

Young LGBT Women's Voices

Health Care Experiences & Needs

Background

- Most health research focuses on heterosexual young women or adult women attracted to women
- Little is known about the health needs and health care experiences of young women attracted to women
- The known health disparities for young women attracted to women are:
 - higher levels of substance use ^{1,2,3,4,5}
 - mental health issues ¹
 - sexual health risks ¹
 - homelessness ⁶
 - problematic eating behaviors ¹

Objectives

- The purpose of this study is to understand the health care needs and experiences of young lesbians and bisexual women in the Los Angeles area.
- Results have been used to create Health Care Provider training curriculum about the health care needs of young lesbians and bisexual women because there is a lack of cultural competency training about young lesbians and bisexual women for health care providers currently practicing and those in training.

Methods

Children's Hospital Los Angeles (CHLA) IRB approved

Design

- 5 focus groups with 8 to 10 women
- \$15 gift card given to participate in the group
- Participants completed a short form about their demographics
- Focus groups were audio taped with the youths' consents
- Focus groups lasted one and one half hours
- Focus groups were held at CHLA, universities and community organizations

Participants were asked questions about:

- Positive aspects and challenges of being young women attracted to women
- Experiences with medical care
- Barriers to health care
- Ideas about what providers need to do differently
- Specific health needs about which they want to learn more

Recruitment through:

- The posting of focus group flier on announcement boards
- Email distribution of focus group flier
- Extensive in-person outreach to community groups
- Professional networking

Recruitment from:

- Universities & colleges
- Non profit health organizations
- Homeless shelters
- Non profit women's organizations
- Lesbian, gay, bisexual & transgender organizations
- Los Angeles Unified School District
- Programs within CHLA

Data Analyses

Audiotapes were reviewed and additional comments were added into notes taken during group. These notes were reviewed and summarized based on key themes that emerged from participant answers. Consensus was reached by reviewers on key themes.

Results

34 young women participated in 5 focus groups

Gender Identity

- Female = 29
- Female/Stud/Butch = 1
- Gender Neutral = 1
- Genderqueer/Bi-gendered =2
- Female & Other = 1

Gender at Birth

- Female = 33
- Male = 1

Romantic Attraction

- Women = 16
- Women/Men = 14
- Everyone = 2
- Men = 1
- Women/Transgender = 1

Terms used for dating women

- Girlfriend
- Partner
- Hanging out
- Talking to
- Chillin'

Benefits of being young women attracted to women

- New community
- No power struggles
- Happiness
 - Empowering
 - Reciprocal relationship
 - True to yourself
 - Cannot accidentally get pregnant

Challenges of being young women attracted to women

- Isolation
- Depression
- Rejection

“Family issues can be very stressful if they do not accept it. I am the only girl in the family who is attracted to girls. There is no support in the family. They question ‘why do I like girls?’ and say ‘Go out with a man, that is how it should be.’ Mom said ‘you are suppose to be with a man’. There is a lot of pressure from my family to be with men. My mom stopped talking to me because I am gay.”

- Judgment
- Feeling unsafe in public

“You are hated by the majority of the country and that is in my head as I walk down the street holding my girlfriend’s hand. Nothing really happened to me, but it is in the back of my head.”

Experiences with health care providers

- Assumptions by providers:

- have a boyfriend
- only have sex with men

“Providers assume if I answer NO to the questions ‘Do you have a boyfriend?’ that I am not sexual and do not even consider that I may be sexual with a female.”

- need pregnancy test & birth control
- attraction to women is wrong or is a phase

“There is always the dreaded question, ‘do you have a boyfriend?’ and you already know from the beginning it is not going to be a pleasant experience. I said ‘no’ and he asked ‘then why are you here?’ He said I should not have sex with men without having a boyfriend. I was not able to tell him about my sexuality and I just wanted to get out of there as fast as possible.”

- Fear of disclosure to provider
- Poor communication skills of providers

“My family doc said at age 20 you need to get regular paps – and I said I am gay and she paused and it was awkward. The default is always that you are straight and you have to correct them. It is never the default that it is an open ended-question. They do not know what to say when say you are having sex with a woman and it is irrelevant to them. That discredits my lifestyle and it discredits that there are risks involved in all types of sexual activity. There is no education around risks involved in other kinds of sex.”

- Awkwardness of both provider & youth

“The eyebrow goes up and it feels like a judgment when I tell them I am attracted to girls. They look confused when I say I am attracted to girls.”

- Provider’s lack of knowledge about the activities and health needs of young women attracted to women

“Seems like when you say you are sexually active with women the providers have nothing to talk to you about and that is obviously not the case. There are plenty of things to talk about and nobody has talked about how to have safe sex with a woman. It is up to you to figure it out. There is a widely held notion that if you are a woman who has sex with women there is no way for you to contract or transmit an STD, which isn’t true. Once the subject is brought up there needs to be follow up. If I say I have sex with a guy there is all this follow up like birth control, safe sex. The medical conversation should not end when I tell them I have sex with women.”

- Medical forms are not inclusive

“I think it is important that they do ask a follow up question if you say you are sexually active with women and to check in about your mental health because gay women do struggle more with depression, substance abuse and

cutting. To make sure, ask “How is your family?’ Ask about risk factors to make sure you are emotionally doing OK with how your sexual orientation is affecting you. Maybe ask ‘Are you coming out?’ ‘How is that process going?’ ‘Do you have support?’ Take it away from ‘Are you confused?’ to ‘I’m checking in about your emotional well being...”

- Young women attracted to women have lower expectations of acceptance:
 - they assume the conversation with providers will be awkward
 - they assume that providers do not know about their health care needs and are not knowledgeable
 - they assume that most providers will not accept them

“Even if the provider does not celebrate me, that is fine, not everyone will be ok with it, but if every doctor could just give you the medical information that you need to know – because I do not expect everybody to be OK with it or comfortable with it, but if they could forward me to where to get the information, that would be something, that would be a start “

Conclusions

Lack quality health care

- Young women attracted to women do not feel safe to disclose their sexual or romantic attractions to their practitioners
- They assume telling providers that they are young women attracted to women is not relevant to their general health care needs
- Providers are unaware of young women attracted to women’s specific needs
- Providers often do not know how to respond when a young woman says she is attracted to and/or sexually active with women
- Providers are not asking inclusive questions to patients and often make assumptions
- This may lead to:
 - medical conditions going undiagnosed
 - missed opportunities for patient education
 - weaker compliance to prescribed treatment protocols
 - less likely to seek health care service in the future

Not reflected in society

- They are not sure what is normal for young women attracted to women
- Invisibility in the LGBT Community, media, school, & health care provider’s office (not on forms & no pamphlets in waiting room)
- Lack of adult lesbian role models
- Lack of positive health messages
- Lack of information available for young women attracted to women
- Don’t know where to go for information

Next Steps

- Young women attracted to women want to get information through pamphlets for young women attracted to women, in person by health professionals and in person in discussion groups led by health professionals
- The health care providers need to increase availability of health information in the media, and clinics, and by conducting outreach to young women attracted to women
- The message needs to get out about where to go for safe medical and mental health services
- Health care providers need more training on health issues for young women attracted to women and how to effectively communicate with young women attracted to women

References

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