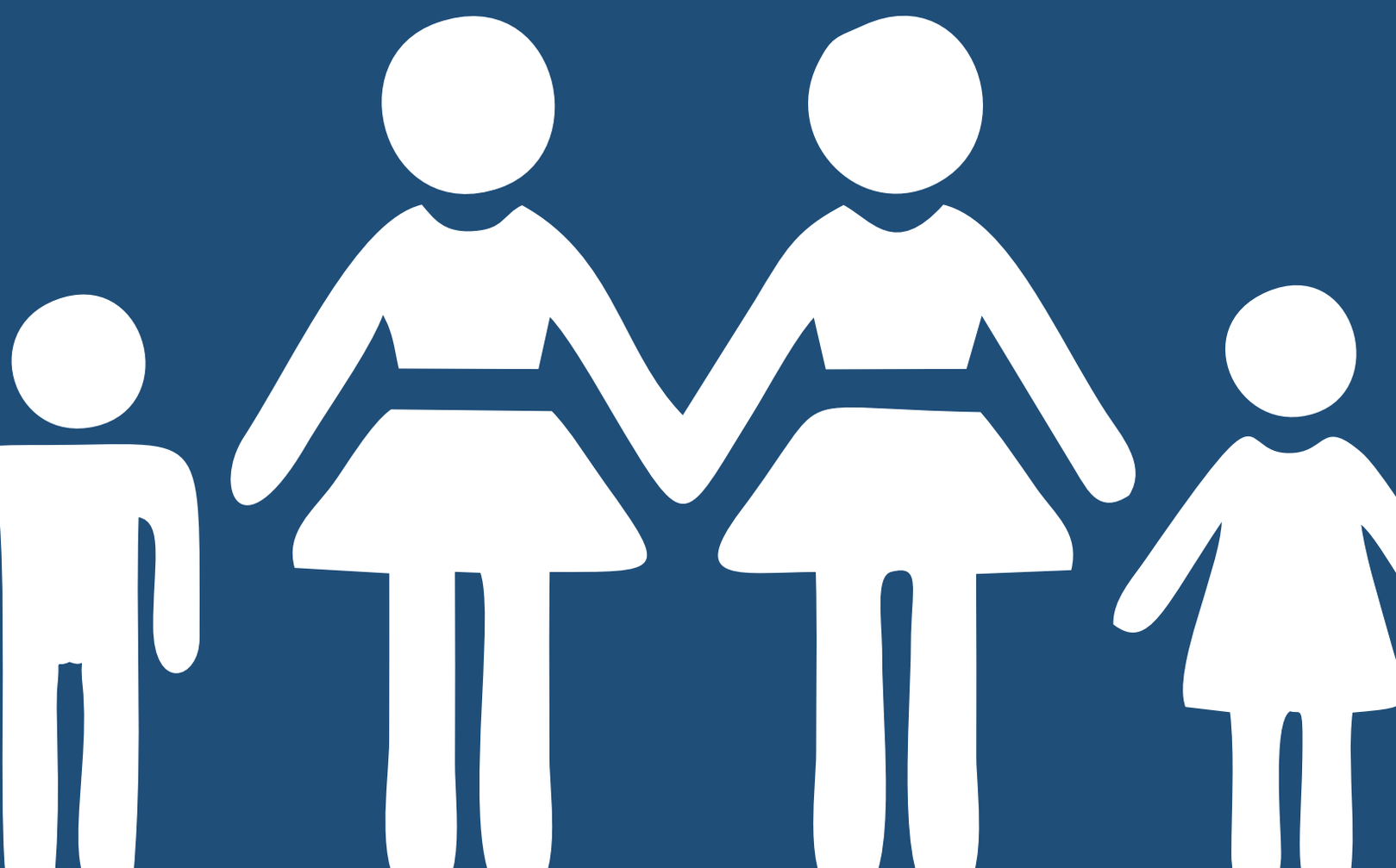
Social and Health Issues of Lesbian, Bisexual, and Other Women who Have Sex with Women

A Short Literature Review



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2019

Semenova, O. Social and Health Issues of Lesbian, Bisexual, and Other Women who Have Sex with Women : A Short Literature Review / Expert Group on Health and Rights of Gays and other MSM in Ukraine. – Kyiv, 2019. – 31 p.

The review prepared with the support of the Eurasian Coalition on Male Health (ECOM) in 2019, as part of the regional program “Right to Health”, funded by the Global Fund.

Contents

GLOSSARY

ADHD	attention deficit hyperactivity disorder
EU	the European Union
ECOM	the Eurasian Coalition on Male Health
EGHR-Ukraine	the Expert Group on Health and Rights of Gays and other MSM in Ukraine
GP	a general practitioner
HIV	the human immunodeficiency virus
HPV	the human papillomavirus

LBWSW (Lesbian, bisexual and other women who have sex with women)

The definition of lesbian women refers to those that are sexually, romantically or emotionally orientated to having same gender relationships, i.e. women having relationships with women. The term bisexual refers to people that are sexually, romantically or emotionally orientated to have attractions to more than one gender. Some women may be having or had had relationships with women but not identify themselves as lesbian or bisexual, hence the term 'women who have sex with women'

Lesbian*	if the sample of a cited study included women* of different non-heterosexual orientations (for example lesbians, bisexuals, etc.) or if non-heterosexual identity was assumed because of other characteristics (e. g., the gender identity of a participant's partner, reported attraction, past sexual behaviour)
LGBT	lesbian, gay, bisexual, transgender
LGBTQIA*	lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual/aromantic/agender/allied
PCOS	Polycystic Ovary Syndrome
STIs	sexually transmitted infections
UK	the United Kingdom of Great Britain and Northern Ireland
WSW	women who have sex with women

PREFACE

The group of lesbian, bisexual, and women who have sex with women remains mostly invisible among other groups and key populations which are at greater risk of HIV, STIs, and other conditions that may influence their health.

The document is written at the request of the Expert Group on Health and Rights of Gays and other MSM in Ukraine (EGHR-Ukraine); the project is supported by the Eurasian Coalition on Male Health – ECOM.

In this review the author analyses works, policies and surveys regarding the situation for lesbian, bisexual and women who have sex with women, published in English language within the period from 2003 to 2018 and reflecting the situation for this group in following regions: worldwide, Northern America, Africa, and chosen countries of Europe and Central Asia.

