

# Lesbian, bisexual women and women who have sex with women: An evaluation of sexual health needs and experiences in Sheffield

## Introduction

This evaluation is a product of collaboration between the Centre for HIV and Sexual Health (CHIV) in Sheffield, and Sheffield Hallam University (SHU), and forms part of a series of wider CHIV service developments. It builds upon an international literature review of lesbian and bisexual women's sexual health needs, commissioned by CHIV to inform their service provision (Formby, 2006).

## Method

The report is based on findings from self-completion surveys completed by fifty-four women who identified as lesbian, bisexual, or women who have sex with women (WSW), and who lived, worked or socialised in Sheffield at the time of completion. The survey was designed collaboratively between CHIV and SHU. It was distributed via a number of means, including existing CHIV (and researcher) networks and personal contacts in Sheffield. Completed surveys were returned to SHU using freepost envelopes, or through an online survey website that was established for the project. The survey covered a number of themes, described below.

## The participants

The majority of participants described their sexuality as lesbian. In the last twelve months, the majority had had sex with only women (80%). In terms of all previous sexual experience, however, most women had had sex with both men and women (59%), which has important implications for women's future sexual health needs. Just under three-quarters (72%) were in a relationship with a woman at the time of survey completion. Respondents' ages ranged from those aged 18-24 to those aged 55-64, though many were in the younger categories (54% were 34 years and under). A majority of participants described their ethnicity as white (94%), and 8% recorded some form of disability. Of those who identified their social class, 19.5% described themselves as working class, and 69.5% as middle class (11% was made up of 'other' responses). The majority of women lived in Sheffield (90%); 2% were from Doncaster, 2% from Rotherham, and 6% from elsewhere, who all reported coming to Sheffield to work, shop, meet friends, or go out. Extracts from the data are included to illustrate the summary of findings below.

## The social context in Sheffield

The social context in Sheffield appeared relatively positive for our participants, with over half thinking that the city had become more 'accepting'. Many respondents thought it was reasonably 'gay-friendly', though some comments were made about a lack of gay social space in the city. Nevertheless, homophobia continues to be a part of many women's lives, with 78% having experienced some form of prejudice, often taking the form of verbal abuse – and sometimes physical assault – from unknown members of the public. Despite this, most respondents were open about their sexuality in a variety of public settings, including health services.

## Sexual health knowledge

The majority of women surveyed did not identify any concerns about their sexual health, though responses to particular questions about STI transmission demonstrate that a minority of women had inaccurate assumptions, or lacked appropriate knowledge about sexual health in relation to sex between women. Eleven per cent, for example, did not know or thought that there was no risk of STI transmission from sex between women, and 26% thought they could not get any or many STIs/HIV through having sex with women. Understandings of 'safer sex' and 'unsafe sex' were varied, but common themes highlighted included the use of protective / barrier methods (e.g. dental dams, condoms, gloves); the importance of washing sex toys; partner choice; awareness about the potential of STI transmission, and caution over fluid and/or blood exchange. The emphases here suggest a largely bio-medical understanding of sexual health, for example in focussing on STI transmission and the absence of disease, rather than an holistic model of health. The minority of women, however, raised issues that are included in broader conceptualisations of sexual health, such as notions of physical safety or harm, and sexual pleasure. Of possible concern are some decisions about safer sex based on implicit assumptions about the ability to 'see' or prevent sexual health risks in terms of partner choice or notions of 'promiscuity' in relation to the regularity of different partners, rather than actual (safer) sexual activity.

# Lesbian, bisexual women and women who have sex with women: An evaluation of sexual health needs and experiences in Sheffield

## Sexual health information

The Internet was key in participants' access to sexual health information, along with books, friends, television, and partners. Health services were noticeably used less by respondents. Over half (53%) said that they did not feel they had enough relevant information about sex and relationships between women; nearly two-thirds (63%) did not find it easy to find much or any relevant information about sex and relationships between women. No-one had received any information about sex and relationships between women as part of their sex and relationships education at school. The majority had not seen specific CHIV or (national) NHS leaflets aimed at lesbian and bisexual women or women who have sex with women. Many women reported wanting access to sexual health information online in the future, or in the form of an advice service or leaflets, for example at GP surgeries, the walk-in centre, and local bars, clubs, and gyms.

