Lesbian health: more than screening for breast cancer and mental health

Marion Stevens, treatment monitor, Health Systems Trust, continues with the focus on women's health.

The focus this month for *Nursing Update* is breast cancer and mental health. Last month I noted that in the continuum of women's health, lesbian health has essentially been left off the agenda. In my training, if one thing was mentioned about lesbian health it was around breast cancer and that lesbians and nuns were vulnerable! (those who may not breast feed before the age of 35). While nuns might not have sex, lesbians certainly do have sex. The other remnant of my training was that gays and lesbians may need mental healthcare!

Thankfully, we have moved on since those days, but there is a need to start addressing the health needs of lesbian women more. Within the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) sexual identity, gay men have received the most response from the health sector. At the start of the HIV epidemic most of the focus was on men who have sex with men; this focus has shifted. The focus did, however, have inaccurate constructions of homosexuality, suggesting that gays were the carriers of disease because of their sexual orientation. This suggestion has now changed (hopefully) and it is known that transmission is due to behaviour and not orientation. At the recent Mexico AIDS conference there was a substantial focus on this, as in the Latin American context this is the site for transmission and many men who would not identify as gay do have sex with other men.

Our constitutional and legal framework guarantees that we cannot discriminate with regards to sexual orientation. Recent legal labour cases have underscored this, as in the case in Pretoria in August, where a gay musician was fired by a church and the church was found guilty. It is strange to think that in 2008 employers could think of firing a person who is gay; it is unlawful. There are also more subtle and insidious ways in which discrimination takes place, and for this reason it is important to consider and address these issues. We need to be informed as to how we can take care of clients, and to be conscious and aware of possible transgressions and prejudices. As nurses, we may not be heterosexual, and we need to be aware of our rights and also take care of our health.

It is important to note that there is a distinction between sexual behaviour and sexual identity. Given socially prescribed norms, many people identify as heterosexual as – despite our progressive legal framework – we live in a society that does not accept different sexual identities. This has been evidenced by the recent murders of black lesbians in townships, which have been widely reported. One person who was tragically murdered was Eudy Simelane, a national women's soccer team player from Banyana Banyana. The Triple Seven campaign has been launched in response to this.

As a result of this stigmatised climate, some women might marry or pose in heterosexual partnerships and have sex with men, but also have sex with women. This sexual behaviour puts people at risk and it is important to explore this with clients and to support them in making safer choices. Straight clients also engage in what is often assumed as only homosexual behaviour. Most people have oral sex and it is generally thought that more straight people than gay men have anal sex. Oral sex is understood not to be risky, but anal sex is known to be risky. So a woman who may even be married, who you thought was heterosexual, might be having anal sex with her husband but is having oral sex with her lesbian lover.

Lesbians are often regarded as being at relatively low risk for HIV and do not have many health issues. However, given the reality that lesbian women can straddle a range of sexual identities, it is important to consider their health needs broadly. A lesbian woman should have access to the range of health services that serve in the continuum or basket of women's health services. This would include, for example, services for cervical cancer screening, testing for STIs including HIV and AIDS, and information about planning a pregnancy. Lesbians' sexual and reproductive intentions are neglected and I imagine that there is very limited space for health

workers to talk with lesbians who are planning to have a family. Lesbians are vulnerable to corrective rape and gender-based violence from men and men they are in relationships with. They are not immune to violence in women to women relationships and may need access to post-exposure prophylaxis as well as the same services that straight women may need in terms of obtaining an interdict, etc.

A recent study conducted by OUT LGBT shows, however, that nine per cent of lesbians self reported that they were HIV-positive. Some 55 per cent said health workers asked questions which insinuate that heterosexuality is the only normal way to be. A further 49 per cent said the health worker assumed them to be heterosexual (Wells, L and Polders, L (2004) Levels of Empowerment among Lesbian, Gay, Bisexual and Transgender (LGBT) People in Gauteng, South Africa. Joint Working Group.)

This is the space where one might be considered to be discriminating against a client. A session with a client could have included the following questions: Are you sexually active? Are you and your boyfriend using condoms? What contraception are you using? While this conversation might seem neutral, it is viewed as discriminatory, although not directly. One is assuming that heterosexuals are the norm. It would definitely close the conversation and, as a service provider, you would have lost the chance to engage and support the person in their sexual and reproductive health.

A better conversation would be: Are you sexually active? Do you and your partner practice safer sex practices? Do you need contraception?

Similarly: Are you and your partner able to negotiate safer sex practices? Do you need any information about safer sex practices? Are there any sexual or reproductive health concerns that you'd like me to address?

