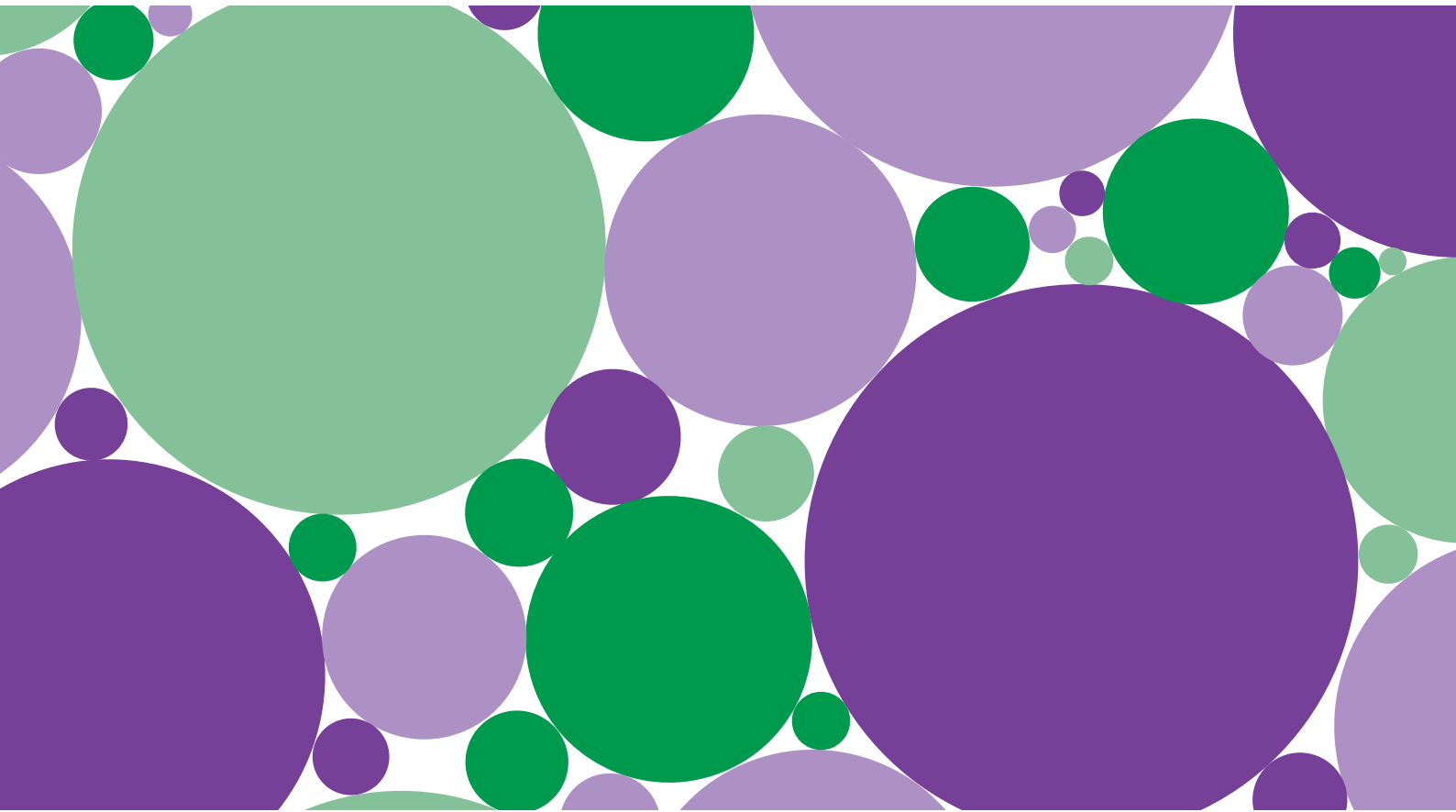


Briefing 5

Lesbian health

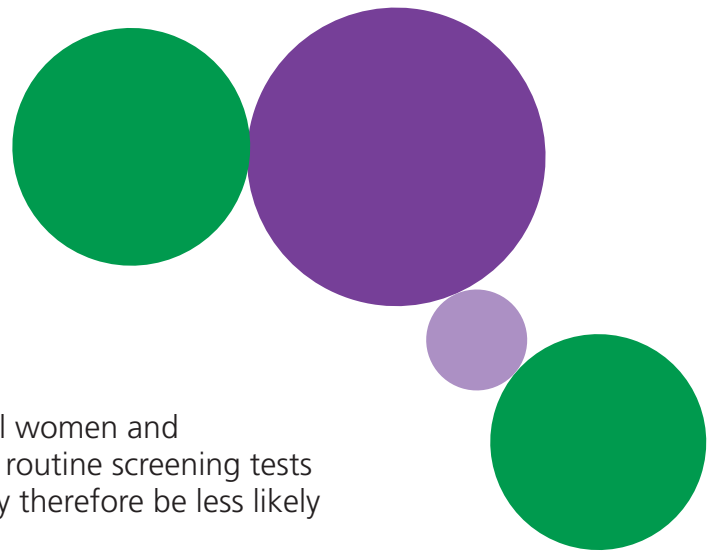


(a) What are lesbian health needs?

Lesbian health is commonly assumed to be the same as that of heterosexual women, but recent research has suggested key differences in lesbians' health risks and health behaviours and in their experiences of healthcare. Lesbians are less likely to have children than heterosexual women and are more likely to be overweight. These factors may increase their risk of breast cancer and cardiovascular disease.^{1,2,3}

Lesbians may also have less healthy lifestyles than heterosexual women. Limited opportunities for building social networks mean that some lesbians often socialise in bars and pubs. Coping mechanisms for dealing with discrimination have sometimes resulted in higher rates of alcohol use, smoking and drug misuse among lesbian and bisexual women.^{4,5}





(b) Screening and cancer

Health behaviour can differ between lesbian/bisexual women and heterosexual women: they attend less frequently for routine screening tests such as mammography and cervical smears, and may therefore be less likely to benefit from early detection of cancers.⁶

