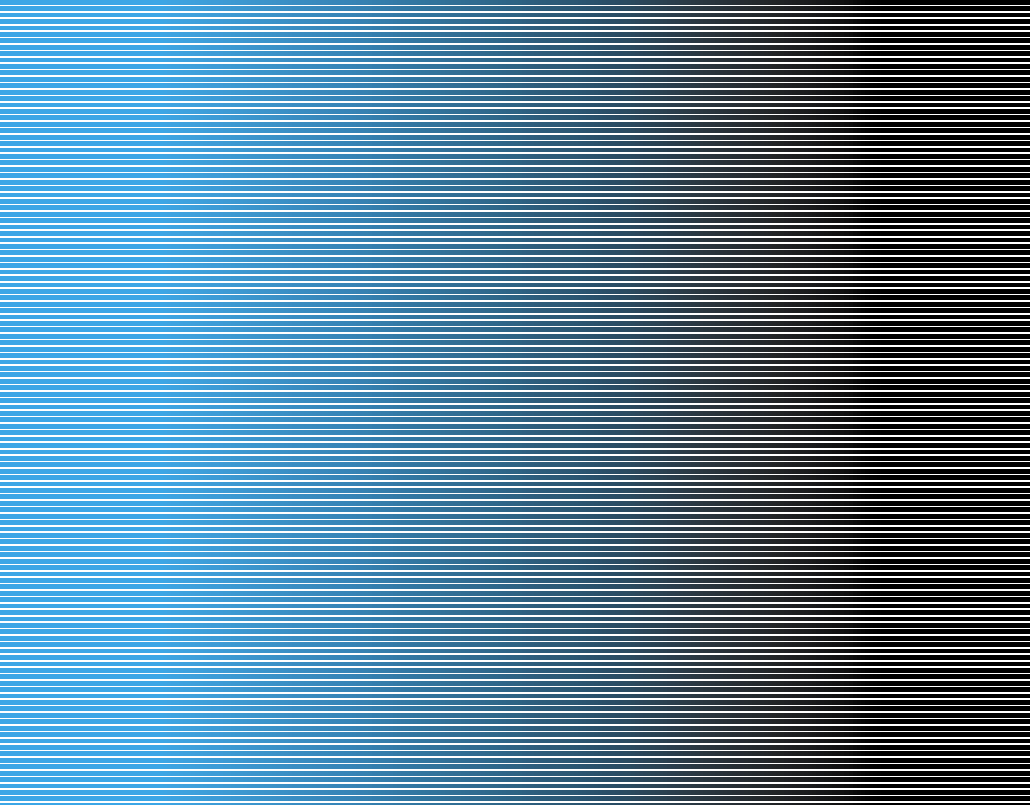
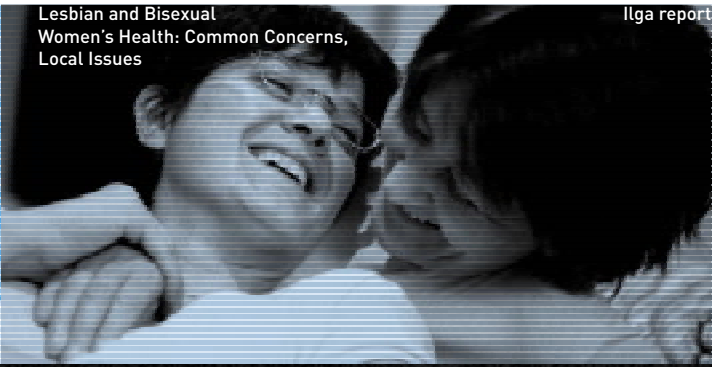