OUT LGBT has developed guidelines for service providers, which can be accessed on the Treatment Monitor website: http://www.hst.org.za/generic/94#lgbt and include:

- Understanding the Challenges facing Gay and Lesbian South Africans – Some guidelines for service providers
- Levels of Empowerment among Lesbian, Gay, Bisexual and Transgender [LGBT] People in Gauteng, South Africa
- Levels of Empowerment among Lesbian, Gay, Bisexual and Transgender [LGBT] People in KwaZulu-Natal, South Africa

Lesbian health is more than screening for breast cancer and referring for counselling. As nurses we have a contribution to make in providing for lesbians within the continuum of women's health services. We also need to be aware of how we engage with clients and ensure that we are not closing conversations – as a result of our assumptions or presumptions – and losing the opportunity to really assist a client who has come to seek healthcare. At the same time we need to be abreast of what is happening in our context and to note that lesbians, like all women, are also vulnerable to HIV transmission and should not be dismissed or denied their full rights to access health services. **NU**

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Women who have Sex with Women. HIV is an issue that affects us! Exposing our marginalisation.

Vicci Tallis

HIV and AIDS Unit,
Open Society Initiative of Southern Africa (OSISA)
Initial research for Human Science Research Council (HSRC) South Africa

The invisibility and marginalisation of WSW is leading to our sexual and reproductive health needs not being adequately met.

What is life like for South African lesbians?

Despite progressive laws and constitution lesbian women face double marginalisation in South Africa: on the basis of gender and sexual orientation in a patriarchal, heterosexist society. Some lesbian women face deeper marginalisation, for example, because of race, HIV status. Multiple marginalisation impacts on different aspects of women's lives including their health. Women's health in general, and the health needs of women who have sex with women (WSW) in particular is not high on the agenda's of health service providers nor researchers.

A study[1] throws some light on the experiences of almost 400 lesbian and bisexual women living in a context of inequality. WSW lives are characterised by the oppressive nature of religion, hetero-sexism, prescribed gender roles, patriarchal norms, resulting in hate crimes, pressure and force being a feature of lesbian life. High levels of violence as a direct result of sexual orientation often result in rape and even death.

Multiple unequal power relations experienced by lesbian women impact on health, including:
- Lack of access to sexual and reproductive health services and rights
- Lack of knowledge and commitment from health care providers to address the specific needs of WSW,
- Lack of access to assisted pregnancy,
- Lack of access to basic sexual health prevention technologies such as regular pap smears.

1 Joint Working Group research on lesbian lives in KwaZulu Natal and Gauteng, conducted by OUT and the Durban Lesbian and Gay Centre 2007

Is HIV an issue for women who have sex with women?

Nowhere in the world do we have accurate statistics of the numbers of WSW who are HIV positive. However, in South Africa, research and anecdotal evidence shows that there are growing numbers of WSW who are living with HIV.

HIV affects WSW. We are, and can be infected. WSW have sex with men: because we want to, or for economic reasons etc. We also live with violence, including rape like all women, and often more so because of our sexual orientation. WSW who are living with HIV often lack access to services, prevention information and mechanisms specific to us [Where are dental dams and accurate information of lesbian safer sex?]

OSISA
Open Society Initiative for Southern Africa

Open Society Initiative for Southern Africa

12th Floor Braamfontein Centre
23 Jorissen Street
Braamfontein, 2017
Johannesburg
South Africa

Tel: +27 11 403 3414
Fax: +27 11 403 2708
Email: vicci@osisa.org
Web: www.osisa.org

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Photography: **Phumla Masuku** and **Zanele Muholi**

Our call for action

The provision of appropriate health services for lesbian women should be based on adequate knowledge of the complexities and issues. There is a huge gap in our understanding of sexuality including sexual behaviour and practices. Lesbian health issues, as with most issues and experiences of the LGBTI community, have not received great attention from researchers, governments and civil society.

Increasingly, only evidence-based programmes are funded and implemented. This increases our marginalisation because there is little evidence and so many **research gaps**. We urgently need research to determine:
- HIV prevalence amongst WSW
- The diverse experience of lesbian life and the links to accessing rights and services
- Our understanding of sexuality, highlighting on the relationship between behaviour and identity.
- Sexual practices and lesbians perceptions of risk taking.

There is an urgent need for **programmes** that address WSW in order to reduce their vulnerability. Safer sex messages should include lesbian women, bisexual women and women who have sex with women and provision should be made for the distribution of prevention technologies for women.

Policy is needed that will ensure services and programmes that address the realities of lesbian women. Part of addressing the lack of services is to get the commitment from government, and from NGO's and CBO's to provide services to address the health issues of women who have sex with women.