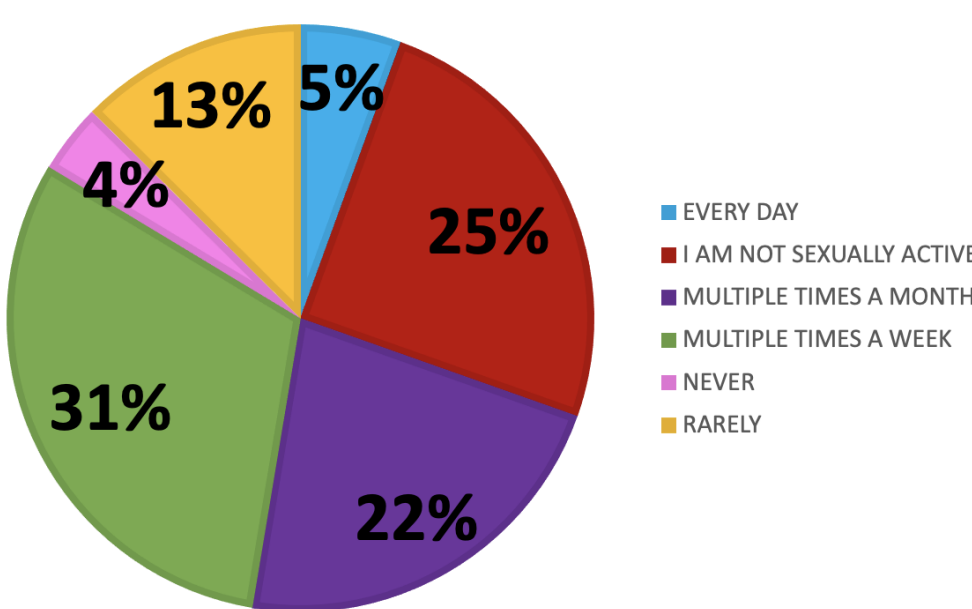
For this survey, sexually active is defined as having sexual interactions with someone. This can include oral sex, penetrative sex, and manual sex. *n=340*

HAVE RESPONDENTS EVER "HOOKED UP" WITH SOMEONE AT BATES?



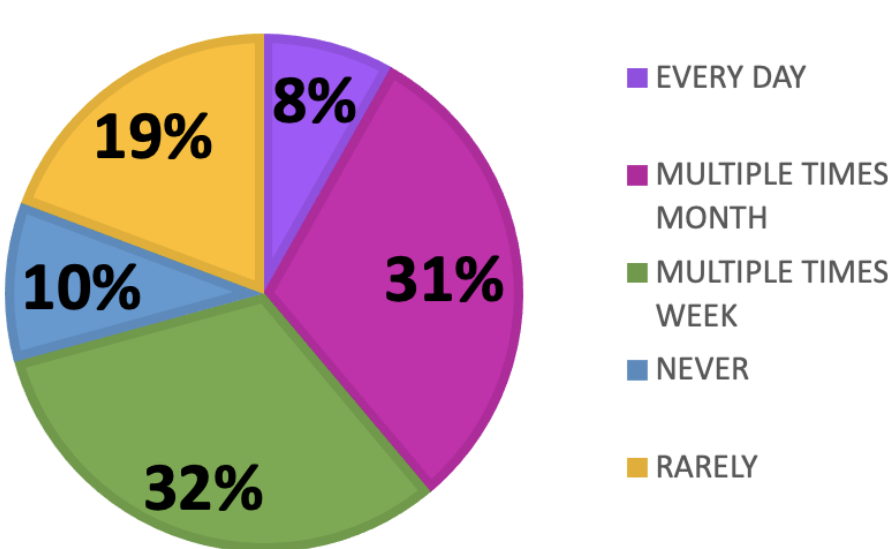
For this survey, “hook-up” was defined as any sexual interaction outside the context of a committed relationship. *n=340*

HOW OFTEN DO RESPONDENTS HAVE SEX?