Perceptions of risk encourage women to participate in screening. In relation to cervical cancer, lesbians are believed to be at lower risk because of the disease's association with heterosexual sex. However, lesbians who have previously had sex with men may be at some risk and there is evidence to suggest that women who have only had sex with women have developed cervical abnormalities.⁷ In addition, smoking is a risk factor for cervical cancer that may increase lesbians' susceptibility. Yet lesbians are much less likely to be told they are at risk for cervical cancer than heterosexual women; some lesbians even report being refused smear tests.⁸

Lesbians may have a slightly increased risk of breast cancer. Being lesbian is not a risk factor for breast cancer, but there are a number of lifestyle issues (for some lesbians) that may increase their risk.⁹ Lesbians are:

- more likely to delay childbirth (until their 30s);
- less likely to have children;
- less likely to seek regular gynaecological care;
- more likely to be overweight; and
- more likely to drink alcohol than heterosexual women.

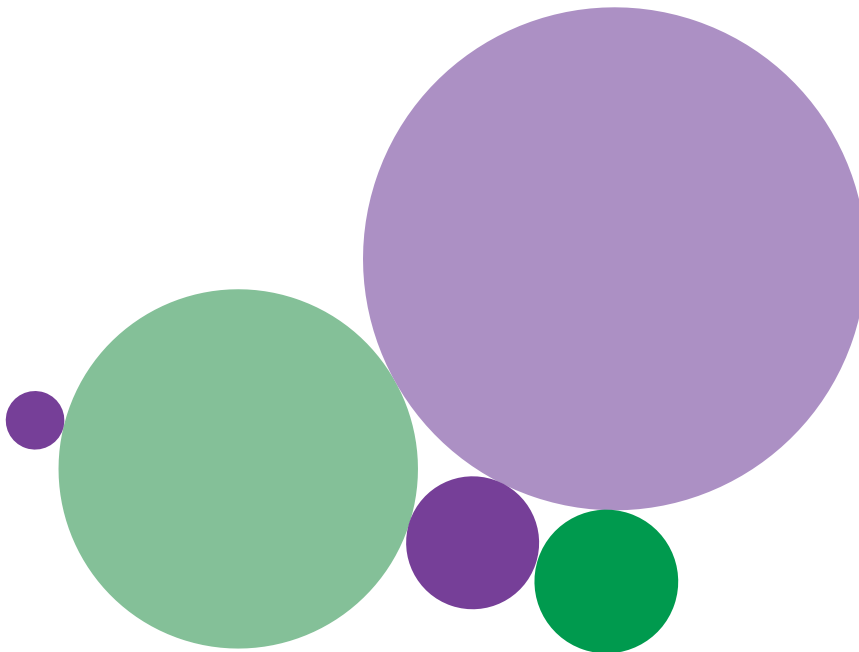
Lesbians are neglected in breast cancer awareness campaigns, and many lesbians are unaware of risk factors other than family history (which may affect women of any sexuality).