To describe the group in all its diversity we use the term lesbian, bisexual, and other women who have sex with women (LBWSW). The definition of lesbian women refers to those that are sexually, romantically or emotionally orientated to having same gender relationships, i. e. women having relationships with women. The term bisexual refers to people that are sexually, romantically or emotionnally orientated to have attractions to more than one gender. Some women may be having or had had relationships with women but not identify themselves as lesbian or bisexual, hence the term 'women who have sex with women'[6]. Moreover, gender identity of people that could be define as a part of LBWSW, can be different and include transsexual and non-binary persons. We need to underline that gender identity for the group of transgender people is different from the sex they were assigned at birth; therefore, their genitalia don't have to match their gender.

The goal of this study is to disclose patterns of issues relevant for LBWSW population of different geographies and to map a potential research strategy for future behavioral studies among LBWSW. The lack of studies that would give a proper picture of community and social life, sexual experiences, health issues etc. of LBWSW population is a global problem. This situation leads to complications when planning the intervention aimed specifically to the needs of LBWSW and health risks related to this group.

The primary purpose of this narrative review is to provide a background for understanding current knowledge on LBWSW health, to identify gaps or inconsistencies in this area and to determine research needs. The data for the review was collected using sources prepared by professional researchers and published in English language. In Ukraine within last fifteen years few studies on LBWSW health were conducted; the results were published as a grey literature in Russian and/or Ukrainian languages. Despite the sample of these research was not big enough to represent the population, their findings correlate with the conclusions of this review. The review creates a solid starting point for all stakeholders interested in the topic of LBWSW health to guide their decision-making practices.

The most relevant problems of LBWSW analyzed literature touches on belong to several pillars, such as: lesbophobia and discrimination, access to services, STI/HIV, reproductive health, cancer, mental health, substance abuse, health care and service standards.

We thank all people, who supported this review preparation, namely:
Andriy Chernyshev, Myroslava Debeliuk, Oksana Dobroskok, Hanna Dovbakh, Maksym Kasianczuk, Oleksandr Postnov, Sviatoslav Sheremet.

METHODOLOGY

This narrative review draws on ten sources summarising the evidence on health and everyday life outcomes for LBWSW. The document collects aggregated information from across the sources reflecting the situation for LBWSW in Europe, Northern America, Central Asia, Africa and other regions.

The review brings together literature of a fifteen-year period aiming to underline that the data on LBWSW did not change much and keep showing the same concerning situation with discrimination and health risks this group faces in different countries. The sources chosen for the review were called to reflect various aspects of LBWSW' way of life, health issues and relationships with healthcare systems. The data collected in the review shows the situation in the states where LBWSW are not recognized as a key group for preventative interventions and have no access to special health care programs, as well as in the countries where LBWSW have a possibility to be referred to specific health care programs (such as the United States, the United Kingdom, Germany, etc.).

The sources chosen for this narrative review should have met the following criteria: represent data specifically on LB/WSW/LBWSW group; be available with free access; published by reliable journals/agencies; be synthetized for different readers' audiences. The data are presented in a meaningful way and framed as a collective case study.

The review analyzes powerful information sources – studies that are representative of most works published in a particular area, including surveys, journal papers, policies for specialists working with the communities, conceptual papers etc. Due to the limited budget the process of searching the literature could not afford an exhaustive coverage and include all relevant published studies. Materials presented in this review are representative of most other works and publications in a field of LBWSW health. The review concentrates on prior works that have been pivotal to a topic of LBWSW health and representative of the issue precisely without collecting data from other groups of LGBTQI family. While extracting and analyzing data of the selected papers the author has found that applicable information from each primary source equals the results shown in the abstracts of numerous studies that were not included in this review.

Developed as a tool for researchers, educators, and policy makers, this review is aligned to raise attention to the health risks for LBWSW, invisibility of their needs and lack of specific approach of which this group is suffering.

CONCLUSIONS

Surveys and reviews of the situation for LBWSW in different parts of the world for the last fifteen years show a repeated pattern of same issues within the group.

Invisibility of LBWSW in a healthcare system remains a great problem. Women's health has come to be defined as heterosexual health. However, not all women prefer heterosexual lifestyle and sexual behavior. There is evidence that lesbian population may have a specific health demographic profile. The evidence shows some specific health conditions which have increased prevalence among lesbian and bisexual adolescents and adult women, and this provides an opportunity for specific consideration of their needs in the care pathway planning and integrated care models. 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.

Homo-, lesbo- and transphobia of healthcare providers continually prevent LBWSW from using health care services. Lesbian and bisexual women often struggle to obtain quality health care as a result of a complex set of conditions, including fears of disclosure and homophobic and heterosexist attitudes among nurses and other health professionals. Homophobia, biphobia and transphobia can still be seen to be pervasive in the healthcare sector. The fear of a lesbophobic reaction from health care providers and a reluctancy to share "private matters" with a stranger also play a role. Finally, gynecological exams can be perceived by some as being invasive, and possibly violent. Survey data reveal that lesbians have experienced ostracism, rough treatment, and derogatory comments by their medical practitioners. As a result, many lesbians have decided not to tell their physicians about their orientation. 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.

Despite disturbing conclusions that shows almost every survey directed on LBWSW issues, the problems and needs of this group have never been researched properly. Compare to surveys dedicated to other groups, specifically gay and bisexual men, there are not so many works related to well being, behavioral patterns and risks linked to health among lesbian and bisexual women. There is a significant gap in the evidence base for lesbian and bisexual women, and virtually no exploration of women who have sex with women. 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. Today there is little research on transmission of HIV virus and other sexually transmitted infections (STI) between two women, as compared to the research made for gay men. This leads to belief amongst lesbian and bisexual women themselves that they are immune to contracting sexually transmitted infections when having sex with another woman. Many healthcare providers tend to have the same belief.

The data from existing surveys can be disturbing enough to advocate for the necessity of a proper research of the situation with LBWSW health in different regions. As an example: A sizeable proportion of lesbians and bisexual women with a history of sexual activity with men had never used condoms for vaginal or anal penetrative sex. A large proportion of those LBWSW who shared sex toys did not wash them or use condoms on toys before use on another woman. Dental dams were rarely used in sex between women. These data on use of barriers in sexual activity seem to imply that lesbians are at risk of STI transmission from men or women.

Evidence of sexual activities of LBWSW shows that the group can be at risk of STIs and specifically HIV. Sexual practices within the group can be different, partners of LBWSW can identify as representatives of all genders. Furthermore, LBWSW is reported as a group that due to various reasons most likely could have no or limited access to testing and treatment. Outrageous data on mental health confirm high levels of depression, suicidal thoughts and self harm behaviour among LBWSW, as well as higher levels of substance abuse in this group which can lead to unsafe sex practices and high risk of STIs.

