



Rainbow Health Ontario

Fact Sheet

Because LGBT health **matters**

RHO FACT SHEET: LGBT SEXUAL HEALTH

Some sexual health issues, such as sexually transmitted infections (STIs), intimate partner violence, and sexual pleasure, affect all people. However for lesbian, gay, bisexual, and trans people (LGBT) these issues may be compounded by homophobia, biphobia, and transphobia. As a result, some sexual health issues may require distinct care within LGBT populations.

WHAT DOES SEXUAL HEALTH MEAN?

- The World Health Organization defines sexual health as a “state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity.” They add that sexual health includes “a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”(1).

WHY TALK ABOUT LGBT SEXUAL HEALTH?

- Sexual health can be a challenging issue to discuss in the clinical context. Studies have reported that some health care providers may face barriers to discussing sexual health with their LGBT patients, including lack of knowledge of same-sex sexual practices (2).
- Patient care has been found to be compromised due to GP’s discomfort with LGBT patients (3).

WOMEN WHO HAVE SEX WITH WOMEN (WSW)¹

- A common misperception among both health care providers and WSW is that STIs including HIV cannot be passed between women (4-5). In fact, studies have documented the transmission of many STIs between women including chlamydia, the human papilloma virus (HPV), HIV, trichomoniasis, syphilis, and genital herpes (6-12).
- Another common misperception is that WSW do not require PAP smears. Studies have shown that WSW are screened for cervical cancer at disproportionately lower rates than their heterosexual peers (13-14). In fact WSW, including those who have never had male partners, are at risk for cervical abnormalities and should have regular screenings (12).

MEN WHO HAVE SEX WITH MEN (MSM)²

- The vast majority of literature addressing sexual health and MSM is focused on HIV/AIDS. While this focus remains crucial, the majority of MSM are not HIV positive, and require culturally competent sexual health and wellness services (15).

¹ WSW refers to all women who have sex with women, including those who do not identify as lesbian or bisexual.

² MSM refers to all men who have sex with men, including those who do not identify as gay or bisexual.



- In recent years Canada and the US has seen an increase in rates of syphilis, gonorrhea, chlamydia and lymphogranuloma venereum among MSM, in particular, among MSM who are already positive for HIV (12).
- MSM who engage in anal sex, especially those who are HIV positive, are at risk for contracting HPV, which contributes to the development of anal cancer. However, recent studies have shown that many MSM are unaware of this risk, and many health care providers do not realize that they should be screening MSM for anal HPV (16).
- Due to the focus on HIV, some MSM may not be aware that unprotected oral sex, which has a low risk of HIV transmission, can still be a source of other STIs, including syphilis, chlamydia, gonorrhea, and herpes (12).
- A recent analysis of the Canadian Community Health Survey data found that gay men reported rates of STI diagnoses six times higher than that of heterosexual men (17).

BISEXUALS

- A recent population-based study in the US found that self-identified bisexuals outnumber gays and lesbians, yet research often groups bisexuals together with gays and lesbians or with heterosexuals, making it difficult to obtain data about bisexuals specifically (18).
- Many sexual health myths are associated with bisexuality, including the stereotype that bisexuals spread STIs, are hyper-sexual, and require both male and female partners (19-20).
- Due to biphobia, bisexuals may have trouble finding supportive partners, and face difficulty coming out as bisexual, instead remaining closeted as gay, lesbian, or heterosexual (19). Research into bisexual men has often been pathologizing, and portrayed bisexual identity, rather than high risk behaviour as a risk factor for HIV transmission (21).
- Bisexuals report having difficulty obtaining relevant information about STI risk management (18, 21). A study of bisexual women in Montreal indicated that STI outreach often focused on men to the exclusion of women (21).
- Some research suggests that bisexual men are less likely than gay men to be out about their sexual orientation, making it difficult for them to obtain accurate sexual health information (22).

TRANS PEOPLE³

- There is a serious gap in research addressing other sexual health issues pertaining to trans people, including the incidence of cervical and anal cancer (23-24).
- The literature reports that a significant amount of trans people are living with an STI including HIV/AIDS, and hepatitis A, B and C. Despite this, access to comprehensive prevention and/or treatment services for trans people is scarce (25).

³ The term 'trans' is used broadly here, encompassing those who identify as transsexual and transgender, whether pre-operative, post-operative, or non-operative (preferring not to have sex reassignment surgery).



- For some trans people sex work provides a good source of income to help pay for sex-reassignment surgeries, hormone therapy, electrolysis treatments, and other costs associated with the transition process. Sex work is empowering for some trans people.
- Sex workers choices around STI risk have been shown to be affected by financial circumstances, drug use, and self-esteem (26). For instance, some studies have found that trans women were uncomfortable negotiating condom use and were less likely to use condoms with their primary partners, due to emotional attachment, low self-esteem, or fear of violence (27-30).
- Some evidence suggests that trans men may find Pap tests and pelvic exams humiliating and as a result may be missing early cancer detection screenings (31).

LGBT YOUTH

- In addition to the usual issues of adolescence, LGBT youth face the additional stress of confronting stigma and discrimination by family, peers, and society at large (32). A recent Canadian study looking at the experiences of LGBT students in high schools found they were more likely than other students to experience sexual harassment, in addition to bullying and physical abuse (33).
- LGBTQ youth report engaging in more high risk sexual activities and report higher rates of alcohol and drug use than their straight peers (34).
- A recent study of high-school age LGB students found that nearly half reported that their GPs had never discussed sex or sexual health with them. In this study, 66% of participants thought it was important that their doctor know their sexual orientation, however only 35% reported being out to their provider (32).
- A US study found that although LGBT youth sought information about STIs online, few searched for broader sexual health information (35).
- A recent study by Planned Parenthood Toronto found that unplanned pregnancy rates were higher for LGBTQ youth than for straight youth (34).
- Half the youth who reported questioning their sexual orientation in the Planned Parenthood study were immigrants to Canada (34).

IMPLICATIONS FOR HEALTH CARE PROVIDERS

- In order to provide culturally appropriate sexual health and wellness care it is important for providers to be respectful and non-judgmental, ask open-ended questions about sexuality and gender, and use inclusive language.
- Sexual behavior, not sexual identity, puts individuals at risk for unplanned pregnancy and for contracting STIs. It is important for health care providers to ask about sexual behavior when assessing STI risk, and to not make assumptions about behavior or risk based on sexual orientation or gender identity.
- Clinicians should inform their patients that immunization is available for some STIs, such as hepatitis A&B and HPV. The Public Health Agency of Canada recommends that all MSM be vaccinated for hepatitis A & B (12).



- Some factors, such as drug use, can affect a person's risk for STIs. The Public Health Agency of Canada recommends using motivational interviewing techniques to promote harm-reduction behaviours (12).
- Discussions of sexual health should not be limited to STI risk, but ought to include discussions of intimacy, self-esteem, abuse or coercion, sexual identity and sexual pleasure. This is especially important with LGBT youth, who may not be receiving this information through other channels.

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