

Said and heard at

ILGA's preconference on Lesbian and Bisexual Women's Health

ILGA's report "Lesbian and Bisexual Women's Health: Common Concerns, Local Issues" was launched at the preconference in Geneva, and the day was organised around the common and local health issues of women. Regional voices were raised, specificities were underlined; but above all, we came to the conclusion that some health concerns are shared by all women worldwide.

MAJOR COMMONALITIES RAISED

The need for awareness-raising via campaigns and actions, both within the lesbian, bisexual and transgender community and among service providers



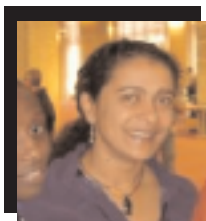
Very few materials on breast health focus on – or are even inclusive of – lesbian, bisexual and transgender women. (...) Lesbian and bisexual women may have some unique issues and feelings about our breasts, or experiences with breast cancer that are not addressed in other materials or educational efforts.

Cheryl Dobinson, Sherbourne Health Centre, Canada

2 Stigma of lesbianism/bisexuality/transgender identity is very prevalent in the provision of service/attitude of staff and can be internalized by women

In order to fight the stigma obstacle, you need to get rid of old thinking patterns and traditional ideas.

Gloria Careaga, El Closet de Sor Juana, Mexico



Since services are geared towards heterosexual women, lesbians and bisexuals face not only silence and stigma about their sexuality, but also about their experiences of gender-based violence. (...) Homophobic paranoia is even worse than for HIV.

Bernadette Muthien, Engender, South Africa

3 Prevalence of homophobia



Homophobia can lead to lesbian and bisexual women avoiding medical care or delaying seeking care.

Cheryl Dobinson, Sherbourne Health Centre, Canada

Very few LBT women seek help, mentally, physically and emotionally, because they are afraid of being rejected again. Very few LBT women are out with their HIV status.



Linda Baumann, Triangle Project, Namibia



One of the most distinct and apparent things is the role of heterosexism and homophobia (in same-sex relationships). (...) External homophobia limits lesbian and gay individuals' access to help and support (e.g., services, police, therapists) and maintains a general lack of awareness of gay and lesbian issues. Lesbian and gay individuals fear having their sexual identity revealed. As such, they may not seek help from traditional domestic violence resources. They may also be reluctant to report cases of abuse for fear of the negative consequences of publicly revealing their sexual orientation.

Mira Ofreneo, Can't Live in the Closet, the Philippines

4 Invisibility of the needs of this group of women

Lesbians still remain marginalized and pretty much invisible in China. This is reflected in several aspects: Firstly, there has been very little research done on lesbians. Little information is available, and people know nothing about lesbians in China. (...) Secondly, there are very few lesbian support groups. (...) There are only three lesbian groups in China in 2005, all newly set up.

(...) Thirdly, there are very few resources for lesbians in China, such as funding opportunities, information, and support networks. Most projects focus on AIDS and gender-based violence. Lesbians are simply and totally left out of the picture.

Bin Xu, Common Language, China



Need for research – both qualitative and quantitative



NEEDS EXPRESSED

In Africa, there is very little research done about LBT women. (...) Information on LBT safer sex and transmission is also very scarce. It is clear that Africa has a lot of HIV/AIDS organisations, but these organisations are not inclusive on LGBT issues and are not making any effort to understand these issues. Most of the organisations that are dealing with health issues in Africa are primarily focusing on gay men's health (MSM). The reason for this is that people do not see LBT women's health as alarming. **Linda Baumann, Triangle Project, Namibia (with Juliet Victor Mukasa and Bernedette Muthien in Geneva)**

2 Awareness-raising

Many organisations have developed awareness-raising programs for individuals about safer sex practices, cancer prevention treatment, and mental health issues. There is still too little awareness though, and much denial, even within the LGBT communities, of the specificities of lesbian and bisexual women's health.

Patricia Curzi, ILGA

3 Education of funders, researchers, the LBT community, service providers, and the gay (male) community



In some countries, organizations started giving training to health care providers and sharing experiences with them. Educating "multipliers", i.e. professionals that are in touch with a large number of women on a daily basis, is a good way to reach out to a much larger audience and to create a more favourable environment for lesbian and bisexual women

to express their concerns.

Patricia Curzi, ILGA

4 Inclusion of bisexual and trans issues as essential to the work



It is important for women to bring a more critical awareness to the issue of the use of hormones throughout our lives...this is obviously particularly relevant for transgender women.

Rina Nissim, Lestime, Switzerland

Homophobia has an impact on health and sexual and reproductive health and rights. Eszter Kismodi of the World Health Organisation (WHO) gave an institutional point of view...

Gender disparities in health are often striking. (...) Sex discrimination and the low social status of girls and women frequently result in poor physical and mental health, physical or emotional abuse, and low levels of control over their own lives, particularly their sexual and reproductive lives. (...) The WHO's strategy for accelerating progress rests on internationally accepted instruments and global consensus declarations on human rights, including: the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence; the right of access to relevant health information; and the right of everyone to enjoy the benefits of scientific progress and its applications.

Eszter Kismodi, WHO

...but it is clear that the WHO is not doing as much as one would like.

Eszter Kismodi mentioned that increasing attention is being paid to "sexual rights" claims in the international human rights system and gave a few examples.

The right to non-discrimination on the basis of sexual orientation:

- UNHRC held that the reference to "sex" in Article 2(1) of the Covenant must be read to include sexual orientation (Human Rights Committee, in *Toonen v. Australia*)
- General Comment 14 ICESCR (the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of ...sexual orientation....)
- Draft of ICESCR GC 19 on the principle of non-discrimination includes sexual orientation under "other status" (homosexuality, bisexuality, transsexuality)
- Denying artificial insemination by lesbian women (Supreme Court of British Columbia, Canadian Charter of Rights and Freedoms)
- Denying an unmarried woman artificial insemination is a violation of her right to non-discrimination on the ground of marital status. (Federal Court of Australia)