RECOMMENDATIONS

Based on evidences collected in this review, a set of solid recommendations could be offered for health care institutions, governmental bodies, non-governmental organizations working with LBWSW, international organizations working for improving health of the key populations and groups they interact with, and other stakeholders.

To improve the situation with access to health care services and visibility of LBWSW as a separate group carrying certain health risks:

Raising awareness about the interaction of sex characteristics, gender and sexual identity in healthcare providers by objectively informing them about specific needs and living conditions of lesbians* (e. g., sexual health needs, heightened mental health vulnerability) through targeted campaigns and sensitivity training led by experts on LGBTQIA* health. Raising awareness about the interaction of gender identity, sexual identity and various other aspects of identity in other professionals, such as people working in law enforcement, schools and universities or the service sector to prevent discrimination by targeted campaigns and sensitivity training. The Ministry of Health should work with other agencies to ensure the training of healthcare providers, social workers, educators, and medical students about sexual orientation and gender identity. Healthcare service providers should ensure that staff receive comprehensive training on LGBT issues, including the specific needs of LBWSW. Training should also include communicating in a non-discriminatory way, without making assumptions about sexual orientation, to create a safe and respectful environment for everyone.

Raising awareness about sexual and gender identity in students of health sciences (and related disciplines) by introducing lectures on sexual and gender identity and sex characteristics as well as sensitivity training sessions to health science curricula (e. g. in medicine, psychology, or social work).

To take measures for overcoming such health risk factors as stigma and discrimination against LBWSW:

Healthcare services should consider the stigma and discrimination associated with lesbian and bisexual identities, and actively address attitudes or behaviour from staff and service users that is homophobic, biphobic, transphobic, heterosexist or cissexist.

Undertake campaigns of awareness-raising, directed to the general public as well as to actual and potential perpetrators of violence, in order to combat the prejudices that underlie violence related to sexual orientation and gender identity.

To improve an evidence-based data on LBWSW:

Population-based studies to determine the incidence of cancer, heart disease, infectious diseases, and mental illness and their attendant risk factors in the lesbian population. Study of possible mechanisms to reduce human immunodeficiency virus (HIV) transmission among bisexual women. There is a clear need for more and better data, as well as local and national suicide prevention initiatives to consider the needs of bisexual and lesbian women and engage actively in supporting prevention with these groups.

Healthcare providers and institutions should ensure that LBWSW are included in patient representative groups, including targeted recruitment if needed. Commissioners of healthcare services should consider the specific needs of LBWSW when designing and commissioning healthcare services. Commissioners should also assess whether mainstream services they have commissioned are accessible to and appropriate for LBWSW.

It is strongly recommended using a more inclusive approach to assess gender identity in scientific endeavors and an analytical approach that treats sexual orientation and gender identity as two aspects of identity present in everyone (as opposed to conflating sexual orientation and gender identity).

To take measures and implement programs on raising awareness on risks of STIs and HIV among LBWSW population, and to promote regular testing and checks for LBWSW.

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Review

Introduction

This review concentrates on a set of a major issues of LBWSW group that were identified by researchers and scholars over last two decades. First of all, these are lesbophobia, discrimination and hate crimes. Studies prove that these factors could be critical for development of mental health disorders, substance addiction and risky behaviour.

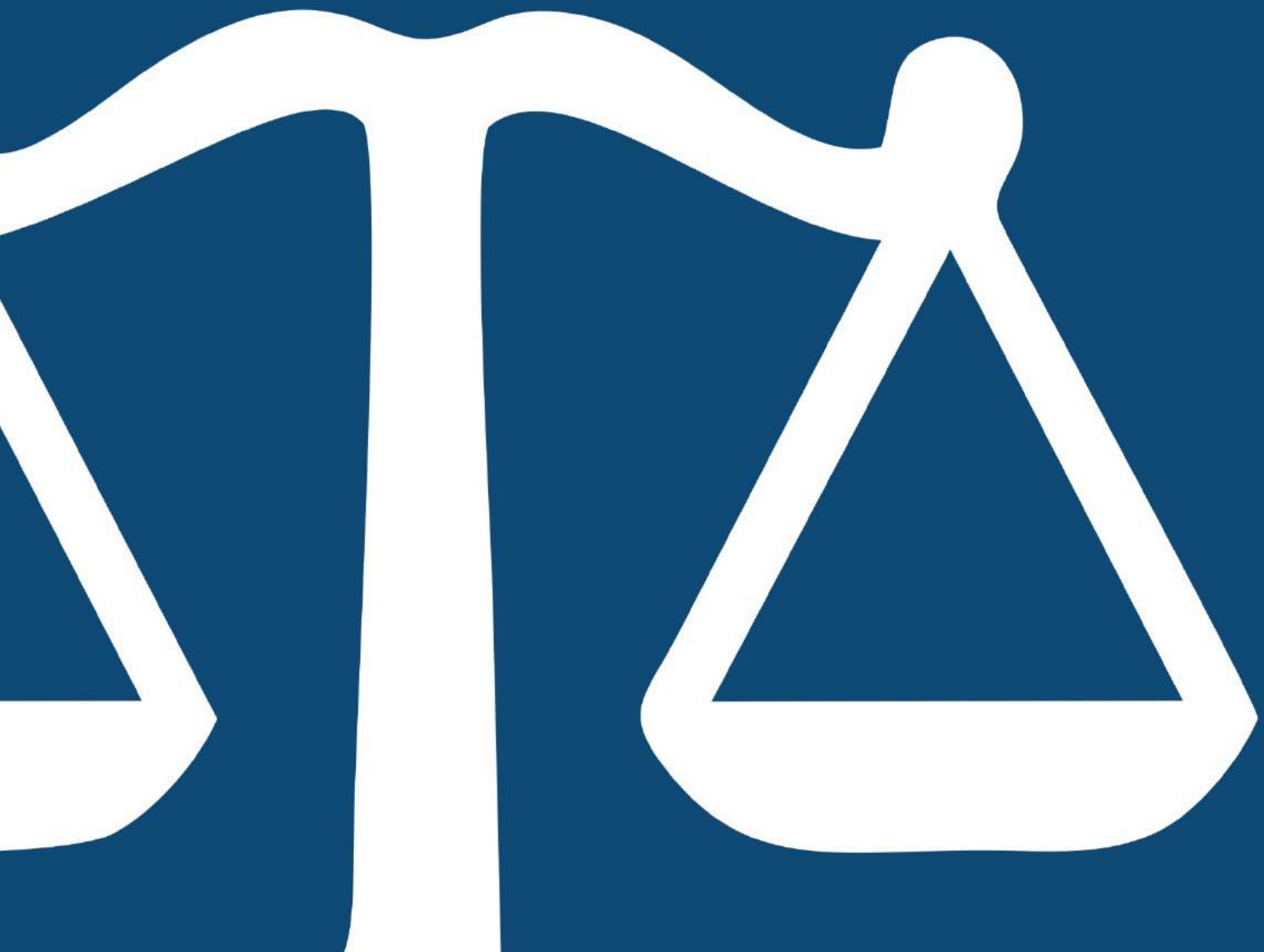
The review touches base on family and relationships patterns as well on a sexual behavior of LBWSW; both are important for understanding the development of risks related to sexual transmitted diseases, sexual health in general and reproductive health. We collected data on all these aspects separately to underline important conclusions that had been proved in international research.