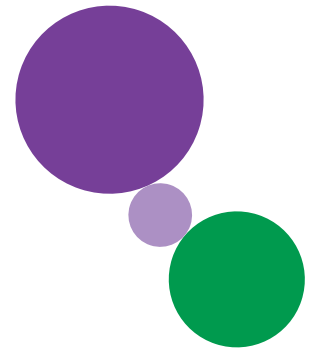


(c) Communicating and engaging with lesbian women

Lesbians are less likely to report satisfaction with their healthcare. They can face barriers in the way of appropriate and effective healthcare. For example, some professionals may be too embarrassed to provide certain aspects of care.

Although lesbians (and gay men) are increasingly likely to have come out to family and friends, disclosure levels in healthcare settings are low: a third of lesbians have not come out to their healthcare provider.¹⁰





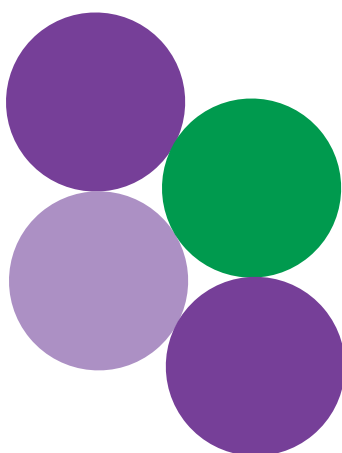
(d) Reproductive health

There are increasing numbers of lesbians who are choosing to begin a pregnancy within a same-sex relationship. Lesbians may choose to become pregnant in two ways: informally through their social networks, or through a fertility clinic.

A draft bill amending the Human Fertility and Embryology Act (which is subject to discussion by Parliament) retains the duty on clinics to take account of the welfare of the child in providing fertility treatment, but removes the reference to the 'need for a father'. The draft bill also introduces provisions whereby civil partners or same-sex couples would be regarded as legal parents following fertility treatment, which they cannot do at present.

However, these proposals are not about access to NHS services. Access to NHS services, including fertility services, is based on clinical need, and where a person or couple has a clinical problem, they should be considered for treatment of that problem, whatever their sexual orientation. Lesbians may seek advice from NHS professionals about having a child, for example through donor insemination. Comprehensive information about clinics providing this is available on the website of the Human Fertilisation and Embryology Authority (www.hfea.gov.uk).

Pregnancy brings lesbians into contact with a range of health professionals. Antenatal parent education is cited as the most negative aspect of care received by lesbians.¹¹ Health professionals often exclude the non-biological birth mother from discussions, but the proposed changes in the law on legal parenthood following assisted conception should help to make care more inclusive.



(e) Evidence and statistics

In a national survey, 12% (128 out of 1,066) of eligible lesbians had never had a smear test.

