

# LGBT sexual health

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## Abstract

There is a growing body of evidence that the syndemic health inequalities in the areas of mental health and substance and alcohol use in lesbian, gay, bisexual and transsexual (LGBT) people can drive greater inequalities in sexual health. This is a diverse population where additional individual behavioural factors and wider structural socioeconomic and legal factors also play a part. Lesbian women have increased susceptibility to bacterial vaginosis, while trans women and gay and bisexual men have greater vulnerability to sexually transmitted infections and human immunodeficiency virus compared with cis-gendered heterosexuals. Consideration must be given to non-genital clinical examination and sampling according to sexual history. Cultural competence and holistic clinical assessments, which include assessments of mental health, substance and alcohol use, can enable opportunities for interventions to prevent transmission of infection and improved well-being.

**Keywords** Bisexual; gay men; HIV; homosexuality; lesbian; MRCP; sexual and gender minorities; sexual health; sexually transmitted infections; syndemic inequalities; transgender

## The lesbian, gay, bisexual and transgender (LGBT) population

The abbreviation LGBT usually refers to lesbian, gay, bisexual and transgender people, but its use sometimes extends to include all gender or sexual minorities such as intersex, asexual or questioning (Table 1). The word 'transgender' is generally seen as an umbrella term encompassing transgender, gender non-conforming and transsexual identities. The medical term 'gender dysphoria' refers to the distress attributed to mind–body gender incongruence. Language and terminology in the field are in constant flux, reflecting a tension between depathologizing gender identity and ensuring access to medical and surgical treatments.

The proportion of men aged 16–44 years reporting same-sex genital contact in the UK National Survey of Sexual Attitudes and Lifestyles (NATSAL-3) has been cited as 5%, rising to 7% when sexual experience not including genital contact was considered.<sup>1</sup> Corresponding figures for women were 8% and 16%, respectively. Of the 2.6% men aged 16–74 years who reported sex with one or more men in the preceding 5 years, 53% identified as gay, 28% as bisexual and 19% as heterosexual.<sup>1</sup> The

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## Key points

- Gender and sexual minorities experience health inequalities, most notably in sexual health, mental health and substance use. Together these areas form a 'syndemic' interacting synergistically to adversely enhance vulnerability to poor health
- Culturally competent staff and clinical services are essential to eliciting good quality sexual histories and improving patient-perceived experiences
- Holistic clinical assessment enables the identification of underlying vulnerability to poor sexual health and offers opportunities for prevention and to address broader well-being issues
- Routine testing for chlamydia and gonorrhoea from non-genital sites (e.g. pharynx, rectum) may be indicated according to sexual history
- Gay, bisexual and other men who have sex with men (GBMSM) and trans women are at particular risk of HIV and other blood-borne viruses, and should be targeted for evidence-based prevention initiatives

population prevalence of International Classification of Diseases-defined transgender-related diagnoses ranges between 1 and 10 per 100,000, with most studies observing a higher male to female than female to male ratio.<sup>2</sup>

## Structural and social factors and LGBT health

The World Health Organization defines sexual health as 'a state of physical, emotional, mental and social well-being in relation to sexuality, not merely the absence of disease, dysfunction or infirmity'. Aside therefore from the obvious importance of individual factors, sexual health is closely intertwined with and influenced by wider cultural socioeconomic, legal and geopolitical factors, which provide the context to LGBT people's lives.

Homosexuality was considered a mental illness and was not declassified by the World Health Organization (WHO) until 1992. Same-sex acts remain criminalized in 71 countries comprising 37% of United Nations member states.<sup>3</sup> Fear of disclosing sexual orientation can impede access to healthcare and information, and has been associated with higher levels of human immunodeficiency virus (HIV) in gay, bisexual and other men who have sex with men (GBMSM) than in countries without criminalization. Even in countries with antidiscrimination legislation, LGBT individuals can experience abuse or violence for public displays of affection, and report higher levels of childhood bullying and poorer patient experiences when accessing healthcare. Sexual minorities are disproportionately affected by physical health problems across the lifespan, including asthma, diabetes mellitus, cardiovascular disease and cancers.<sup>3</sup> These disparities remain relatively under-researched, and it was only in 2017 that the UK National Health Service introduced routine collection of information about sexual orientation in primary care.