For this survey, sex was defined as anything the respondents considered to be sex. *n=340*

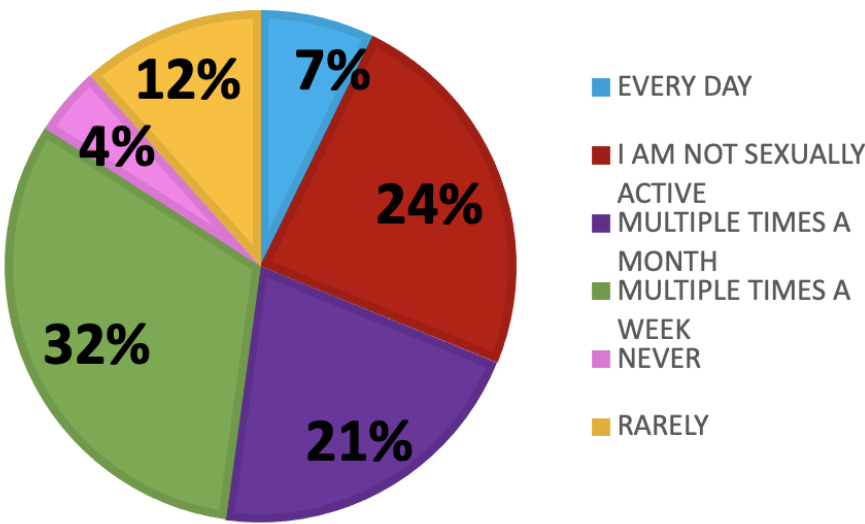
HOW OFTEN DO RESPONDENTS MASTURBATE, ON AVERAGE?



*n=340*

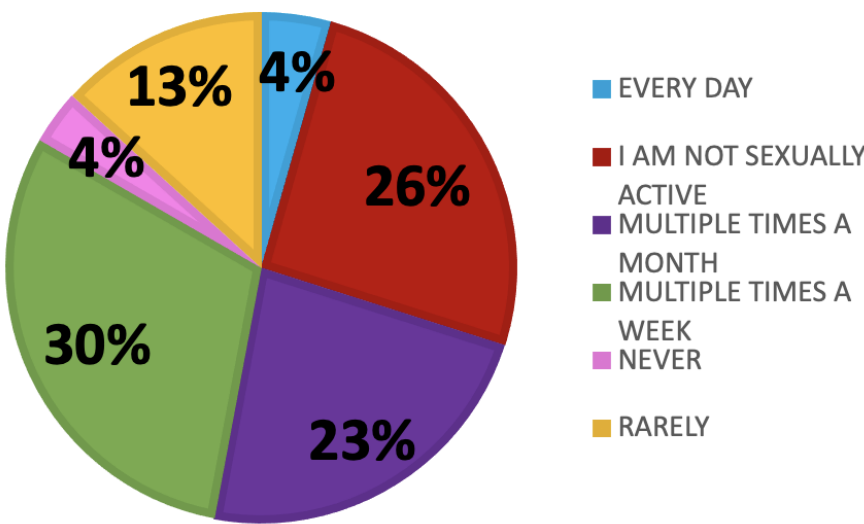
# SEX SURVEY RESULTS

HOW OFTEN DO RESPONDENTS (MEN) HAVE SEX?



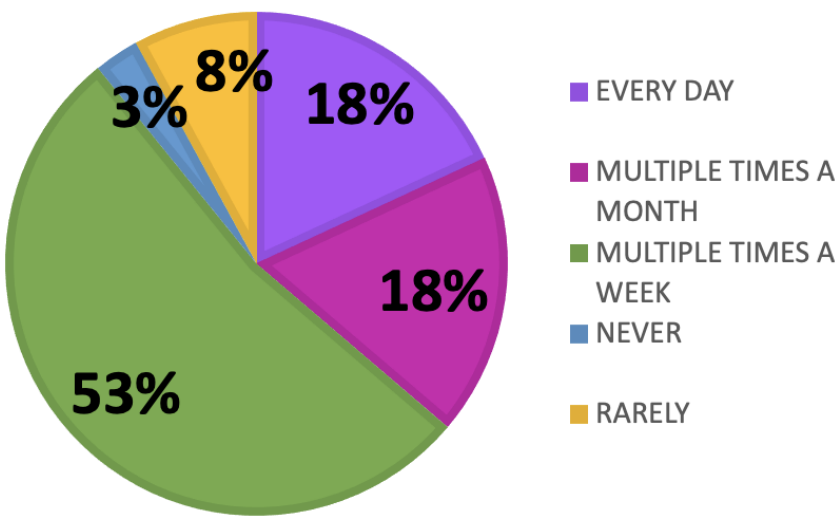
Comprises all respondents who identify as men, including those who identify as men as well as an additional gender identity. *n=138*

HOW OFTEN DO NON-MEN RESPONDENTS HAVE SEX?