Lesbian and Bisexual
Women's Health: Common Concerns,
Local Issues



Health Care Provision

Research carried out in many parts of the world demonstrates that lesbians, gays, bisexual and transgender people feel uncomfortable talking about their sexuality with health care providers, even when this is linked to their health. They fear hostile and homophobic reactions - and - indeed, it can be the case. Experience of discrimination, lesbophobia or feeling invisible as a lesbian can mean that we might not look for treatment when needed. Health care providers, for their part, are not immune from prejudice. The overview presented shows that there is lack of knowledge and sensitivity of the specific needs of lesbians and of LGBT people in general. Particularly worrying are some findings related to the interaction between lesbian and bisexual women with gynecologists and psychologists: in those cases where sexual orientation has a clear impact on health, patients do not disclose their sexual orientation, while health providers assume automatically the heterosexuality of their patients.

The lack of studies in the field of lesbian health points to an institutional refusal to acknowledge that lesbians might differ in their health needs to heterosexual women.

A SURVEY CONDUCTED BY ILGA-EUROPE

INTEGRATING LGBT HEALTH ISSUES INTO THE STATE HEALTH POLICY IN CENTRAL AND EASTERN EUROPE

ILGA-Europe conducted a survey on LGBT health in five Central and Eastern European countries in close cooperation with its partners: ACCEPT, Romania; Habeas Corpus, Hungary; GenderDoc-M, Moldova; Egal, Macedonia and Organization Q, Bosnia and Herzegovina. We have asked Maxim Anmeghichean, ILGA-Europe's Programmes Director, to summarise the major findings of the survey with a special attention to the situation of lesbian and bisexual women.

There are barriers to accessing health care that are specific to LGBT people. Those barriers experienced by other populations, e.g. lack of resources, geographic and social isolation, lack of information about and/or fear of medical procedures, etc. may also pertain to LGBT people. However those which are specific to many LGBTs include the fear of discrimination and stigma, which act to prevent them from seeking care for themselves or their families. Once in care, LGBT people may withhold personal information that health care providers need in order to be able to give appropriate care. In addition, if a member of the LGBT community experiences homophobia and/or discrimination or feels that their needs are not being recognised or addressed, this less-than-satisfactory experience

can result in their not going back for needed further care. Research shows that there is a high degree of ignorance on the part of health care providers, not only of the specific health needs of LGBT people, but also of the need to be aware of the sensitivities involved when LGBTs engage with a system which is viewed by them with fear and suspicion.(...) Unfortunately, implementation of the survey proved that lesbian and bisexual women are a harder-to-reach target group. Only 15,6% of respondents were women in Romania, 24,7% in Hungary and 30,6% in Moldova. A major concern in relation to health care and lesbians is the fact that lesbians do not access the health care system in the same way as heterosexual women, because birth control and family planning services are not priority issues for lesbians. There is research evidence that shows that lesbians are less likely to get regular PAP smears or breast examinations, both important preventative measures (1). A study on lesbian health in Ireland (2) notes the lack of research in this area, which in turn points to an institutional refusal to acknowledge that lesbians might differ in their health needs to heterosexual women.

“Once in care, LGBT people may withhold personal information that health care providers need in order to be able to give appropriate care”.

For LGBT inclusive policies...

In order to eliminate barriers to health care, two steps must be taken. First, at the level of the health care system, it is necessary to build awareness of LGBT people's needs and to develop the skills needed to meet these needs.

Secondly, at the individual level, it is necessary to encourage self-confidence and self-esteem as well as developing advocacy strategies. Because individuals were unaware that they have the right to health care and did not know what institutions and services could help them secure their rights, very few people were aware of the lack of services. The health care system must be structured and promoted as an inclusive and non-discriminatory environment for LGBT people so as to increase the trust of LGBT clients. The most important aspect is to ensure confidentiality of client data, including information about sexual orientation and (trans)gender identity.

[1] Dallas Women's Health Survey, 1988.

[2] Dillon, A. Status of Lesbian Health, Dublin 2002

To read the full report, visit www.ilga-europe.org.