### Definition of common terms

Asexual	A person who is not sexually attracted to anyone and does not identify with having a sexual orientation
Bisexual	A person who is attracted to both genders
Cis-gendered	A person who identifies their gender as the same as their gender assigned at birth
Gay	A person who is attracted to someone of the same gender
Intersex	A person born with variations in sex characteristics that 'do not fit the typical definition for male or female bodies'
Lesbian	A woman who is attracted to someone of the same gender
Non-binary gender	A person whose gender identity is not exclusively male or female
Pansexual	A person who is attracted to people of any sexual orientation or gender
Questioning	A person who is questioning their sexual orientation or gender
Transgender	A person who identifies their gender as different from their gender assigned at birth

**Table 1**

It is in the areas of sexual health, mental health and substance use in which inequalities experienced by sexual minorities are most apparent. Together these three areas form a 'syndemic' interacting synergistically, each exacerbating vulnerability to the other (Figure 1).

Compared with their heterosexual counterparts, LGB individuals have two to three times the risk of suicide, depression, anxiety and drug and alcohol dependence.<sup>3</sup> Gay and bisexual men in particular are more than six times more likely to have

### Syndemic of inequalities affecting the LGBT population



**Figure 1**

attempted suicide in their lifetime than men who have sex only with women.<sup>3</sup> Factors driving this disparity include perceived or experienced discrimination and internalized homonegativity, when negative societal attitudes towards same-sex behaviours are integrated into the value system and self-concept of some LGBT individuals.

### Sexual health and LGBT people

#### Sexual health in GBMSM

GBMSM individuals are disproportionately at risk of sexually transmitted infections (STIs) and account for almost 50% of those receiving HIV care in the UK. In 2016 UK national surveillance data, GBMSM accounted for 86% of infectious syphilis and 65% of gonorrhoea diagnoses in male patients. In developed countries, infections such as lymphogranuloma venereum are seen almost exclusively in GBMSM, and sexually acquired enteric infections such as hepatitis A, *Giardia intestinalis* and *Shigella* species infections are also reported in this population.

Drivers for vulnerability to STIs are complex. The rectal mucosa is unicellular and particularly susceptible to trauma during receptive anal sex. Compared with men who have sex exclusively with women (MSEW), GBMSM also report higher numbers of sexual partners and are more likely to have concurrent sexual partners. GBMSM are also significantly more likely to experience non-volitional sex and to report poorer sexual function.<sup>1</sup> While poorer sexual health, mental health and substance/alcohol use overlap in all populations, a greater interaction between these three domains has been observed in GBMSM compared with MSEW.<sup>1</sup>

#### Sexualized drug use and chemsex in GBMSM

Sexualized drug use is reported more commonly in GBMSM than in MSEW, and has been associated with condomless anal sex with casual partners. In the past decade, 'chemsex' has emerged as a specific phenomenon; this refers to the sexualized use of crystallized methamphetamine, mephedrone,  $\gamma$ -hydroxybutyrate (GHB) or  $\gamma$ -butyrolactone (GBL) and to a lesser extent other drugs within a specific cultural context.

Chemsex sessions, which can last days, may involve injecting drugs (colloquially referred to as 'slamming'), and prolonged mucosally traumatic sex with multiple partners often identified through smartphone geospatial networking applications. Drugs are also used by some to facilitate intimacy, manage anxiety and low mood, ameliorate the stigma of HIV and overcome negative feelings of body image, and can be a way of self-harming. Chemsex has been associated with higher rates of STI acquisition, including HIV, hepatitis C and *Shigella flexneri* infection.

#### Transgendered people

The exact aetiology of gender dysphoria is unknown, and medical care aims to relieve the dysphoric symptomatology. This can involve social or medical transition using hormone treatments and surgery. Despite some improvement in recent years, research into transgender health is generally scarce, and health disparities affecting this population are poorly understood.<sup>2</sup>

**Sexual health in the transgender population:** rates of STIs and HIV infection in the transgender population are disproportionately

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