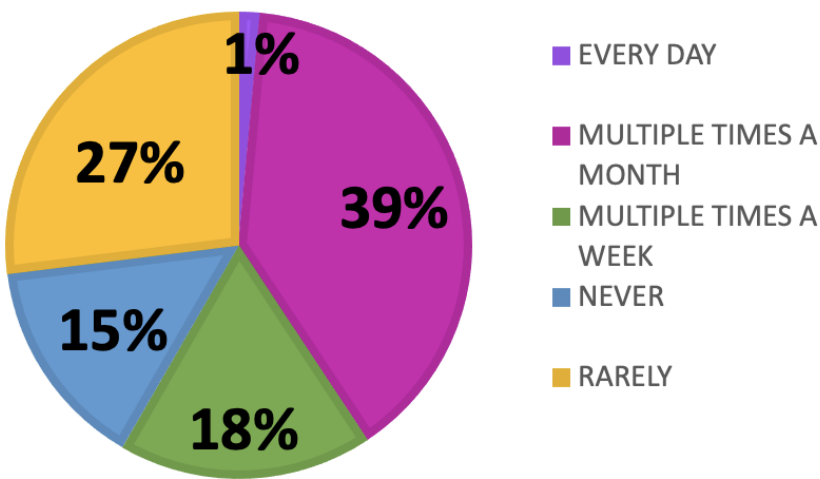
Includes respondents who identify as women, non-binary, gender queer, gender fluid, or trans who do not also identify as men. *n=204*

HOW OFTEN DO RESPONDENTS (MEN) MASTURBATE?



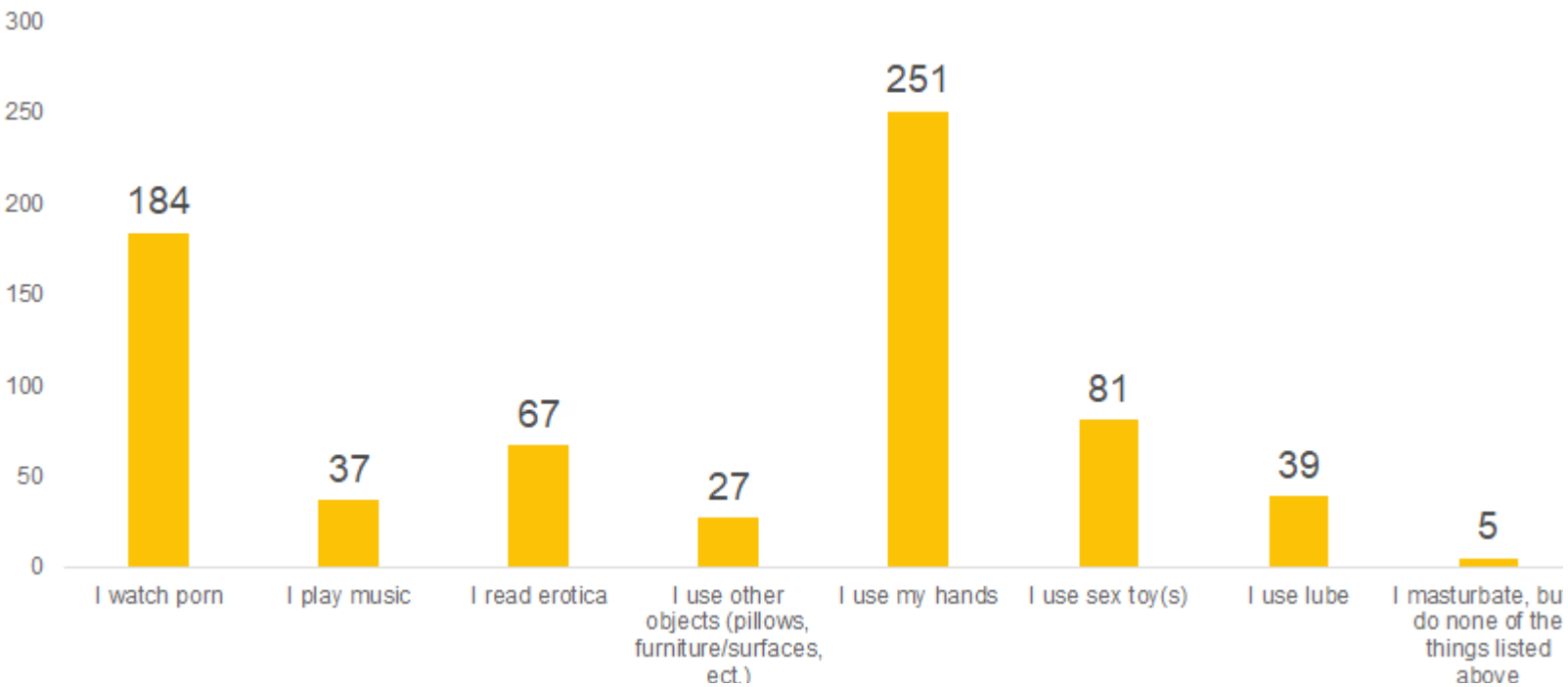
Comprises all respondents who identify as men, including those who identify as men as well as an additional gender identity. *n=138*

HOW OFTEN DO NON-MEN RESPONDENTS MASTURBATE?

