



## Full length article

Representations of lesbian and bisexual women's sexual and relational health in online video and text-based sources<sup>☆</sup>Sandra L. Faulkner<sup>a,\*</sup>, Pamela J. Lannutti<sup>b</sup><sup>a</sup> Bowling Green State University, United States<sup>b</sup> LaSalle University, United States

## ARTICLE INFO

## Article history:

Received 12 May 2015

Received in revised form

16 June 2016

Accepted 17 June 2016

Available online 23 June 2016

## Keywords:

Lesbian and bisexual women

Online health information

Relational health

Sexual health

Standpoint theory

## ABSTRACT

The Internet is the preferred source of health information followed by healthcare providers, friends and family, print media, and television (Baxter & Egbert, 2008). Yet, previous research about online sexual health resources for LGBTQ (lesbian, gay, bisexual, transgendered, queer) groups, especially lesbian and bisexual (LB) women, primarily consists of introductions and reviews of related websites rather than critique of the quality of the information present (e.g. Clark, 2003; Finlon, 2002; McKay, 2011). Thus, the goals of this study were to examine the LB women's sexual and relational health content in online sources and identify the degree to which the online sources considered LB women's identity and standpoint when presenting sexual and relational health messages. The analysis includes a comparison of text-based and video-based online messages related to LB women's sexual and relational health. We argue that there is an overall lack of quality in the online sexual and relational health messages for LB women, and that websites are not comprehensive enough in their coverage of LB women's sexual and relational health.

© 2016 Elsevier Ltd. All rights reserved.

The Internet continues to be a popular source for news and entertainment, but it is also used for searches for sensitive health information; people prefer learning about embarrassing health topics, especially sexual health, online (Buhi, Daley, Fuhrmann, & Smith, 2009). In fact, the Internet is the preferred source of health information followed by healthcare providers, friends and family, print media, and television (Baxter & Egbert, 2008). Two national surveys revealed that a majority of American Internet users most recently sought their health information online (Fox & Duggan, 2013; Redmond, Baer, Clark, Lipsitz, & Hicks, 2010). Research about online sexual health resources for LGBTQ (lesbian, gay, bisexual, transgendered, queer) groups, especially lesbian and bisexual (LB) women, primarily consists of introductions and reviews of related websites rather than critique of the quality of the information present (e.g. Clark, 2003; Finlon, 2002; McKay, 2011). This study addresses the gap in research on online sexual and relational health message for LB women by providing a qualitative content analysis of how LB women's identity and sexual and

relational health is constructed and represented in online text and video sources. The study uses feminist standpoint theory (Harding, 2004) to guide the content analysis.

### 1. Lesbian and bisexual women and online sexual and relational health information

Many people search online for sexual health information because of the privacy it affords and their need for sharing and obtaining emotional and practical support (Baxter & Egbert, 2008; Benight, Ruzek, & Waldrep, 2008). These features make online media an ideal vehicle to promote and seek sensitive health information (Keller & Brown, 2002; Keller, Labelle, Karimi, & Gupta, 2002). According to comScore's report on video rankings, 84.4% of the U.S. Internet users viewed online video; Google sites ranked as the top online video content property in January 2012, with the help of YouTube.com (Flosi, 2012). The viral spread of the 'It gets better' project, which was launched in 2010 on YouTube.com, demonstrates the importance of emotional and practical support for the LGBTQ community. Through the use of visual and interactive media, individuals felt closer to one another and used the accessibility and intimacy of visuals to construct community (Muller, 2011). Health communication research has focused on social

<sup>☆</sup> The authors thank Jing Jiang and Xiao Hu for their coding help.

\* Corresponding author. Department of Communication, 404 Kuhlin Center, Bowling Green, OH 43403, United States.

E-mail address: [sandraf@bgsu.edu](mailto:sandraf@bgsu.edu) (S.L. Faulkner).

networking sites and other social media with less attention to how video sharing websites affect individual's sexual socialization and development (Collins, Martino, & Shaw, 2011). Thus, we focused on LB women's sexual and relational health in online video and text based messages.

When compared with men who have sex with men, LB women have less health information available to them because of assumptions of heterosexuality and fewer targeted research studies addressing their unique concerns (Fish, 2009; Fish & Bewley, 2010). LB women are less likely to be the research focus when compared to gay and bisexual men, and when LB women's sexuality does receive attention, the literature tends to overemphasize sexuality topics such as pleasure to the detriment of LB women's sexual health (Lee & Crawford, 2007; McTavish & Harris, 2007). As a result, many healthcare professionals inadequately address sexually transmittable diseases (STIs) and the need for regular cervical cancer screening (Bjorkman & Malterud, 2009).

How LB women use eHealth resources and the value of those sources in their online searches (Polonijo & Hollister, 2011) is not clear. When LB women search online for health and relationship information, they often find it within broader gay health sites (Clark, 2003). For instance, Lindley, Friedman, and Struble (2012) searched online for "lesbian sexual health" and found three hundred websites, however, only twenty-five of the sites were unique (i.e. not advertisements, books, blogs, or Wikis).

