

Voices Project: Lesbian Health Resource

Health Trends:

In general, the health concerns of lesbian women are comparable to those of heterosexual women. The lesbian population is reflective of the same diversity in terms of age, socioeconomic status, ethnicity and ability. However, the physical and social circumstances of their sexual identity often manifest as specific trends in their health. Nonetheless, lesbian women encounter the same variety of health concerns as heterosexual women, including: chronic conditions such as cancer and heart disease; health issues related to sexuality and reproduction; mid-life health issues such as menopause as well as the health consequences of poverty, domestic violence and substance abuse.

A slightly higher risk of breast cancer, uterine cancer and endometriosis among lesbian women may be attributed to an increased tendency to remain childless. In addition, there has been a recent increase in rates of woman-to-woman transmission of infections such as herpes, chlamydia and bacterial vaginosis.

On average, the prevalence of mental health problems such as depression and suicidality tend to be higher among lesbian women than among Canadian women in general. A related issue of some concern is the rising rate of addictions within the lesbian community to substances such as tobacco and alcohol. In fact, some studies indicate that the rate of

alcoholism among lesbian women is three times higher than among women in general.

Health Determinants:

Perhaps the most serious threat most lesbian women in Canada face with respect to their overall health and well-being is the homophobic culture in which they live. Empirical evidence suggests that the high rate of depression among lesbian women is an outcome of life stresses related to homophobia and discrimination.

Aside from the overt discrimination lesbians encounter, the pejorative and discriminatory attitudes and practices of some health care providers force many women to the margins of mainstream health care. The acute stress these women endure as a result of biased health care amplifies the chronic stressors they cope with in their everyday.

In response to inequitable health care, a substantial proportion of women within the lesbian community pursue alternative approaches to health maintenance as well as for the treatment of illness and disease. Despite the low incidence of conditions like cervical cancer, lesbian women may postpone seeking care and, consequently, delay diagnosis, thereby reducing the effectiveness of treatment as well as the probability of survival.

The heterosexual bias of health care providers manifests implicitly as assumptions about women's sexual orientation as well as explicitly as negative attitudes toward women who

disclose their sexual orientation. These biases create a formidable barrier to lesbian women achieving optimal health. In fact, most lesbian women do not disclose their sexual identity to health care professionals for fear it will negatively impact the level of care they receive.

Lesbian women, as well as gay men, encounter unique barriers to health within the workplace. The vast majority of Canadian employers do not extend health and disability benefits to the partners of same sex couples. This discrepancy in medical insurance, along with other issues related to gender pay inequity, contributes to the “feminization of poverty” and places some women, particularly those within the lesbian community, at risk. Non-white lesbian women, those who live in conditions of poverty or those who live with disability face double, and sometimes triple, vulnerability to the health consequences of social disadvantage and marginality.

Research:

Most research on the health of lesbian women originates in the United States. Nonetheless, a few Canadian researchers in urban centers like Toronto, Vancouver and Halifax are attempting to focus attention on the distinct health concerns of this uniquely vulnerable and under-researched group. Despite anecdotal evidence that the most central issues affecting lesbian women’s health relate to homophobia within the health care system, the focus of many inquires continues to be on issues of sexuality and addictions.

A consequence of this well-founded apprehension is periodic mis-diagnosis, inadequate treatment and unnecessary lectures related to birth control and safe sex that further alienate lesbian women from mainstream health care.

Limited research has been conducted on the health consequences of discrimination against lesbian women. In addition, researchers know little about how the inability to disclose one’s sexual orientation, resulting from societal intolerance, impacts overall health and well-being. Given the current emphasis on mental health within the lesbian community, there is surprisingly limited research highlighting the influence of discrimination on the risk of depression and suicidality.

The selection strategies used in most large-scale studies on lesbian health result in findings that are biased with respect to the experiences of white, well-educated members of the middle class. Few studies are representative of the lesbian population in terms of age, ethnicity, class, rural/urban and ability status. In addition, a significant gap exists in the literature with respect to research on the prevalence of discrimination reported by Black women with same sex partners. Critics of the literature have exposed the need for studies that examine the health consequences of the overlapping racial/sex orientation discrimination.

Statistics indicate that lesbian women experience lower rates of HIV infection. However, data related to the incidence of HIV is somewhat inconclusive due to the absence of a category for reporting woman-to-woman sexual contact. Moreover, researchers have virtually ignored the recent increase in rates of

woman-to-woman transmission of infections such as herpes, chlamydia and bacterial vaginosis. In general, research and education about woman-to-woman sexual transmission of infection is conspicuously absent from the literature.

Critics of this body of knowledge contend that most studies conceptualize health within the framework of heterosexual society, within which lesbianism is pathologized. Unfortunately, lesbian women are also marginalized in much of the research related specifically to same sex relations. Gender bias is evident in numerous studies that exclude women, ignore diversity among lesbian women or disregard the cultural context of lesbian women's lives.