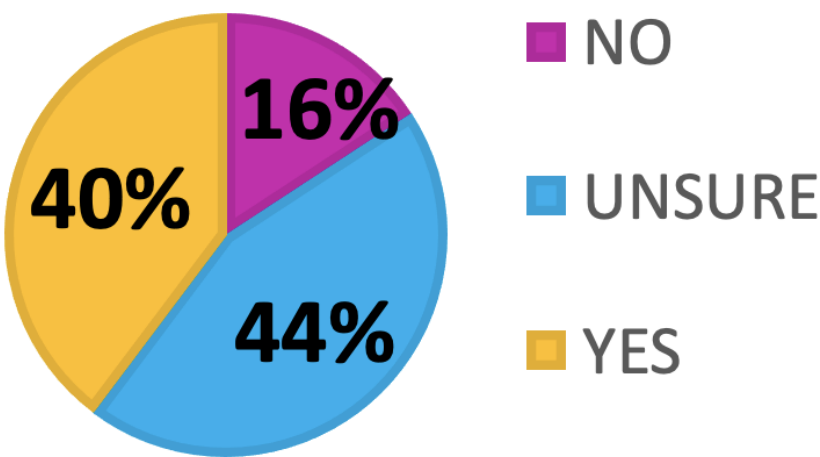


Includes respondents who identify as women, non-binary, gender queer, gender fluid, or trans who do not also identify as men. *n=204*

RESPONDENTS' MASTURBATION HABITS

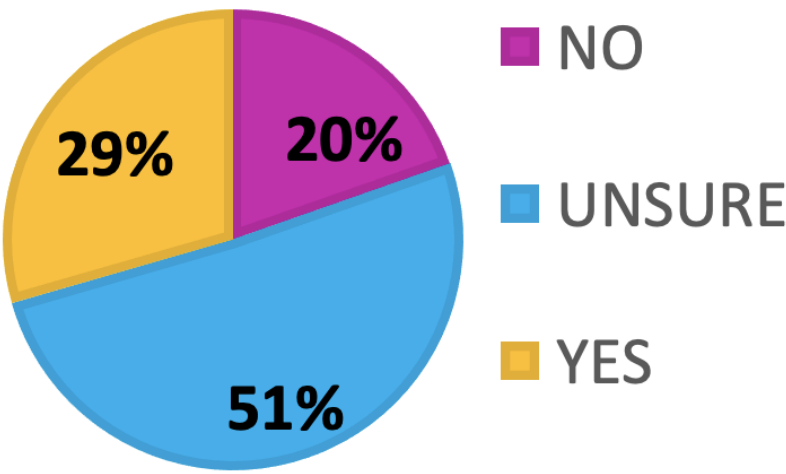


DO RESPONDENTS FEEL BATES PROVIDES ADEQUATE SEXUAL HEALTH RESOURCES FOR STUDENTS OF THEIR GENDER AND SEXUAL IDENTITIES?



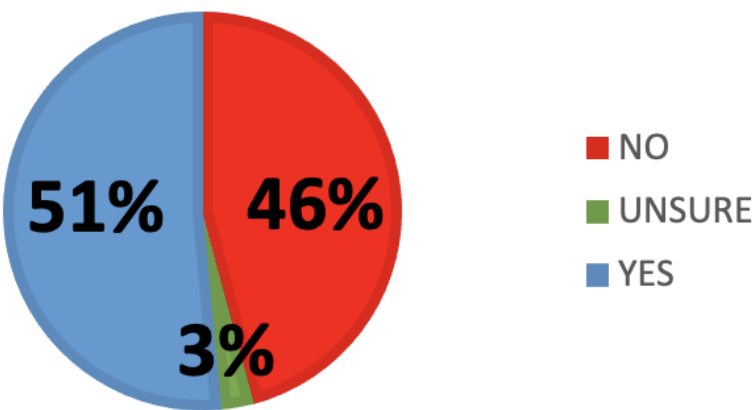
*n=342*

DO NON-HETEROSEXUAL RESPONDENTS FEEL BATES PROVIDES ADEQUATE SEXUAL HEALTH RESOURCES FOR STUDENTS OF THEIR GENDER AND SEXUAL IDENTITIES?