Researchers have assessed online search engines, websites as a whole, and individual section of websites for the quality, quantity, and accessibility of health information (e.g., Polonijo & Hollister, 2011). Polonijo and Hollister (2011) examined a lesbian-centered "Ask the Doctor" segment to find that users most often asked about sexual/gynecological health, conception/family planning and culturally competent health care services. They argue that women's queries show desires to be seen as normal in the context of their heterosexist healthcare experiences and that their experiences transcended a narrow focus on the body. In a study comparing topics, purposes, producers, and perspectives between mainstream health information websites and lesbian-focused health websites, McTavish and Harris (2007) revealed that the lesbian focused sites politicized lesbian health through a call for collective action and included a broader treatment of lesbian-related health issues that called for collective actions, while mainstream sites focused narrowly on sexuality, and passively stressed individual responsibility for health. Lindley et al. (2012) critiqued twenty-five online sites focused on lesbian and bisexual women's health based on volume, scope, and readability of sexual health information; they discovered that most sites presented information on STIs and HIV/AIDS (52%–72%), with fewer sites about safer sex practices, reproductive cancers, intimate partner violence, family planning issues, or preventive health practices.

The previous research suggests that when assessing online health information researchers and practitioners should consider issues of credibility, content, disclosure, links, design, interactivity, and caveats (Assessing the Quality, 1999). McInnes and Haglund (2011) focused on the readability of health information websites and considered most (45%) of the 352 unique sites in their study to be "difficult" to read, and 13% were considered to be "very difficult" to read with some of the most frequent search results (e.g., Wikipedia) considered the hardest to read. Online health information for LB women should consider the quality and readability of information in addition to the contextual and political importance of LB women's sexual health. For example, Fish and Bewley (2010) argue that we adopt the Yogyakarta Principles that focus on access to health information as an international human right and consider sexual orientation and gender identity as key components.

While little is known about how LB women use eHealth

resources and the value of the information in those sources for LB women's sexual health, there is also a lack of knowledge about how eHealth sources address relational health for LB women. Relational health in female-female couples may be affected by the unique standpoint of LB women. Research comparing the relational qualities and satisfaction correlates for different-sex and same-sex couples has shown that the experiences of these two types of couple types are more similar than different (see Kurdek, 2005; for review). However, the differences among different-sex and same-sex couples that do exist have been shown to have a significant impact on the quality of same-sex couples. Same-sex couples are vulnerable to negative effects of social stigma resulting in sexual minority stress, lack of familial support of the couple, and restrictions in legal relationship recognition and protection (Kurdek, 2005; Mohr & Daly, 2008; Riggle, Rostosky, & Horne, 2010). Studies of relational satisfaction among female-female couples specifically suggest that to understand the relational health of LB women's relationships, it is important to consider sexual orientation related factors, such as stigma, internalized homophobia, and degree of "outness" (Beals & Peplau, 2001; Beals, Impett, & Peplau, 2002). Thus, when considering the sexual and relational health of LB women and how online sources are used by LB women, it is important to consider the uniqueness of their romantic relationships and experiences.

## 2. Feminist standpoint theory

We argue that LB women's health has received inadequate academic attention and more specifically, the voices of LB women community members "are often omitted from discussions about health care disparities" (Harvey & Housel, 2013, p. 4). Feminist standpoint theory provides a good framework for critiquing the online sexual and relational health messages for LB women because of the focus on situated knowledge (Faulkner, Davis, Hicks, & Lannutti, 2016; Harding, 2004). Feminist standpoint theory acknowledges that knowledge is contextual; what is assumed to be a neutral or universal perspective is often the standpoint of dominant groups. Experiences of some groups have not counted as sources of knowledge, and standpoint theorists argue that privileged worldviews are not neutral centers from which knowledge is produced (Harding, 2004). Thus, standpoint theorists argue that a particular privileged view of the world is typically not representative of a diversity of lived experiences because knowledge differs significantly depending on one's relation to privilege. Groups outside the mainstream use their own experiences and knowledge to work towards self-valuation and self-determination to achieve a standpoint. Faulkner (2013), for instance, argues that ethnographers account for their positionalities when doing ethnographic work, especially work related to sexual identity, in order to achieve a standpoint that is reflective of those absent or marginalized within dominant discourse.

Feminist standpoint theory is important in the study of LB women because inaccurate and incomplete knowledge accompanies any sexual behavior that does not fit neatly into the existing dominant culture. Thinking of sexuality as fluid, and the fact that individuals may have sexual lives that are not recognized within the dominant discourse threatens the status quo (Warner, 1999) and limits those that are marginalized by only providing one position within the discourse (Edelman, 2004). Using standpoint epistemology helps us to denaturalize positions often seen as neutral and offers us an opportunity to view the lives and practices of LB women as important; we are mindful of realities otherwise marginalized or absent within the dominant discourse to make space for more truths rather than one truth. For example, Faulkner et al. (2016) framed their analysis of sexuality education

Download English Version:

<https://daneshyari.com/en/article/6836932>

Download Persian Version:

<https://daneshyari.com/article/6836932>

[Daneshyari.com](https://daneshyari.com)