In paragraphs, dedicated to common diseases and cancer the review concentrates on the issues that have been proved as potential risks specifically for LBWSW group compare to heterosexual women. These patterns repeatedly show the need in separate approach to LBWSW as a group under specific threats.

Sections on mental health and substance abuse present multiple data on disorders directly connected to the stress of discrimination and potential risks of risky behavior such as self-harm of all kinds, including alcohol, nicotine and drug addiction.

The final part of the review analyzes aspects of the access to healthcare and quality of services LBWSW have reported in several studies. This section goes down to the reasons of poor situation with testing and disease prevention among LBWSW and presents clear evidence on consequences of lack of data on this specific group.

Lesbophobia, Everyday Discrimination and Hate Crimes



Domestic Violence

Within a hetero-patriarchal society, the expression of sexual desire by women in general is rarely tolerated. Hence, women who express attraction to other women may be met with particularly strong disapproval. Lesbians can face severe social, verbal and, at times, physical punishment for transgressing accepted expressions of sexual desire or rejecting tradition gender roles, sometimes even at the hands of their own family or community[4]. Some lesbians may have been rejected by their family of origin in their coming out process, may have experienced rejection from significant people in their lives when disclosing their sexuality and have not found significant others for support[8].

Bisexual women may face similar forms of discrimination and abuse to lesbians when they are in same-sex relationships, express same-sex desires, or fail to conform to traditional feminine appearances or female gender roles within their culture. In addition, bisexual women may be seen as more easily 'cured' by their families and broader communities. Bisexual women may experience immense pressure to choose to behave 'correctly', that is, to choose only male partners[4].

Youth who self-identify as lesbian or gay during high school report higher rates of unintended pregnancy, victimization, sexual risk behaviors, substance use and all at an earlier age than are their peers. Rejection by family and peers based on popular misconceptions about homosexuality may lead to isolation, domestic violence, depression, school or job failure, run-away behavior, homelessness, and suicide[7]. According to the survey conducted in Kyrgyzstan, 60 percent of respondents who identified as lesbian, bisexual, or transgender had not told their parents about their sexual orientation or gender identity. Of those who told their parents, 18 percent experienced physical violence as a result and 56 percent of their families tried to force them to change their sexual orientation. Moreover, 23 percent of respondents, or approximately one in four of those surveyed, have experienced sexual assault during their lives. Lesbians and transgender men may therefore be blocked from escaping a violent home. Lesbians and transgender men describe their abusers' methods: creating financial dependency, enforcing curfews, dictating their movement within and outside the home, and isolating them from sympathetic family and friends. In some cases, families capture women who escape and force them to return. In the case of lesbians and transgender men, perpetrators are often non-spouse family members[1].

Societal Discrimination and Hate Crimes

Lesbians may be forcefully silenced or trivialised and dismissed to ensure that they remain invisible. The forceful 'correction' of their sexual orientation can include social ostracism, physical violence, mental cruelty, and even sexual violence, such as corrective rape, which can result in great mental suffering and physical injury[4]. Abuses may happen on the street or in the home, at the hands of strangers or family members. Survivors find little practical hope of government protection, because of social prejudice and silence. Strangers may assault them on the street. Families may beat them. Police may deny them protection[1].

Lesbians also face discrimination, exclusion and abuse when engaging with broader society and State institutions. Lesbians may also face discrimination when accessing services[4]. As an example, lesbians* in Europe are faced with discrimination on a daily basis – ranging from legal barriers in various aspects of their lives to informal discrimination by family members, peers, or service personnel. 55% of lesbians have felt discriminated against or harassed because of their sexual orientation in the 12 months prior to the survey. Only 8% of lesbians reported their last incident of discrimination to any institution or authority[2]. There is a significate evidence of a workplace discrimination. 74% of lesbians hid their sexual orientation during employment in the 5 years prior to the survey conducted in Europe. 44% of lesbians experienced negative comments or conduct at work because of being a lesbian. In the 5 years prior to the survey 52% were personally harassed by someone or a group. 23% were physically/sexually attacked or threatened with violence at home or elsewhere (street, on public transport, at their workplace, etc.)[2].

55% of lesbians have felt discriminated against or harassed because of their sexual orientation.

23% were physically/sexually attacked or threatened with violence at home or elsewhere

The sexuality of bisexual women is trivialised through the 'heterosexual male gaze', through which women's bisexuality becomes a form of entertainment for men. This is perpetuated in pornography in which bisexual behaviour by women is no longer an expression of their desire but performed for the male onlooker. Outside of pornography, the assumption of some heterosexual men may also be that a woman's bisexuality exists for men's sexual gratification and bisexual women may be harassed by men for sexual access and inclusion[4]. When bisexual women are in same-sex relationships or express gender non-conformity, however, they may experience similar forms of discrimination, ostracism and abuse as lesbians, and this discrimination may also exist in all spheres of society, such as in education, employment, health care, goods and services, law enforcement, religion, and at social and cultural activities[2].