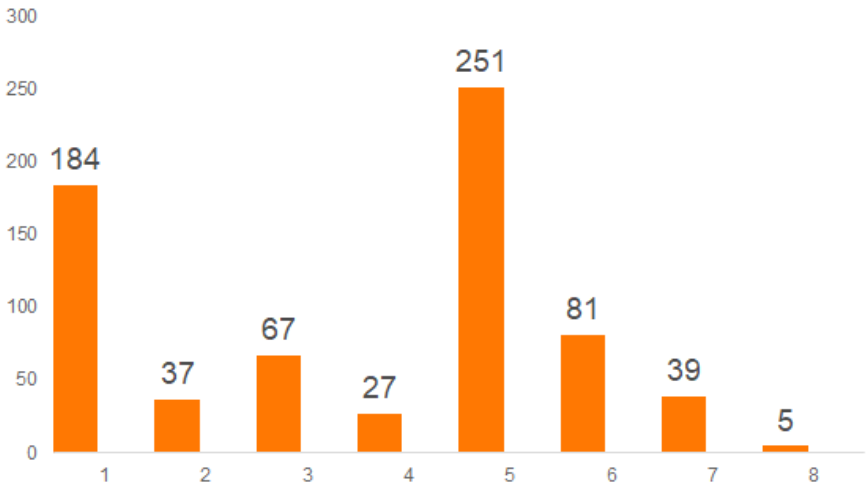
For this survey, non-heterosexual includes all respondents who identified with sexual identities other than straight. *n=113*

HAVE RESPONDENTS EVER BEEN TESTED FOR A SEXUALLY TRANSMITTED INFECTION?



96% of respondents who had been tested for Sexually Transmitted Infections (STIs) tested negative. To learn more about common STIs and STI testing at Bates, check out the infographic on [Page 7](#). *n=340*

THE NUMBER OF SEXUAL PARTNERS RESPONDENTS REPORTED



Of the eight students who reported having 21 or more sexual partners, four of the respondents were female-identifying and the other four were male-identifying. *n=294*

# Anonymous Sex Survey Comments

Straight Man

I really enjoyed Sex Week my first year at Bates, as my primary school education hadn't really taught me enough about how women's bodies, and even my own body, works.

Queer Woman

More queer resources could be offered.

Bisexual Woman

You'll get labelled as a slut if you have a lot of partners, or as no fun if you don't - it's really toxic. Guys sleep around with as many girls as they can and treat girls as disposable. My friend cared too much about a guy who she had been with and everyone started calling her crazy, just because she didn't understand the so-called hook-up culture of Bates... having sex but no feelings or attachment is acceptable, apparently.

Bisexual Man

[Bates is] very straight and cis. As a former member of a certain men's sports team, I can tell you rape culture is very prominent and laughed off. I think a lot of students are genuinely pretty embarrassed about sex, though this younger generation of zoomers are loud and proud!

Straight, Questioning Man

People seem to be more or less concerned about each other's sex lives. Unless there's tea, of course.

Queer Woman

The sex culture at Bates is hyper-focused on hook-up culture through a lens of sexual conquest. When people talk about their sex experiences, they usually just focus on the positive and leave out negative aspects and/or complexities. Most of how I learn about sex is through my friends, and I wish there more more accessible resources. I find myself turning to Google to figure out if something is "normal"... sexual experiences are way more accessible to straight, white people.

Queer Woman

[Sex positivity at Bates] depends on the setting - some spaces, teams, etc. are wildly sex positive, and others aren't.

Straight Man

On my AESOP, one of the first questions asked was whether or not everyone was a virgin. I didn't know how to answer that question, and it was definitely not a healthy way to be asked it. Next, on frisbee, I heard people talking about their 'body counts' constantly. When I applied to be an AESOP leader, the only interview question I was asked was which AESOP leaders I would F\*\*\*, Marry, and Kill. I've eventually found sex positive spaces... those not being the default groups that are easy to find as a first-year.

Straight Woman

The Health Center seems to be very negative about STI testing. I have felt pretty uncomfortable there several times, and my friends have said the same. I think people would use that resource more if they felt comfortable going there.

Bisexual, Queer, Pansexual Woman

The Health Center congratulated me on being sexually inactive once.

Bisexual Man

Bates seems to care about the sexual safety and health of its students; condoms are offered in common areas of dorms, and posters discussing sexual education resources can be found.