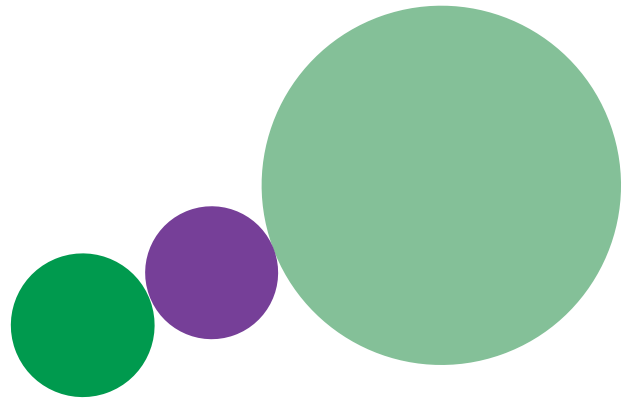
Those surveyed were also less likely to practise breast awareness on a regular basis and were less likely to re-attend for breast screening.¹²

The most frequent explanation given by lesbians for never having had a smear test was that they thought they were not at risk.

(f) Policy/legislation

The Department of Health recently published a health promotion leaflet that specifically addresses lesbians' health needs.

The leaflet is called *Sexual health information for women who have sex with women* (April 2007) and is available from the Sexual Health Information Line on 0800 567123.



(g) Sexual health clinics for lesbians and bisexual women

Orange Clinic

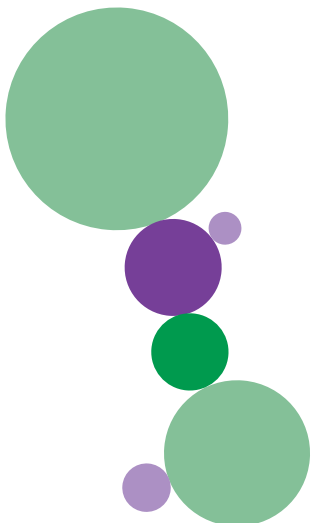
West London Centre for Sexual Health, Charing Cross Hospital, Fulham Palace Road, London W6 8RF
Tel: 0845 811 6699

Sandyford Initiative

2–6 Sandyford Place, Sauchiehall Street, Glasgow G3 7NB
Tel: 0141 211 8130
www.sandyford.org

Vita Clinic

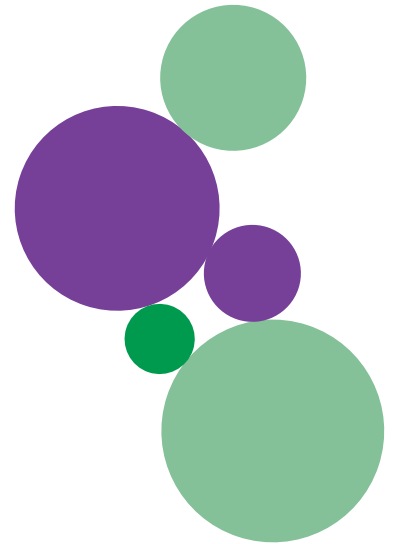
Harrison Department, Churchill Hospital, Headington, Oxford OX3 7LJ
Tel: 01865 231231



(h) Implications for service providers

Primary care trusts (PCTs) are expected to respond to the responsibilities they now face under *Commissioning a Patient-Led NHS*.¹³ Together with the White Paper, *Our Health, Our Care, Our Say*, it sets clear priorities for PCTs which will mean an increasing emphasis on:

- strong commissioning for improved quality and choice, and to tackle health inequalities; and
- collaborative commissioning arrangements for acute trusts, combined with strong support for practice-based commissioners developing services locally to help manage demand and improve choice.