THE FIRST BROAD RESEARCH ON THE HEALTH OF LESBIAN AND BISEXUAL WOMEN IN ITALY

"MODIDI", WHAT IT MEANS TO BE LESBIAN OR BISEXUAL WOMEN IN ITALIAN HEALTH SERVICES

Through the use of a widely disseminated questionnaire, the research MODIDI gathered statistical data on a number of major themes: health status, social visibility, access to institutional resources in terms of prevention and wellbeing and in terms of social life. Margherita Graglia, a psychologist, a psychotherapist and member of Arcigay, summarises the outcome of the study in relation to lesbian and bisexual women.*

"Only 15% of female respondents were in fact entirely "out", i.e. they did not hide their sexual orientation in any social environment".

Self definition and coming-out

The majority of the 2084 women who responded to the questionnaire reside in the North of the country. Most of these women were young, with an average age of 29. The picture emerging from the first analysis of the research on 2084 women has two sides. Just under half, 40.7 %, defined themselves as "lesbian". Of the remaining women, 6.5% defined themselves as "homosexual", 4.5% as "gay", 13.3% as bisexual and 28.2% did not use any definition at all. Another 4.2% responded "other" and the remaining 2.6% responded "I don't know" or

"heterosexual". If certain aspects of the results of the research show a more positive reality than expected, especially with regard to motherhood (20.5% of lesbian respondents over 40 years had at least one child), other aspects such as visibility to the family, colleagues or service providers still show a socially difficult situation. Only 15% of female respondents were in fact entirely "out", i.e. they did not hide their sexual orientation in any social environment (with friends, family or with colleagues at work or fellow students). 4.1 % of the women had never talked about their sexual orientation with anyone. The atmosphere in which it seems most easy to "come out" is with friends who were, in 5.7% of the cases, already aware of it. Informing the family seems more complicated as only 38.9% of interviewees had revealed their homosexuality to all or almost all of their closest family members, while 30% had never talked about it to any member of their family. However, the most difficult situation to "come out" is undoubtedly the work environment, where only a minority of respondents share this information with their colleagues; and 36.5 % admit never having mentioned it. The visibility of the sexual orientation of the respondents seems to be particularly linked to their age and geographic zone of residence: responses show that the youngest women and women living in the South are more reluctant to be public about it.

Gynecologists

As far as the relationship with psychological and health services is concerned, it is important to highlight how, despite a proactive use of the existing services, the percentage of respondents who had had a gynecological examination is far more than the average indicated by the national statistics. This is in contrast to international studies where evidence has shown that pap-test and mammography have been less requested by women who have sex with women (WSW). Only a minority of the women in the study declared their sexual orientation to health professionals. In fact, only 13.2 % of respondents have talked about their sexual orientation with their general practitioner treating them, while 29.7 % had revealed it to their gynecologist. These numbers can perhaps be partially explained by the fact that 34.5 % of participants are in very much agreement or considerably agree with the following

statement: "I am afraid I will receive worse treatment from doctors or nurses because of my sexual orientation"; 54.1 % agree little or completely disagree with this statement, while 11.4% answered that they don't know. Therefore, while 69.3 % of respondents declared that they thought it was very important for the gynecologist to be aware of one's sexual orientation, only 23.5 % have in fact communicated this information. The perception of interviewees is that, after having revealed this part of their identity to the doctor or the gynecologist, the relationship remained unchanged or even became slightly better. Only very few indicated that the relationship became worse. The revelation does not seem to change the relationship; does that mean that the awareness of the sexual orientation of a patient does not seem to be considered as an important element for a gynecologist? Participants were also asked what they would answer to the gynecologist's question: "Do you use contraception?" From the emerging data it became clear that such a routine question is not generally used by patients as an opportunity for "coming out". In fact 30% of respondents generally declare not using any contraceptives without referring to the motive for their not doing so, namely their sexual orientation. It should be noted that this question indicates a presumption of the patient's heterosexuality without asking in the first place the sexual orientation or the sexual behaviour of the patient.