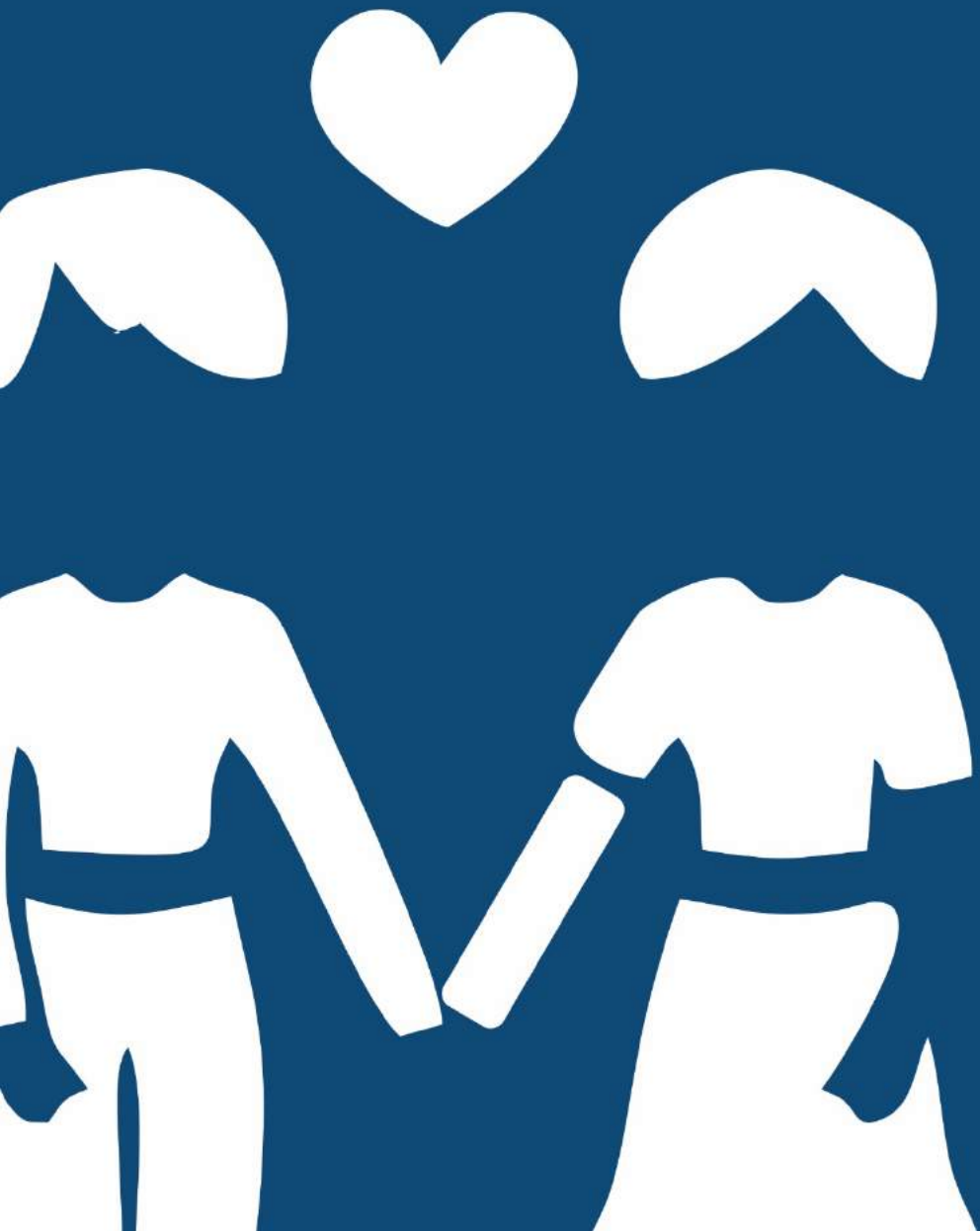
Family and Relationships

Relationships and family reported as a 'traditional' core value for LBWSW community. Throughout the EU and Croatia, about 70% of lesbians live in a relationship: 37% live together with a partner or spouse, 32% are involved in a relationship without living together, 30% are not involved in a relationship. 81% of lesbians agree or strongly agree that the possibility to marry or register a partnership in their country would allow for a more comfortable life[2].

On the other hand, societal heterosexism has resulted in many lesbians coming to accept their orientation after leading heterosexual lives for many years. They may have married and borne children. Younger lesbians are increasingly choosing to become parents through donor insemination, adoption, and foster care. Among women seeking insemination services, the clinical pregnancy rate and complications have been confirmed to be among lesbians and heterosexual women[7]. 36% of lesbians in the EU and Croatia are parents or legal guardians of a child and 17% live with children (under 18) in the same household. 87% of lesbians agree or strongly agree that the possibility to adopt or foster a child in their country would allow for a more comfortable life. When asked about their worries with regard to family planning, lesbians stated that they: feared a lack of legal recognition (76%), their child would experience homophobia, transphobia, or discrimination (72%), or they themselves would experience homophobia, transphobia or discrimination (34%)[2].

A growing body of scientific literature demonstrates that children who grow up with one or two gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes[7]. No significant differences were noticed between children of lesbian parents and those of heterosexual parents on measures of social competence, behavior problems, self-concept, and interactions with adults and other children. The majority of children parented by same-sex couples also reported heterosexual orientation with same-sex orientation no greater than the general population[10].

Sexual Behavior



Surveys show that sexual behavior of LBWSW can vary, they can be involved in sexual relationships with partners from different social groups and of different gender identity, using variable sexual practices.

Sexual History

Women who self identify as lesbian have affectional and sexual preference for other women. However, sexual behavior may be exclusively homosexual, bisexual, or heterosexual depending on multiple sociocultural and economic factors. The majority of lesbians report having had intercourse with a male partner[10]. First sexual experience tended to be with a man (median 18 years old), with first sexual experience with a woman a few years later (median 21 years) [9]. Most of the surveys confirm that 70% to 90% of lesbians are or have been sexual with men, especially at younger ages while they were questioning and exploring their orientation. In one survey of young lesbians, 25% had been pregnant, 16% had an abortion, and more than half had used oral contraceptives for more than 3 years[7]. 85% of the whole sample reported past or present sexual activity with men in the UK. Of these, 12% had been sexually active with men within the past year, 18% 1–3 years ago, 42% 4–10 years ago, and 28% more than 10 years ago. Younger women were more likely to report sex with men within the past year. 98% gave a history of sexual activity with women, 83% within the past year, with a median of one female partner in that year. 85% of the sample reported sexual activity with men; for most (70%) this was 4 or more years ago[9].

70% to 90% of lesbians are or have been sexual with men, especially at younger ages while they were questioning and exploring their orientation

Sexual Practices

Most common sexual practices for lesbians* (over 95% surveyed do it occasionally or often) are: oral sex (mouth-vagina), vaginal penetration with fingers, mutual masturbation. In the Spanish/Mexican "What are we lesbian women like" survey, 43% reported they use or have used sex toys from time to time. In another survey among British and U.S.-American lesbians*, 61% of lesbians reported to have used a vibrator with their partner in the year prior to the survey[2]. Oral sex, vaginal penetration with fingers, and mutual masturbation were the most commonly reported sexual practices between women. Vaginal stimulation through oral sex or penetration with fingers was almost universally reported in sex between women. The use of sex toys and anal stimulation were less commonly reported. Vaginal penetration with penis or fingers and mutual masturbation were the most commonly reported sexual activities with men[9].