Bisexual Nonbinary Student

From what I have experienced, Bates is very open about talking about sex/sexuality and no one is shamed for how much they have (or don't have) sex.

Straight Man

Guys need more talks and guidance about sexual interactions. I think most people can tell the difference between the obvious right and wrong in [sexual] situations, but more consideration has to be paid to the confusing situations. By providing guidance and various ways to tackle those situations, everyone can feel safer and more content.

Straight Man

I worked in the bakery my first year and got to make penis and vagina cookies. It was awesome.



# Bates Health Services Sexual Resources



Elizabeth LaCroix,  
Assistant News Editor

Bates Health Services (BHS) takes on the role of your at-home doctor’s office—valuing the full support of students as they participate in academics and co-curricular activities. In addition to the general healthcare BHS provides, they also have reproductive healthcare services to support all student healthcare needs.

“Bates Health Services is partnered with Central Maine Medical Center (CMMC) to provide healthcare to all

Bates students, and we aspire to make students feel welcome and empowered to access our sexual health services,” Brenna Callahan, the Student Health Support Coordinator and Specialist at Bates, told *The Student*.

Appointments can be scheduled for gynecological and sexual health services with doctors (MDs and DOs), family nurse practitioners, and registered nurses (RNs). Students can call BHS at (207) 786-6199 or email them at [healthservices@bates.edu](mailto:healthservices@bates.edu) to schedule an appointment.

## Sexual Health Services Available In-Office

- BHS aims to provide students with accurate sexual health information and to ensure that they have timely access to care for appropriate screening and testing.
- Treatment is available for common sexual health diagnoses (bacterial vaginosis, chlamydia, syphilis, etc.) through the BHS in-house pharmacy.
- Options are given for contraceptive use and STI/HIV prevention.
- BHS educates students on medications and vaccines for avoiding diseases such as HIV with PrEP, HPV, and Hepatitis.
- Support for students who identify as LGBTQIAP2+ with their sexual health needs is provided.
- Pregnancy testing and counseling along with other gynecological services are available in-office.
- BHS often collaborates with Counseling and Psychological Services (CAPS), Sexual Assault Victim Advocacy (SAVA), and other local community services to meet the needs of all patients.

## Sexual Health Services Available Out of Office

- BHS can make referrals to CMMC for ultrasounds or other treatments requiring a specialist.
- Abortions are not available in-office, but transportation can be provided through the Bobcat Express for appointments at Lewiston Family Planning or CMMC.

## Accessing Birth Control and Contraception

**Step 1:** Schedule an Appointment—Call or email BHS to request an appointment with a medical provider to talk about birth control options.

**Step 2:** Order the Contraception—Depending on the type of option selected, a prescription can be sent to a pharmacy for pick up on the same day (i.e. birth control pills, patches, or rings). If the student is interested in long-acting reversible contraception, like an Intrauterine Device (IUD) or Nexplanon, BHS will order the device and set up an appointment for placement when it arrives.

**Step 3:** Follow-Up Appointment—This is only required if the student is interested in an IUD or Nexplanon, and during this visit, the device will be implanted at BHS. \*In the case of emergency contraception, such as Plan B, students can come to BHS and see one of the nurses.

## Constructing an Equitable and Judgement Free Zone

BHS understands that college is a unique time to receive and access healthcare as many students are seeking care for the first time around concerns that are often stigmatized.

“One of the things that have been a very high priority since we began working with the Family Medical Residency is engaging with healthcare providers who understand the student experience,” Callahan said.

BHS has also been working to improve equity and access to all of their services. “As we build and support a comprehensive framework with equity and social justice at its core, we will continue to reflect on and articulate the significance of these issues,” Callahan stated.



# Common Sexually Transmitted Infections

Millions of Americans are infected with Sexually Transmitted Infections (STIs) each year. While most STIs are easy to treat, wearing protection such as condoms and frequent testing are important tools to mitigate preventable spread. Bates Health Services offers free STI testing for all students, and encourages regular testing for everyone aged 16-30 who are sexually active.

Using condoms or other forms of protection during vaginal, anal, or oral sex—as well as frequent testing—protects yourself and your sexual partners against STIs.

## Gonorrhea

Gonorrhea is one of the most common STIs, especially among teens and young adults. The bacteria that causes the STI spreads through vaginal, anal, and oral sex, and can infect your genitalia. Since Gonorrhea generally produces no symptoms, testing is necessary to diagnose the STI. Antibiotics are utilized to cure the infection and mitigate long-term health conditions.