...and psychologists

The research also revealed interesting information regarding declarations made to a psychologist: 21.3 % of respondents declare that their psychologist was not aware or did not know about their sexual orientation. Isn't it surprising that in this context of sharing confidential information about one's person, such aspects are not revealed? The patient could well be worried about what the therapist thinks about her, anticipating, for example, a negative reaction. This hypothesis is confirmed by the response of 10.8 % of participants who declared that their therapist had negative thoughts about homosexuality.

"10.8 % of participants declared that their therapist had negative thoughts about homosexuality".

Invisibility

According to the epidemiological data, 1 person in 20 has, in the course of her life, occasional or continuous sexual relations with persons of the same sex. Nevertheless this study has shown that, despite this situation, the majority of lesbian and bisexual women do not reveal their sexual orientation to their doctor (general practitioner, gynecologist ...). Doesn't this complicate the encounter between women who have sex with women (WSW) and health operators? The difficulty for lesbian and bisexual women in revealing their identity on one hand and the presumption of heterosexuality of patients in the mind of health professionals on the other hand create genuine communication obstacles. This invisibility in health situations can have important consequences on the psychophysical wellbeing of WSW. If health professionals systematically underestimate the number of these patients, their specific health risks and problems remain unnoticed; and WSW lose the opportunity to communicate their specific problems and be comfortable in this situation.

* MODIDI, the title of the research is "a play on words". It refers to "Modi di" which translates to "Ways of..." doing, of being a lesbian, of taking care of yourself...

The research team was composed of Margherita Graglia, Raffaele Lelleri, Luca Pietrantonio, Luigi Palestini, Cristina Chiari and Davide Barbieri.

The whole report can be consulted on

www.modidi.net

TEN THINGS LESBIANS SHOULD DISCUSS WITH THEIR HEALTH CARE PROVIDERS

1. Breast Cancer : Lesbians have the richest concentration of risk factors for this cancer than any subset of women in the world. Combine this with the fact that many lesbians over 40 do not get routine mammograms, do breast self-exams, or have a clinical breast exam, and the cancer may not be diagnosed early when it is most curable.

2. Depression/Anxiety : Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some still have to hide their orientation from work colleagues, and by the fact that many lesbians have lost the important emotional support others get from their families due to alienation stemming from their sexual orientation.

3. Gynecological Cancer : Lesbians have higher risks for some of the gynecologic cancers. What they may not know is that having a yearly exam by a gynecologist can significantly facilitate early diagnosis associated with higher rates of curability if they ever develop.

4. Fitness : Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. What lesbians need is competent advice about healthy living and healthy eating, as well as healthy exercise.

5. Substance Use : Research indicates that illicit drugs may be used more often among lesbians than heterosexual women. There may be added stressors in lesbian lives from homophobic discrimination, and lesbians need support from each other and from health care providers to find healthy releases, quality recreation, stress reduction, and coping techniques.

6. Tobacco : Research also indicates that tobacco and smoking products may be used more often by lesbians than by heterosexual women. Whether smoking is used as a tension reducer or for social interactions, addiction often follows and is associated with higher rates of cancers, heart disease, and emphysema — the three major causes of death among all women (Emphysema is a condition in which the walls between the alveoli or air sacs within the lung lose their ability to stretch and recoil. Symptoms of emphysema include shortness of breath, cough and a limited exercise tolerance).

7. Alcohol : Alcohol use and abuse may be higher among lesbians. While one drink daily may be good for the heart and not increase cancer or osteoporosis risks, more than that can be a risk factor for disease.

8. Domestic Violence : Domestic violence is reported to occur in about 11 percent of lesbian homes, about half the rate of 20 percent reported by heterosexual women. But the question is where do lesbians go when they are battered? Shelters need to welcome and include battered lesbians and to offer counseling to the offending partners.