86% of lesbians* who reported engaging in oral sex with a (presumably cis-female partner) have never used a dental dam[2]. In the survey on using barriers in sex (safer sex) among LBWSW in the United Kingdom 86% of those who reported oral sex with women had never used dental dams; 13% used them occasionally or often and 1% always used them. Of those who reported sharing sex toys with women, 22% never washed them before sharing, 31% washed them occasionally or often, with 47% always washing them. In addition, 22% of those sharing sex toys used condoms occasionally or often when sharing, and 26% always did. Of those who reported penetrative sex with men (penis-vagina), 32% had never used condoms or femidoms, 45% used them occasionally or often, and 23% always did. Of those who reported anal penetration with a penis, 42% had never used a condom or femidom, 29% used them occasionally or often, and 29% always did. Of the 128 women who reported oral sex with men, 80% never used condoms, 16% occasionally or often, and 4% always used them[9].

Common Diseases

The unique health concerns of lesbian and bisexual women are often not understood or addressed. Many lesbians do not disclose their sexual identity to health care providers after previous negative experiences that led to substandard health care[10]. 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. If health professionals systematically underestimate the number of LBWSW patients, their specific health risks and problems remain unnoticed[8].

When professionals systematically underestimate the number of LBWSW patients, their specific health risks and problems remain unnoticed

Health inequalities exist across the life course for LBWSW. Lesbian and bisexual women self-report significantly higher levels of fair or poor health than heterosexual women. There is consistent evidence that in general lesbian and bisexual women report worse general health than their heterosexual counterparts. This inequality is present across the life course and there is some evidence that it is even greater for bisexual women than for lesbian women. International research suggests higher proportions of lesbian and bisexual women have chronic health conditions and disabilities than their heterosexual counterparts[5].

The best evidence review highlighted the following inequalities affecting LBWSW in mental and physical health conditions from both peer review publications and the analysis of the GP survey: depression, stress and anxiety; cancer outcomes; long-term neurological problems; teenage conception; asthma; musculoskeletal issues[5]. Bisexual women reported higher rates of back problems, digestive disorders, and chronic fatigue compared with heterosexual women. These women also reported more functional health limitations[10].

Common health concerns for lesbian and bisexual women include heart disease. Lesbians and bisexual women have a higher rate of obesity, smoking, and stress. All of these are risk factors for heart disease[3].

Musculoskeletal conditions: There is evidence of an increased prevalence of arthritis/long-term joint problems and long-term back problems for both lesbian and bisexual women compared to heterosexual women[5].

Respiratory health: There is good evidence that lesbian and bisexual women have higher rates of asthma than heterosexual women[5].

Across the international research the majority of studies found that LBWSW have a higher body weight or body mass index compared to heterosexual women and this was consistent across the life course. There are consistent research findings highlighting higher rates of eating disorders among lesbian and bisexual women, especially in studies of young people[5].

STI/HIV

Despite the proven fact that sexual behavior of LBWSW, as well as choice of partners can be different, some research reflects possibilities of sexual transmission of infections specifically within WSW sexual practices. Women who have sex with women are at risk for STIs. Lesbians* exclusively engaging in intimate relations with other women are able to acquire sexually transmitted infections when they share bodily fluids with their partner[2]. Lesbian and bisexual women can transmit STIs to each other through: Skin-to-skin contact, Mucosa contact (e.g. mouth to vagina), Vaginal fluids, Menstrual blood, Sharing sex toys. Bisexual women may be more likely to get infected with STIs that are less common for lesbians, since bisexuals are presumably having sex with men and women[3].

Case studies and clinic based surveys indicate that woman to woman transmission of infection is possible for trichomoniasis, genital herpes, vulval and cervical human papillomavirus, hepatitis A, syphilis, and HIV, as well as bacterial vaginosis[9]. Common STIs that can be passed between women include: Bacterial vaginosis, which is more common in lesbian and bisexual women than in other women; Chlamydia, which is spread through vaginal, oral, or anal sex; Genital herpes (oral herpes can be transmitted to the genitals through oral sex); Human papillomavirus (Lesbians and bisexual women can transmit HPV through direct genital skin-to-skin contact, touching, or sex toys used with other women. Lesbians who have had sex with men are also at risk of HPV infection); Trichomoniasis; Gonorrhea; Syphilis; Hepatitis B[3]. A common STI among lesbians* is bacterial vaginosis or a vaginal thrush[2].

Woman to woman transmission of infection is possible for trichomoniasis, genital herpes, vulval and cervical human papillomavirus, hepatitis A, syphilis, and HIV

The human immunodeficiency virus (HIV) is spread through body fluids, such as blood, vaginal fluid, semen, and breast milk. Women who have sex with women can spread HIV[3]. There are many literature reports of cases of suspected lesbian sexual transmission of HIV. The Institute of Medicine has reviewed the issue and concludes that the risk of transmitting HIV between women is unclear, noting that bisexual women have the highest rates of seropositivity in comparison with both lesbians and heterosexual women[7]. Organizations need to create understanding. Lesbians who have sex with men are also a huge issue and encourage women to test for HIV[8].

In the “Prescription for Change” survey (UK), less than half of the lesbians* surveyed had been tested for an STI. Over half of those who had been tested, had an STI (25% of all respondents). Of those who had not been tested, 75% thought that they were “not at risk”[2]. In many instances, female partners of LBWSW are ignored or referred to as the patient’s “friend” [6]. This could mean a risk of not involving the female partner into testing and/or cure in case of STI.

Sexual and Reproductive Health

When it comes to sexual and reproductive health, lesbians* use services less often than other women. Qualitative data suggests that lesbians* who don't attend a check-up, don't think that they are at risk. Some assume that they are fine, because they don't have any symptoms. In some cases, lesbians* are even told by healthcare professionals that they do not need a test. When it comes to sexual health, lesbians* seem to be considered a "low risk" group by both professionals and by lesbians* themselves. This can result in fewer visits to sexual health specialists or a reluctance on their part to perform certain checkups, such as vaginal swabs. These findings on a low attendance rate at sexual health clinics and the notion of a general "low risk" when it comes to sexual health are concerning, since lesbians* have diverse sexual histories and are able to acquire sexually transmitted infections[2].

About one in ten lesbians* has never had a gynecological check-up (compared to 1% of other women*). About 15%-21% of lesbians* (over 25) never had a vaginal swab (compared to 6-9% of women* in general). In the British "Prescription for Change" survey, over half of the respondents have never been to a sexual health check-up[2].