*"There should be more information for women on STIs. From my experience they don't think they can catch anything because we're a low risk group... most won't get tested for STIs because they think they're invincible."*

*"Doctors should have more information on the subject. I have come across doctors who seemed to assume STIs cannot be transmitted at all between women"*

## Having sex and staying healthy

The women surveyed took part in a variety of sexual activities, with masturbation and mutual masturbation, vaginal penetration with fingers, rubbing genitals, and oral sex being the most common. The majority of these women did not practice forms of safer sex during these sexual encounters, with the exception of washing sex toys between use. Gloves and dental dams were very rarely used, and the source of negative comment.

*"...dental dams are so horrible I don't think I will ever use one. I would feel uncomfortable using one because it is not the norm to do so. They are like some form of alien thing that are very unsexual"*

*"Who the hell are going to use gloves? It has some form of clinical/diseased connotation to it. I think if I ever pulled these gloves out on someone they would run a mile and I certainly would not feel comfortable..."*

Reasons most commonly given for not practicing safer sex were about trusting partners and having long-term or monogamous relationships. Influences on practices around safer sex included alcohol and/or drug use, assumptions and perceptions of partner risk, and confidence and communication related to negotiating safer sex (which could relate to ongoing cultural / attitudinal barriers to initiating safer sex). The numbers of women who identified that having sex with new and/or unknown partners meant that they were less likely to practice safer sex is of some concern. This may in part relate to assumptions about potential partners and perceived notions of risk.

*"...if you sleep with someone you don't know then that will increase the risk of unsafe sex as I doubt there would have been any negotiation of safer sex or finding out about their sexual histories etc."*

The majority of respondents said that they did not find it easy to get safer sex items suitable for sex between women locally (78%), with 90% saying that they would like to be able to (e.g. in local bars/clubs, and shops).

## Experiences of local sexual health services

Many women had a regular GP and/or accessed other local health services, including GUM, and Central Health Clinic. The majority of participants had had a smear test within the last five years, and about half of participants had ever been tested for an STI or vaginal condition. Those that had not done so said they believed they were not at risk. The most commonly experienced STI / vaginal condition was thrush (50%); lower numbers reported diagnoses of other conditions, including bacterial vaginosis (BV), chlamydia, genital warts, gonorrhoea, herpes, HIV, and syphilis. Most women felt that their experiences of local health services could be improved. When describing their experiences of using these services, the majority of women had been assumed to be heterosexual by the health worker they consulted, with less than half (43%) receiving appropriate information and advice. Forty-four per cent also said that they had confidentiality concerns about coming out (i.e. disclosing their

# Lesbian, bisexual women and women who have sex with women: An evaluation of sexual health needs and experiences in Sheffield

sexuality). Common complaints about (sexual) health services were:

- workers assuming heterosexuality;
- poor attitudes and/or understanding from staff;
- lack of visibility of LGBT patients in health materials, and
- poor supply of appropriate safer sex items e.g. dental dams.

Some women had delayed seeking medical advice or treatment because of their sexuality. The most commonly identified barrier to accessing sexual health care or advice was fear and/or previous experience of ignorance, judgemental attitudes, or homophobia from health care staff.

*"GPs need to be much more sensitive to lesbian relationships whether dealing with sexual or general health issues. I am fed up with being treated according to stereotypical notions of the lesbian"*

*"The doctor presumed I was heterosexual and appeared taken aback when I said I was a lesbian. This made me feel uncomfortable."*

*"I've tried to get dental dams from the Central Health Clinic and have had problems from staff not knowing what they are, to being told that I could only have one and then I'd have to buy them from now on. When I said that heterosexual people and gay men wanting condoms got packets of them and could keep coming back for more and why was I being denied that I was told that there wasn't anything she could do and I'd have to go and buy them. A friend went along a few weeks later and was told that they no longer provide them."*

## Future sexual health services

Suggestions for improvements or changes to future sexual health services included:

- wider advertising of available services locally;
- specific LGBT information materials or resources, and/or for generic health related publicity and information to include the needs of LGBT clients;
- for health staff not to make assumptions, and to routinely enquire about sexuality before discussions begin;
- for health professionals to be more welcoming, understanding and knowledgeable about same sex relationships, so that they can tailor the information and advice offered to suit their patients' needs, and
- for services to openly advertise themselves as 'gay-friendly'.