9. Osteoporosis : The rates and risks of osteoporosis among lesbians have not been well characterized yet. Calcium and weight-bearing exercise as well as the avoidance of tobacco and alcohol are the mainstays of prevention. Getting bone density tests every few years to see if medication is needed to prevent fracture is also important.

10. Heart Health : Smoking and obesity are the most prevalent risk factors for heart disease among lesbians; but all lesbians need to also get an annual clinical exam, because this is when blood pressure is checked, cholesterol is measured, diabetes is diagnosed, and exercise is discussed. Preventing heart disease, which kills 45 percent of women, should be paramount to every clinical visit.

LESBIANS, HEALTH AND HUMAN RIGHTS

THE LATIN AMERICAN PERSPECTIVE

Several lesbian and feminist collectives from Latin America collaborated, through discussions and sharing of experiences, on the elaboration of a document presented at the 9th International Women's Health Meeting (August 12-16, 2002, Toronto, Canada).

The authors call for the beginning and follow up of the dialogue between the lesbian, women and feminist movements and the movements for health and human rights in the region and abroad. This document, a clear and representative synthesis of the main health issues for the lesbian community in Latin America, lists the following topics to be addressed: a) being in or out of the closet, b) domestic violence, c) cervix-uterus cancer and breast cancer, d) alcoholism and smoking, e) sexually transmitted diseases and HIV/AIDS, f) reproductive rights and g) mental health.

Five main obstacles for lesbians in Latin America to fully live their right to health were detected: poverty and poor local health systems; prejudice and lesbophobia among the medical staff, especially gynecologists and mental health specialists; prejudice and lesbophobia in the legal system and among those professionals dedicated to combat domestic and sexual violence; prejudice and ignorance among the lesbian community itself; and other problems affecting lesbian organizations.

Authors: Laura Eiven (Argentina), Alejandra Sarda (IGLHRC, Mexico), Veronica Villalba (GAG-L, Paraguay
www.convencion.org.uy/menu8-038.htm (in Spanish)



**THE CANADIAN WOMEN'S
HEALTH NETWORK (CWHN)**
www.cwhn.ca (English),
www.rcsf.ca (French)

The aim of this organization is to improve the health and lives of girls and women in the world by collecting, producing, distributing and sharing knowledge, ideas, education, information, resources and strategies. The network takes an active stance to prevent discrimination based on gender, race, religion, sexual orientation, age, ability, language and geographic region.

Its website includes a chapter on health which targets lesbians, bisexual and transgender women, covering issues such as breast cancer, domestic violence, motherhood. An overview of the various books is given: Lesbian and bisexual women's health project: tip sheet for health care providers; Lesbians and health care; A community report on the health concerns of the lesbian, gay, bisexual, and transgendered communities; Access to care: exploring the health and wellbeing of gay, lesbian, bisexual and two-spirit people in Canada; Caring for lesbian and gay people: a clinical guide; Caring for lesbian health: a resource for Canadian health care providers, policy makers and planners.

COLECTIU LAMBDA
www.lambdavalencia.org

This Spanish collective is dedicated to improving the awareness and acceptance of sexual diversity. It provides information and trainings for school and university teachers on sexual diversity and how to combat homophobia and transphobia. The website features a calendar of events, links, articles and discussion forums on topics such as homoparentality and HIV/AIDS prevention, as well as a directory of services for the LGBT community in Spain. A publication of the collective "Full Lambda" is available on-line. Colectiu Lambda conducted a survey on "Sexual Identity and Health Practices" to create awareness among lesbian and bisexual women about their health and health risks and to fight against lesbophobia and ignorance within the health care system.

**GAY AND LESBIAN
ASSOCIATION (GLMA)**
www.glma.org

This North American NGO works to end homophobia in health care. It aims at ensuring equality in health care for LGBT people and health care professionals. On their website you can find a whole range of articles related to LGBT Health, namely, Scientific Workshop on Lesbian Health proceedings, Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients, Smoking Among Lesbians, Gays and Bisexuals: A Review of the Literature.