However, LBWSW are at risk. Polycystic Ovary Syndrome (PCOS) is the most common hormonal problem of the reproductive system in women of childbearing age. Five to 10 percent of women of childbearing age have PCOS. Lesbians may have a higher rate of PCOS than heterosexual women[3].

Fertility should be similar in lesbians and heterosexual women. Serum hormone levels of testosterone, androstenedione, estradiol, and progesterone of lifelong lesbians, lesbians who realized their orientation at a later age, and heterosexual women were measured at the same points in the menstrual cycle and revealed no differences. Conception rates have been reported to be similar as well[7].

Cancer

Lesbian and bisexual women have higher rates of cancer mortality compare with heterosexual women[5].The most common cancers for all women are breast, lung, colon, uterine, and ovarian. Several factors put lesbian and bisexual women at higher risk for developing some cancers. Lesbians and bisexual women are less likely to get routine screenings, such as a Pap test, which can prevent or detect cervical cancer. The viruses that cause most cervical cancer can be sexually transmitted between women. Bisexual women, who may be less likely than lesbians to have health insurance, are even more likely to skip these tests[3].

Approximately twice as many lesbians as heterosexual women report heavy smoking. The reasons for this behavior have been analyzed in the Substance Abuse section of this review. This places these women at greater risk for cardiovascular disease, lung cancer, and cervical cancer. Risk for breast cancer may be greater in lesbian women because of increased incidence of alcohol use, obesity, cigarette smoking, and null parity[3,10]. The high incidence of breast cancer in women (1 in 7) and the higher risk factors for many lesbians (not having children, not having breastfed, high alcohol consumption, high smoking rate) make our risk factor for developing breast cancer, some suggest, as high as 1 in 4[8]. Lesbians and bisexual women had more breast cancer than heterosexual women despite similar mammography screening rates as study protocol participants. Lesbians appear to have more risk factors for breast cancer, including nulliparity, alcohol and cigarette abuse. Higher rates of cigarette abuse is another risk factor for cervical dysplasia[7]. At the same time, other reports declare lesbian women have fewer clinical breast examinations, pap smears, and mammograms than do heterosexual women[10]. 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[8].

Lesbians appear to have more risk factors for breast cancer

Compared to heterosexual women, evidence shows that there may be a higher prevalence of certain types of cancer among lesbian and bisexual women; these include mesothelioma, oro-pharyngeal cancer, stomach cancer and endometrial cancer[5].

Lesbians and bisexual women are less likely than other women to get routine mammograms and clinical breast exams. This may be due to lesbians' and bisexuals' lack of health insurance, fear of discrimination, or bad experiences with health care providers. Failure to get these test lowers women's chances of catching cancer early enough for treatments to work[3].

Mental Health

Population surveys demonstrate consistently higher levels of mental health issues among lesbian and bisexual women compared to heterosexual women, and some evidence of worse mental health among bisexual women compared to lesbian women. In most studies bisexual women have been found to experience poorer mental health than lesbian women[5]. Multiple reports suggest that lesbians may have experienced more physical and sexual abuse as children and physical abuse from males as adults. Such abuse was found to be a strong risk factor for suicide among adolescent homosexuals[7]. Recent studies have reported increased depression and the potential for suicide in lesbian women. This may be a result of the suppression of sexual identity, discrimination in the workplace and elsewhere, and rejection by family members[10].

Depression and anxiety in lesbian and bisexual women may be due to: Social stigma; Rejection by family members; Abuse and violence; Unfair treatment in the legal system; Stress from hiding some or all parts of one's life. Lesbians and bisexuals often feel they have to hide their sexual orientation from family, friends, and employers. Bisexual women may feel even more alone because they don't feel included in either the heterosexual community or the gay and lesbian community. Lesbians and bisexuals can also be victims of hate crimes and violence. Discrimination against these groups does exist. Bias for any reason may lead to depression and anxiety[3]. The organization in Kyrgyzstan found chronic depression, alcoholism, and repeated suicide attempts among its target population. Trauma follows violence, particularly in the absence of counseling appropriate to the circumstances[1].

Lesbians who did not hide their homosexuality had better psychological health[7]. Mental health disparities amongst lesbians* seem to stem from growing up and living in a society that discriminates against non heterosexuals and/or cis males. This is called "minority stress". For example, growing up in a family that reacts negatively to one's sexual (or gender) identity can reduce a person's self-esteem, which is known to be a risk factor for developing symptoms of depression. In a Dutch study, a positive attitude towards their lesbian* identity, an absence of negative reactions from others towards their sexual orientation and being open about their lesbian* identity has (among other factors) contributed to better mental health in lesbian* participants[2].

International research has demonstrated that women who identify as lesbian or bisexual, and women who have sex with women report higher rates of depression, stress, and anxiety than other women do. Bisexual women are even more likely than lesbians to have had a mood or anxiety disorder[3,5,7].

Particularly concerning are the high rates of suicide attempts and thoughts about suicide, especially among younger lesbians*. These findings are especially concerning, since they stem from fairly liberal and accepting countries towards sexual and gendered minorities (e.g., Scandinavian countries or the UK). In a Danish study, 19.7% of lesbians* reported having thought about suicide (compared with 8.3% of heterosexual women*), while 11.8% (vs. 4.2%) had attempted suicide. In an Icelandic population-based sample of adolescents, 45% of lesbian* girls stated that they had attempted suicide one or more times (compared to 7% of heterosexual girls). Due to the lack of sound empirical data in other parts of Europe, we can only tentatively speculate about the mental health conditions of lesbians* living in countries, where prejudices and discrimination against LGBTQIA* people may be even more prevalent[2]. There is consistent evidence from international studies and population surveys of increased suicide ideation, and self-harm behaviour among sexual minority groups[5].

Lesbians* in Europe (compared to heterosexual women*) have been found to experience a heightened risk of suffering from (or receiving medical care for) adverse mental health conditions at some point in their lives, including: longstanding psychological or emotional conditions in general, depression, general anxiety disorder, eating disorders, symptoms of attention deficit hyperactivity disorder (ADHD), difficulties in their job because of emotional problems. Lesbians* are more likely to engage in (or receive medical care for) self harming behavior (e. g., cutting themselves, swallowing pills, punching walls, etc.) and are younger than heterosexual women*, when they first self-harm[2].