## Herpes

Herpes is another common STI caused by a virus that produces sores on your mouth or genital areas—though it can live in your body for years without causing symptoms. Herpes is spread through skin-to-skin contact such as kissing, vaginal sex, and oral sex. While there is no cure for Herpes, medication can mitigate transmission during sex.

## Pubic Lice

Also known as crabs, pubic lice are parasitic creatures that attach to hair primarily in the pubic and genital areas. They largely spread through sexual skin-to-skin encounters, but also through kissing or other intimate interactions. Pubic lice leads to scratching and itching in your genital areas, but can be easily treated with over-the-counter medicines.

## Chlamydia

Chlamydia is a common bacterial STI in the US, with nearly 3 million cases each year. The STI is most common in adults aged 14 to 24, and spreads primarily through vaginal, anal, and oral sex. There are generally no symptoms for a Chlamydia infection, so testing is necessary to diagnose the STI. However, Chlamydia can be treated with a short course of antibiotics.

**If you have any questions or want to get STI testing, reach out to Bates Health Services at (207) 786-6199**

*Information compiled from CDC and Planned Parenthood websites. Infographic by Max Devon '23*

## Testing and Treatment for Sexually Transmitted Infections

**Step 1:** Schedule an Appointment—Call or email BHS to request an appointment for STI testing. You may also find an at-home STI testing kit location on campus and drop it off at BHS.

**Step 2:** Your Appointment—BHS medical staff will ask questions during your appointment about your symptoms and then determine the appropriate method for testing. This will either take the form of symptomatic or asymptomatic tests. If a student is experiencing symptoms, the student should see a provider to determine the range of STI screening. Typically, asymptomatic tests only screen for gonorrhea and chlamydia.

**Step 3:** Get your Results—Results typically come back within a couple of days and BHS nurses will review the results before calling the student. Students can also set up the CMMC Patient Portal to access results online.

**Step 4:** Attend any Follow-Up Appointments—These are only necessary if the student tests positive. BHS will schedule a follow-up appointment with a provider for students to access treatment for STIs at Health Services.



Bates Peer Health Sex Week Schedule

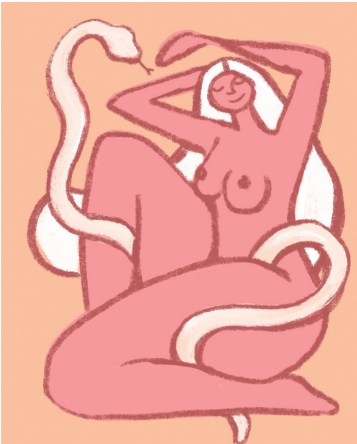
<p>WEDNESDAY</p> <p><b>CONDOM CABS</b> Cabs with condoms will drive throughout campus handing out safer sex supplies and information!</p> <p><b>NOT YOUR HIGH SCHOOL SEX ED WORKSHOP</b> A program centered around pleasure, anatomy, and all the different ways to have sex - solo or partnered. Bring all your sex questions!</p> <p><b>SOCIAL MEDIA SPOTLIGHT:</b> What is Sex Positivity? A post about the basics of what sex positivity means</p>	<p>THURSDAY</p> <p><b>CONDOM CABS</b></p> <p><b>TAKE-HOME STI TEST KITS</b> STI Kits will be provided in multiple locations for students to pick up, use at home, and drop off to Health Services.</p> <p><b>EXPLORING SEXUAL IDENTITIES DISCUSSION</b> This program is designed for people to discuss their sexualities. This program will include discussions on asexuality.</p>
<p>FRIDAY</p> <p><b>CONDOM CABS</b></p> <p><b>CANNOLIS IN COMMONS</b> Sex Week-inspired cannolis provided by the Italian Bakery!</p> <p><b>SOCIAL MEDIA SPOTLIGHT:</b> How to buy a sex toy! A post and brochure about the ins and outs of purchasing a sex toy</p>	<p>SATURDAY</p> <p><b>CONDOM CABS</b></p> <p><b>SEX WEEK TRIVIA!</b> A fun trivia night that tests your knowledge about sex</p>

LEWISTON RESOURCES

CONTINUED FROM PAGE 1

Affordability & Setting Up an Appointment

Lewiston Family Planning has a sliding fee scale based on household income for patients who are uninsured, and they also accept all insurances. Those who are uninsured and have an individual income of under \$27,563 per year can apply for the limited family planning benefits through MaineCare which covers most visit, test, and medication costs. Transgender services are an exception and are not covered under MaineCare. To book an appointment, you can call 207-922-3222 or schedule online. If the visit is in-person, you will be given paperwork to do regarding registration and contact information. You will also be given the opportunity to sign up for their sliding fee scale if you choose to do so. If the appointment is virtual, these same questions will be asked verbally. “We offer and encourage virtual appointments when appropriate,” Hayes told *The Student*. Many appointments ended themselves to virtual appointments, including those regarding transgender services, “peace of mind” STI testing, birth control visits, options counseling, and medication abortion appointments.