GENDERDOC – M
www.gay.md/lesbi/eng

GenderDoc Moldova organised a seminar for medical workers, "Sexual and reproductive health of lesbian and bisexual women", in June 2005. The aim was to give doctors working directly with women information about the general aspects of homosexuality and about the special needs of lesbian and bisexual women related to sexual health. Part of the seminar was dedicated to the health related problems of lesbian and bisexual women. The participants discussed the particulars of lesbian and bisexual women's behavior and related risks.

**HETERONORMATIVITY IN
A NURSING CONTEXT**
**ATTITUDES TOWARD HOMOSEXUALITY
AND EXPERIENCES OF LESBIANS AND
GAY MEN**

The research can be found
on [www.diva-portal.org/diva/
getDocument?urn_nbn_se_uu_
diva-5730__fulltext.pdf](http://www.diva-portal.org/diva/getDocument?urn_nbn_se_uu_diva-5730__fulltext.pdf)

This thesis by Gerd Røndahl, Uppsala University, Sweden describes the situation of lesbians and gay men in a nursing environment by studying the attitudes of nursing staff and students and reporting the experiences of gay nursing staff in their work environment and of gay patients and partners in their encounter with nursing in Sweden.

LEARNING TO GROW UP

**MULTIPLE IDENTITIES OF YOUNG
LESBIAN, GAY MEN AND BISEXUAL
PEOPLE IN NORTHERN IRELAND
- NORTHERN IRELAND HUMAN RIGHTS
COMMISSION**

This report by Dr Christine Loudes (July 2003) focuses on the multiple identities of young lesbian, gay and bisexual people. It highlights that young LGB people in Northern Ireland when accessing health care services are often exposed to prejudices, human rights abuses and lack of structures tailored to their needs. The report confirms some of the literature findings around the invisibility of lesbian and bisexual women and encourages health professionals, schools and decision-makers to give more weight to the multiple identities of young LGB people when designing their services.

**LESBIAN AND GAY
AGING ISSUES NETWORK
(LGAIN)**

www.asaging.org/lgain

LGAIN works to raise awareness about the concerns of LGBT elders and about the unique barriers they encounter in gaining access to housing, health care, long-term care and other needed services in the US. LGAIN seeks to foster professional development, multidisciplinary research and wide-ranging dialogue on LGBT issues in the field of aging through publications, conferences, and cosponsored events. A number of useful resources are available on its web page, especially under the LGAIN Web Guide, where one can find relevant rubrics on "Caregiving", "Education & training", "Health", "Needs assessments" and "Women". The guide lists websites dealing with LGBT aging, including links to organizations and reports focusing on health issues for older lesbian and bisexual women.

**LESBIAN HEALTH RE-
SEARCH CENTER (LHRC)**

www.lesbianhealthinfo.org

The Center is located within the Institute for Health and Aging, School of Nursing, University of California, USA.

The health care status and needs of lesbians, bisexual women, and transgender people remain largely unstudied by researchers of women's health and aging. As a consequence, little research-based information exists to direct the practices of health care providers that serve these populations. One of the key goals of the Center is to provide easy-to-find information about health matters of interest to lesbians and their friends and families. The exhaustive website covers topics such as How to communicate with your Health care Provider, Ask a Doctor, Access to Care, Breast Care, Cardiac Health, Depression, Parenthood, Hormone Replacement, Sexual Health, Substance Abuse, Weight.

LGBT PARENTING NETWORK

www.fsatoronto.com/programs/lgbtparenting.html

The Lesbian, Gay, Bisexual, Trans Parenting Network in Canada provides resources, information and support to LGBT parents and their families. Through the network, LGBT parents provide each other support, share information and advocate for their rights. The organization developed and produced a series of brochures (available on their website): LGB Parenting for Family and Friends; Transsexual / Transgender Parenting; Co-Parenting; Choosing a Sperm Donor: Known or Unknown; Information for New Lesbian Parents in Ontario; Insemination procedures.