(i) Links and resources

Health With Pride

www.healthwithpride.com

Lesbian and Gay Foundation

The clinic offers full sexual health screening and cervical smears for lesbians. It produces user-friendly guides on smear tests and breast awareness that are targeted at lesbians.

www.lgf.org.uk

Stonewall

www.stonewall.org.uk

Women's Health

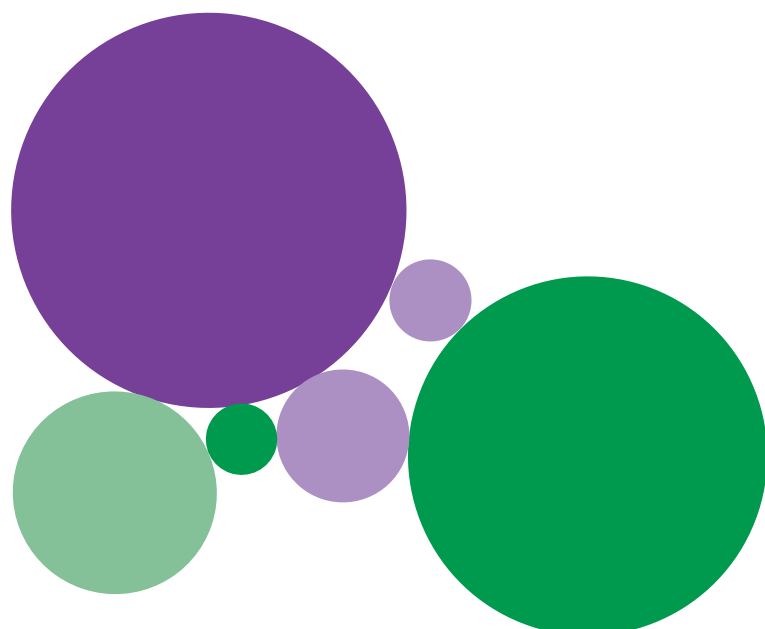
www.womenshealthlondon.org.uk

Women's Resource Centre

www.wrc.org.uk

Information for lesbians: When did you last have a smear test? (2002)

A user-friendly guide to lesbian sexual health.
www.bolton.nhs.uk/publications/patient_info/Lesbian%20Smear%20Guide.pdf





(j) References

1. Yancey, AK, Cochran, SD, Corliss, HL and Mays, VM (2003) Correlates of overweight and obesity among lesbian and bisexual women, *Preventive Medicine*, 36: 676–83.
2. Kavanaugh-Lynch, MHE, White, E, Daling, JR and Bowen, DJ (2002) Correlates of lesbian sexual orientation and the risk of breast cancer, *Journal of the Gay and Lesbian Medical Association*, 6(3–4): 91–5.
3. Roberts, SA, Dibble, SL, Nussey, B and Casey, K (2003) Cardiovascular disease risk in lesbian women, *Women's Health Issues*, 13(4): 167–74.
4. Gruskin, EP, Hart, S, Gordon, N and Ackerson, L (2001) Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization, *American Journal of Public Health*, 91(6): 976–9.
5. Ettore, E (ed) (2005) *Making lesbians visible in the substance abuse field*, The Haworth Press, Binghampton, NY.
6. Cochran, SD, Mays, VM, Bowen, D et al. (2001) Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women, *American Journal of Public Health*, 91(4): 591–7.
7. Bailey, JV, Kavanagh, J, Owen, C, McClean, KA and Skinner, CJ (2000) Lesbians and cervical screening, *British Journal of General Practice*, 50: 481–2.
8. Fish, J and Wilkinson, S (2000) Lesbians and cervical screening: Preliminary results from a UK survey of lesbian health, *Psychology of Women Section Review*, 2(2): 5–15.
9. Fish, J and Wilkinson, S (2003) Understanding lesbians' healthcare behaviour: the case of breast self-examination, *Social Science and Medicine*, 56(2): 235–45.
10. Eliason, M and Schope, R (2001) Does 'don't ask don't tell' apply to health care? Lesbian, gay and bisexual people's disclosure to health care providers, *Journal of the Gay and Lesbian Medical Association*, 5(4): 125–34.
11. Wilton, T and Kaufmann, T (2001) Lesbian mothers' experiences of maternity care in the UK, *Midwifery*, 17: 203–11.
12. Fish, J and Anthony, D (2005) UK national lesbians and health care survey, *Women and Health*, 41(3): 27–45.
13. Department of Health (2005) *Commissioning a Patient-Led NHS*, Department of Health, London.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116716



This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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283255/5 1p 5k Aug 07 (CWP)

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