Katy Boehm /The Bates Student

Communities for LGBTQIAP2+ Bates Students

**SPARQ! & OIE**  
The Office of Intercultural Education (OIE), located in Chase Hall, serves as Bates’ hub for supporting LGBTQIAP2+ students. Topher Castaneda ‘20 is the interim program coordinator for the OIE. He and SPARQ! peer mentor Olivia Eaton ‘22 help advise LGBTQIAP2+ students.  
SPARQ! is a program that is being developed by the OIE to help connect LGBTQIAP2+ students at Bates. Castaneda said that SPARQ! holds gatherings such as brunches and book club

meetings where LGBTQIAP2+ students can meet similarly minded Batesies.  
“I know it’s intimidating, but I always like to encourage [LGBTQIAP2+ students] to come in [to the OIE],” Eaton said. “Come talk to me, we can just chat, or if you want to take a load off and express all of your troubles, I’m here for that too ... I know it’s scary, but please reach out to people because there are people who care about you and want to hear what you’re feeling.”  
Students interested in learning more about SPARQ! program-

ming can email Castaneda at ccastane@bates.edu.  
**OutFront**  
OutFront is a student-led LGBTQIAP2+ club at Bates. OutFront organizes social activities and campus events, such as dances and game nights. The club additionally supports political activism surrounding queer identity. Contact Claudio Jimenez ‘22, club president, for more information at ajimenez@bates.edu  
**Vanessa Paoella ‘21**

Lewiston Family Planning: A Judgement Free Zone

The staff at Lewiston Family Planning recognize that the healthcare they provide is often very personal to the patient. “Our staff is amazing ... professional yet caring. We all have a sense of humor so we aren’t a cold uncaring environment,” Hayes said. She also added that each staff member does their best to put the patient at ease and give them the personalized attention they deserve. In reference to her own guiding principles as a nurse practitioner, Hayes follows the Maya Angelou quote, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” This is reflected in the overall goal at Lewiston Family Planning: to make each patient feel heard, valued, and cared for.

To Be a Woman Loving Women at Bates

Anonymous Contributor

Coming to a college like Bates, known for diversity and acceptance, from a rural and mostly conservative high school, I had thought things would be different. I came out as a lesbian to a small group of friends at 16, and that was it. My parents are extremely religious and we live in Trump country - I could never take the risk of coming out to more people. But maybe here, things could be better, right?  
I found a group of friends on campus really quickly, which seemed great at first, but soon there was a problem. They assumed I was straight, because they all were. They asked me if I had a boyfriend, what kind of guys I liked to date, on and on. I brushed it off - said I didn’t really have a type, that I had been on a few dates with “people” but nothing had ever really worked out. But I knew I had to tell them eventually, and a few weeks into the semester, I did. And I’m not saying it was bad, because it wasn’t. Things were awkward, but okay. I wasn’t hated, I wasn’t excluded, but I can’t really say I was accepted either.  
As time went on, and as we learned more about each other, I started to get questions from a “good” friend. Was I sure that I didn’t like men? Hadn’t I been on a few dates with guys (recall my use of the word “people” above)? Was I really sure that my parents wouldn’t accept me, that they would kick me out? They couldn’t do that, right? (They could.) I was appalled by the lack of care and willingness to accept and support me from someone who I considered to



Katy Boehm /The Bates Student

be my best friend on campus.  
As time went on, I told more people as it felt appropriate (as in when they directly asked me about men and I had no other out). People had overdramatic reactions of shock, asked me way too many questions about my relationship his-

tory, and acted as if queer people were strange and exotic, like they didn’t know that I wasn’t all that different from them. I’m really not that different. No one in the queer community is. Yet I was asked by a straight classmate if I could bring the person I was “talking” to to class so they

could meet. It was demanded that I share the details of our relationship like it was vital information. Queer relationships are not for show and tell. We are not on display to be stared at like animals at the zoo, and yet, that is exactly what we are subjected to. There are many queer people

on this campus that would agree with me: it is not easy to be queer here. We are seen as different, lesser, stranger. I’m not sure if I’ll ever feel fully comfortable at Bates during my time here, not as long as other students can’t understand that my queerness is not for them. It’s for me.