MAGENTA, SANTÉ ET PROMOTION DE LA SANTÉ,

DIVERSITÉ DES ORIENTATIONS SEXUELLES ET QUESTIONS DE GENRE
www.magenta-asbl.be

This Belgian NGO works on health and its promotion, sexual diversity and gender issues. It brings the subject of lesbian and bisexual women's health to the attention of politicians and of general practitioners. The Center offers a wide range of services, such as psychosocial support; therapies; discussion groups for homosexual, bisexual and transsexual people, those questioning their sexual orientation, their families, friends

and their caregivers. Magenta has also collaborated to the European project Daphné (2001-2004).

ONTARIO PUBLIC HEALTH ASSOCIATION (OPHA)

www.opha.on.ca

The mission of this Canadian non-profit association is to provide leadership on issues affecting public health and to strengthen the work of people who are active in public and community health in the province of Ontario. It provides educational opportunities and information in community and public health. "Improving the Access and Quality of Public Health Services for Bisexuals", a position paper by Cheryl Dobinson gathers information from bisexuals themselves about their health and wellness needs and experiences, underlines existing gaps in health care services, as well as the barriers bisexuals face with regard to obtaining appropriate services and support. The OPHA voted a resolution to improve accessibility of health services for bisexual people.

«PAZIENTI IMPREVISTI. PRATICA MEDICA E ORIENTAMENTO SESSUALE»

Team «Pazienti imprevisiti» - c/o Arcigay - National Italian LGBT association - salute.glb@libero.it

"Unexpected patients. Medical practice and sexual orientation" is a guide for health care providers written by Margherita Graglia, Luca Pietrantonio and Raffaele Lelleri. It aims at attaining a non discriminatory medical practice towards gay, lesbian and bisexual patients.

RÉSEAU QUÉBÉCOIS D'ACTION POUR LA SANTÉ DES FEMMES (RQASF)

www.rqasf.qc.ca

This Canadian network is working in a feminist perspective for the improvement of women's health and wellbeing. A research project on the access lesbians have to social and health services resulted in the publication of the report "Telling it... making social and health services more accessible for lesbians",

available on the website in French and English. On the website you can find a series of articles on lesbian health that have been published in their quarterly bulletin: Adapting social and health services to the needs of lesbians; What lesbians won't do to be healthy!; Sensitivity to lesbian needs; Lesbian health, the invisible health; Discrimination and lesbian health; Discrimination as violence: impact on lesbian health; Lesbians are at risk, but...; Lesbians and HIV: are we concerned?; Neither seen nor known: the relationship between lesbians and health services; Lesbians in middle age (menopause); Lesbian difference; Heterosexism and lesbians.

THE SANGINI TRUST

www.sanginii.org

Sangini's mission is to create, disseminate and redefine knowledge on women's sexual and reproductive health and rights; it provides safe and supportive spaces to women dealing with issues around their sexuality and sexual rights. The Indian NGO offers services such as a telephone helpline; face to face counseling service; a support group; referral services to 'lesbian-friendly' service providers, such as lawyers, gynecologists, therapists, other health professionals. It has started online counseling services for women who cannot afford to call up the helpline or who feel more comfortable in terms of their anonymity, or for other reasons want to avail online counseling.

UNISON

www.unison.org.uk/out

Britain's biggest trade union with more than 1.3 million members. UNISON recognises the importance of its LGBT members and its responsibility for paying particular attention to their needs. Its commitment to equality and to tackling discrimination is written into the union's rules. The London-based trade union published a "best practice" guide intended for health care providers. Entitled "Not 'just' a friend", it provides information to health care workers on how health services can give confidence to lesbian, gay and bisexual service users.