Women said that these changes would help or make access to sexual health services easier for them, would make it more likely for them to seek medical advice or treatment in relation to sexual health, and would make them more likely to come out to a health care worker. Many respondents also reported preferring women only services / sessions, and a choice of female or male staff. There appeared to be support for an 'LGBT friendly' accreditation scheme for local health services.

*"It would be nice to have some more posters/magazines for lesbians. Would feel more welcoming"*

*"I want to feel a normal part of sexual health information and be evident on leaflets when needed, discussed at school sexual health lessons; anything other than currently ignored, forgotten or marginalised"*

*"Advertise in public places such as the library and mainstream papers, not all of us are a part of the gay scene"*

## Conclusions

Survey results have identified both gaps in women's knowledge levels about sexual health, and gaps in current sexual health information provision aimed at lesbian, bisexual women, and women who have sex with women. Furthermore, the data also suggests that safer sexual activity among women could be encouraged by challenging some beliefs that women may hold about the importance of partner choice, often based on assumptions about potential sexual partners, rather than the intended / actual sexual activities engaged in. An approach to safer sex which concentrates on types of sexual activity and associated safer sex methods is more

# Lesbian, bisexual women and women who have sex with women: An evaluation of sexual health needs and experiences in Sheffield

reliable than perceptions of potential partners. Health staff could improve their understanding and knowledge about the (sexual) experiences of lesbian, bisexual women, and women who have sex with women, in order to more effectively meet their (sexual) health care needs.

A key conclusion from this evaluation is the common experience of heterosexism within health care encounters. The findings also highlight the serious and ongoing effects of this heterosexism, and/or the fear of homophobia, for women's long-term health - if they are reluctant to seek health care advice or treatment in the future, for example, or if they continue to hold misunderstandings about their sexual health needs. Even where homophobia has not been previously experienced in health settings (and for some individuals it had), fear of such an encounter often affects women's perceptions of the potential quality of the health care they might receive, and therefore can affect their take-up of health services. Many of the respondents' comments and suggestions for CHIV in terms of influencing future sexual health service provision focussed on attempting to eradicate the incidents, and insidious effects, of this heterosexism and/or fear of homophobia within health care services.

*"...however educated I may be, I would rather ignore an issue than go and get it sorted out for fear of being treated unfairly."*

## Recommendations

1. Investigate the potential for targeted events and/or widely available resources (including online) at lesbian, bisexual women, and women who have sex with women, to:
  - a) disseminate findings from this evaluation, and generate discussion about the issues among women;
  - b) help to raise awareness of sexual health in general among this population;
  - c) target specific misperceptions and/or knowledge gaps where identified, and
  - d) help to increase women's confidence in discussing sexual health with potential partners.
2. Explore the possibility of local health services, including CHIV, providing (free) safer sex supplies suitable for sex between women e.g. dental dams. Alternatively, consider setting up a web service to sell these products (as cheaply as possible), and/or liaise with local businesses about providing these supplies e.g. chemists.
3. Continue to raise awareness of LGBT health concerns with local health practitioners and service providers, to seek to lower barriers currently facing women. In particular, attempt to raise awareness of the need to:
  - a) not assume heterosexuality in health related interactions;
  - b) reassure patients about confidentiality;
  - c) include the needs of lesbian, bisexual women, and WSW in sexual health information and publicity materials/resources, and/or provide specific (sexual) health resources/materials for this group;
  - d) increase health professionals' understanding and knowledge base regarding the sexual activities and associated sexual health needs of lesbian, bisexual women, and WSW;
  - e) share models of good practice, where they exist, and
  - f) offer women only service sessions, and the choice of male or female staff.
4. Consider the potential for producing a briefing document for health professionals about the sexual activities and associated sexual health needs of lesbian, bisexual women, and WSW. This could incorporate findings from this evaluation and information from CHIV's previously commissioned literature review (Formby, 2006).
5. Attempt to publicise information more widely about local sexual health services to women in the area.
6. Examine the possibility of setting up a local 'gay-friendly' health service accreditation scheme.

## References

Formby, E. (2006) Lesbian and Bisexual Women's Sexual Health: A Review of the Literature. Sheffield: Centre for HIV and Sexual Health.

## Acknowledgements and further information

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