Substance Abuse

Alcohol use and abuse may be higher among lesbians

There is some evidence of a correlation between experiences of discrimination, stress and health risk behaviours such as smoking and substance misuse. Lesbian and bisexual women may well face compound effects through their gender and sexual orientation[5]. Overall, international research demonstrates that smoking is more common among lesbian and bisexual young people, and across the life course, than their heterosexual counterparts. Research suggests that higher smoking rates and stress can be linked to discrimination and marginalisation as well as with wider determinants of health[5]. Experiences of discrimination and the additional stress that results from them, may be associated with engaging in substance use, as a way of coping[2]. The increased substance use among lesbian and bisexual women has been viewed as a coping strategy for the psychological distress associated with stigma and discrimination. Lesbian women report greater use of alcohol, illicit drugs, and cigarettes than heterosexual women, and higher levels of drug use have been found to be associated with emotional and behavioral problems[10]. Added to that, lesbians' social life and opportunities to meet others are often linked to clubs and nightlife where alcohol, smoking and drugs are present[8].

Estimated rates of adolescent lesbians and bisexuals smoking are 38% to 50%[7]. There is international research that demonstrates higher levels of smoking among lesbian women compared to bisexual and heterosexual women[5]. Research 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[8].

Heavy drinking and drug abuse appear to be more common among lesbians (especially young women) than heterosexual women. Lesbian and bisexual women are also more likely to drink alcohol and smoke marijuana in moderation than other women are. Bisexual women are the most likely to have injected drugs, putting them at a higher risk for sexually transmitted infections[3]. Recreational drug use is higher on average among lesbians than in bisexual women and across the evidence base there are consistent findings that both groups use drugs more than heterosexual women[5].

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]. There is consistent evidence demonstrating that alcohol misuse is a more significant issue for lesbian and bisexual women than heterosexual women. The social narrative around women's drinking is complex and has evolved across different generations, there is evidence that highlights that there are different social norms regarding alcohol use for lesbians and bisexual women than for heterosexual women. Evidence for the reasons of hazardous drinking for LBWSW are varied, but include experiences of stress, biphobia, discrimination[5].

Access to Healthcare and Quality of Services

There is evidence that LBWSW experience significant health inequalities, and specific barriers to services and support. LBWSW have not experienced the single catastrophic disease scenario that was HIV for gay and bisexual men and their needs within women's health issues have often been marginalised or invisible. This has perpetuated a lack of evidence and visibility within research and policy which creates a continual loop of exclusion. There is consistent discourse highlighting the negative impact of discrimination and invisibility in social narratives. This is a key driver for health inequalities. These operate directly through impacts on mental health and the creation of barriers in accessing health care and indirectly through marginalisation and social isolation[5]. Lesbians may have specific health care needs which medical professionals may not have been trained to address and may be refused services or given incorrect treatment. For example, lesbians who seek the services of a mental health professional for conditions such as depression or anxiety, which are often the result of homophobia or discrimination, may be incorrectly advised to change their sexual orientation or gender expression as this may be seen as the cause of the problem[4].

Research into LBWSW experiences of healthcare frequently reports negative experiences: lesbian and bisexual women have lower levels of trust, report more dissatisfaction with consultations and report poorer communication experiences with healthcare professionals than their heterosexual counterparts[5]. Commonly experienced was clinician discomfort with the patient's sexual orientation; the patient's coming out being ignored; the patient being given incorrect information based on their sexual orientation; and poor treatment based on sexual orientation[6]. Lesbians* also experience difficulties in talking openly about their sexuality or have received negative or inappropriate comments by health care professionals in previous visits[2]. 57% of the healthcare practitioners surveyed said they did not consider sexual orientation to be relevant to a patient's healthcare needs. (6) The unique needs of LBWSW are rarely recognised or treated separately to general approaches aimed at lesbian, gay, bisexual and trans communities or considered explicitly in generic women's focused work, and the absence of needs-based, appropriate approaches may further compound the inequality experienced. The evidence does demonstrate that LBWSW face additional barriers in accessing services and therefore consideration of their specific needs is important[5].

LBWSW are less likely to access sexual health services than heterosexual women

When LBWSW are victims of heteronormativity, they are then forced to choose between correcting their healthcare provider's mistake or letting the assumption lie uncontested. Another common barrier to LBWSW women being 'out' to their healthcare providers is a lack of awareness of the provider's confidentiality policies and a subsequent fear that their sexual orientation, once revealed, will be shared with others outside of their individual healthcare practitioners[6].

Experiences like these may explain why LBWSW are less likely to access sexual health services than heterosexual women, particularly cervical screen tests[6]. There is consistent evidence that LBWSW have lower participation in gendered cancer screening (i. e. breast or cervical). The research suggests this is linked to heteronormative assumptions about risk and eligibility among professionals and patients[5].

Lesbians and bisexual women face unique problems within the health care system that can hurt their health. Many health care professionals have not had enough training to know the specific health issues that lesbians and bisexuals face. They may not ask about sexual preference when taking personal health histories. Health care providers may not think that a lesbian or bisexual woman, like any woman, can be a healthy, normal female[3]. Many of the homophobic comments (from health care providers) respondents had received were based on the assumption that all women engage in penetrative sex and therefore non-penetrative sex was not considered 'real' sex. Those women who were challenged about their sexual activity were subject to embarrassment and intrusive questioning. For example, some women

were classified by their healthcare providers as virgins despite the fact that they had engaged in sexual activity with women[6].

When research has asked lesbian and bisexual women what would improve their healthcare services, a common recommendation is that healthcare providers be educated on the specific needs of lesbian and bisexual women and provide more access to literature discussing risk factors, methods for safer sex, etc. to their patients. Much of this misinformation appears to surround fertility services and the sexual health needs of LBWSW more generally[6].

REFERENCES

1. These Everyday Humiliations : Violence Against Lesbians, Bisexual Women, and Transgender Men in Kyrgyzstan / Human Rights Watch, 2008
2. EL*C Brief Report on Lesbian* Lives in (parts of) Europe : Focus Topics: Discrimination and Health : European Lesbian* Conference, October 2017
3. Cohran, S. Lesbian and Bisexual Health / U. S. Department of Health and Human Services, Office on Women's Health, 2009
4. Promoting and Protecting the Rights of Lesbians, Bisexual Women, Transgender and Intersex Persons / United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2016
5. Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women // Public Health England, 2018
6. Best practice in providing healthcare to lesbian, bisexual and other women who have sex with women / National LGB&T Partnership, 2016
7. O'Hanlan, K. A.; Isler, Ch. M. Health Care of Lesbians and Bisexual Women
8. Lesbian and bisexual women's health: common concerns, local issues : The ILGA Report on Lesbian and Bisexual Women's Health, 2006
9. Sexual behaviour of lesbians and bisexual women // Sex Transm Infect, 2003; 79, 147–150
10. Weisz, V. K. Social Justice Considerations for Lesbian and Bisexual Women's Health Care // JOGNN, 2009, 38, 81–87