ORIGINAL RESEARCH—LGBTQi

Health Status, Behavior, and Care of Lesbian and Bisexual Women in Israel

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ABSTRACT

Introduction. Lesbian and bisexual women (LBs) have unique health needs compared with heterosexual women (HW).

Aim. This study aimed to associate the health status of LB, their health behavior, disclosure of sexual orientation (SO), and avoidance of health care with that of HW.

Methods. Participants in this cross-sectional study completed anonymous questionnaires, which were distributed in Internet sites and public venues in Israel, comparing health behaviors and outcomes between LB and HW.

Main Outcome Measures. Health outcomes included subjective health status, general practitioner or gynecologist visit in the last 6 months, and satisfaction from the Israeli healthcare system.

Results. In 2012, 681 (34.4%) lesbians, 242 (13.5%) bisexual women, and 937 (52.1%) HW completed the questionnaire. In comparison with HW, LBs were more commonly single, used drugs/alcohol, smoked, experienced eating disorders, and reported an earlier sexual debut. In comparison with all women, lesbians performed less physical activities and were more satisfied with their body weight, whereas bisexuals had riskier sexual behavior and reported more verbal/physical abuse. LB reported more emergency room visits, more visits to psychiatrists, yet underwent Pap smears less frequently compared with HW. In a multivariate analysis, lesbians had fewer gynecologists' visits and were less satisfied with the healthcare system than HW, whereas bisexuals visited their general practitioner or gynecologist less frequently and were less satisfied with the primary healthcare system. Lesbians were more likely to disclose their SO with their doctors than bisexuals and were satisfied with the disclosure. Nondisclosure of SO was correlated with poor subjective health status. The interaction between being bisexual and nondisclosure of SO was strong.

Conclusions. LB utilized health care less frequently than HW, resulting in unmet medical needs. SO disclosure was associated with better healthcare utilization and health outcomes, especially among bisexuals. Providers should be trained about LB's unique health needs and improve their communication skills to encourage SO disclosure.
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Key Words. Bisexual; Health Behavior; Health Utilization; Lesbian, Women

Introduction

It is estimated that about 3–6% of women in the United States identify themselves as lesbians or bisexuals (LBs) [1,2]. In a national representative sample performed in Israel, 8.9% of all women responded that they had at least a single lifetime same-sex partner and 4.7% self-identified them-

selves as LB (Mor Z, unpublished data, 2014). LB women share similar health issues to those seen in the general female population but in addition experience unique health disparities [3]. For example, the prevalence of smoking, obesity, and mood swings, as well as anxiety and eating disorders, cardiovascular diseases, and diabetes among LBs is higher than that experienced by the general female population [3]. Additionally, nullgravidity, low parity, obesity, and tobacco use, which are more prevalent in LB, are known risk factors associated with endometrial and cervical cancers. Despite these potential health risks, LBs have been found to utilize their general practitioners and gynecologists less commonly than heterosexual women (HW) [4]. They also tend to use of cervical cytology screening tests or breast mammograms less frequently than heterosexuals [5]. Although knowledge of a patient's sexual orientation (SO) should direct preventive and health maintenance strategies, both LB patients and their physicians are usually hesitant to raise the issue of SO during history taking in medical settings [6–8]. Some LBs, who disclosed their SO, reported negative experiences or even discrimination [9,10]. Thus, physicians may miss the opportunity to provide specific preventive recommendations to LB and appropriate screening tests, and furthermore, the embarrassment in itself may play a disincentive for future use of the medical care system [7,8]. Although recent recommendations have been published for the proper care and screening of LB [3], it is yet unknown if the information has been implemented in routine medical practice.

The LB community in Israel has become increasingly visible in all areas of Israeli society. In recent decades, LBs have benefited from a series of laws and legal precedents that recognize lesbians and gay rights [11]. Lesbians in Israel, and especially in Tel Aviv, have established several community organizations, designated lesbians' public activities and busy night venues, and gradually gained recognition in wide parts of the community [12].

This study aims to identify, for the first time in Israel, LB health behavior and medical needs, define attributes influencing disclosure of SO, and evaluate their delays or avoidance of health care in Israel. The working hypothesis was that LBs have unique health needs [3,9]; yet due to lack of open discussion and misunderstanding of LB life events, the issue of SO is not commonly raised or discussed at healthcare settings [8]. Consequently, LB health needs are not fully met, and LB utilization of healthcare services and adherence to screening tests is suboptimal [4–8].

Methods

This cross-sectional study was performed between May and November 2012 by using an Internet-based, anonymous questionnaire in Hebrew. The questionnaire was developed by experts who are experienced in working with LB, from the government, nongovernmental organizations, academia, and community members. A pilot study was performed prior to its practical use. This questionnaire was programmed to provide questions tailored to participants' responses. For example, females who were in steady relationships were asked to complete a different set of questions than those who had casual partner/s. Participants were therefore asked between 67 and 91 questions, depending on their responses. This study included only female participants, whereas transgender or intersex individuals were excluded.

The electronic questionnaire was launched and advertised on Israeli Internet sites used mainly by women to recruit both HW and LB, and also in specifically electronic sites frequented by LB to search for potential partner/s. In order to protect the anonymity of the participants, the Internet protocol codes of the computers were not registered, and no electronic "cookies" were embedded. In addition, pen-and-paper questionnaires were distributed in venues frequented by HW women and LB, such as bars or public events in several cities in Israel. LB and HW who visited these establishments were offered an opportunity to complete the study questionnaire.

Participants were asked to complete their demographic details, self-identify their SO, report the gender of their sexual partners, number of steady or casual partner/s, previous exposure to verbal or physical violence while in relationships, substance (smoking, drug and alcohol) and condom use, utilization of health services (primary care clinicians, gynecologist, emergency rooms, and hospitalization), previous diagnoses of mental and chronic disorders (hypertension, diabetes, cardiovascular dysfunctions, HIV, and disability) or sexually transmitted diseases (STDs), adherence to screening tests, self-perceived health status, and their personal view of the quality of the Israeli health system. Most questions were binary, whereas others were set on Likert scale (see Supporting Information Appendix S1), and were dichotomized (yes/no) in the analysis. Participants