

BEHAVIOR

Disclosure of Sexual Orientation Among Women Who Have Sex With Women During Gynecological Care: A Qualitative Study In Brazil

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ABSTRACT

Background: Evidence shows that women who have sex with women (WSW) face disparities in access to health care when compared to heterosexual women in several countries.

Aim: To investigate the experiences WSW have after disclosure of sexual orientation during gynecological care in Brazil.

Methods: We performed a qualitative study using content analysis. We recorded and transcribed interviews with 34 WSW from the 5 regions in Brazil. Data were analyzed using descriptive content analysis.

Outcomes: The main categories of analysis were decision-making process to disclose and attitude of gynecologists after disclosure.

Results: WSW disclosed their sexual orientation in an un-favorable environment. Gynecologists rarely asked about patients' sexual orientation and used a script for hetero-normative anamnesis. The reactions of gynecologists were discriminatory, resulting in abbreviated consultations and un-comfortable gynecological exams. They missed a window of opportunity for prevention, diagnosis, and treatment of various diseases. The experiences Brazilian WSW had during gynecological care demonstrated the dominant hetero-normativity in the health care scenario. The attitudes of the gynecologists precarized the existence of WSW in health service.

Clinical Implications: This study suggests that gynecologists missed an opportunity to use WSW's sexual orientation disclosure to offer specific care to them.

Strengths & Limitations: This is the first qualitative study about WSW's experiences during gynecological care in Brazil. Future studies should be developed from a wider sampling, especially among lower-class WSW.

Conclusion: The results point out the need for a change in medical training and guidelines to assist WSW in the country. **Rufino AC, Madeiro A, Trinidad AS, et al. Disclosure of Sexual Orientation Among Women Who Have Sex With Women During Gynecological Care: A Qualitative Study In Brazil. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Women Who Have Sex With Women; Lesbian; Bisexual Women; Disclosure; Doctor-Patient Relationship

INTRODUCTION

Several countries show evidence of disparities in health care access by lesbian and bisexual women compared to heterosexual women.^{1–8} Hetero-normativity was identified as the central aspect of the barriers to accessing health care services.^{7,9} The presumption of heterosexuality guided the attitude of several

professionals during the treatment of women who have sex with women (WSW).^{4,5,7} Professional un-preparedness to meet the specific health demands of these women is associated with events of lesbo-phobia and bi-phobia, accentuating the vulnerability imposed on them.^{3–7,10}

The inexistence of questions concerning sexual behaviors and identities and the use of a questionnaire script about contraception are recurrent events.^{5,6} Lack of knowledge about sexual behavior among women may result in stereotyped guidelines for the prevention of sexually transmitted infections (STIs) and AIDS.^{5,6} Research conducted in Norway explored the experiences of 121 lesbian women in regard to access to health care. The hetero-normative attitude of health care professionals was

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identified by the prescription of contraceptives, medical information aimed at heterosexual activities, and pregnancy testing, even after the disclosure of a lesbian orientation.⁵

The expectation of a satisfactory doctor-patient relationship can positively influence WSW's decision to disclose their same-sex behavior and sexual identity to health professionals.¹¹ Thus, disclosure of sexual orientation is a decision to be considered by WSW at each new consultation.⁵ Disclosure was considered a delicate moment during medical care. Feelings of shame, previous experiences of discrimination, and loss of confidence in health professionals negatively influence their decision to reveal sexual orientation during consultations.^{1,5,10}

The attitudes of health professionals after WSW's disclosure proved to be inadequate in different contexts.^{4-7,10,12,13} The impact of sexual orientation disclosure to general practitioners on 33 women attracted to women was explored in Australia. About 66% of them revealed their sexual orientation to their general practitioner. Although the patients preferred to be asked, doctors were reluctant to ask. The non-welcoming environment for women to reveal their sexual orientation resulted in a lower likelihood of disclosure.¹²

Qualified listening and the provision of adequate guidelines for their health specificities were minority attitudes.^{4,5} There were reports of doctors offering heterosexual-specific guidelines and treatments for WSW even after the patient revealed having sex exclusively with women.^{5,6} Sometimes, gynecological examinations were performed in rude and un-pleasant ways.⁵ Attitudes of psychotherapists who pathologized lesbian and bisexual populations were also evidenced, compromising the quality of care.⁵

The current state of gynecological care provided to WSW in Brazil is un-known. Thus, we decided to investigate the experiences WSW faced after revealing their sexual orientation and gynecologists' attitudes after the disclosure. We chose to investigate these experiences by highlighting sexual behavior dimensions and self-reported sexual identity of women.

METHODS

Study Design and Ethical Aspects

We performed a qualitative study with WSW in Brazil using individual, in-depth interviews between June 2014 and January 2015. In order to participate in the study, participants had to sign an informed consent form. The study was approved by the Research Ethics Committee (CAAE 12710513.9.0000.5209), following the guidelines of Resolution 466/12 of the Brazilian National Health Council, in compliance with the Declaration of Helsinki.

Research Participants and Data Collection Settings

This is the first nationwide study conducted in Brazil with WSW over 18 years of age. They did not know the researcher

Interview questions	
<u>Decision-making process for disclosure</u>	
▪	1. Did you disclose that you have sex with women or women and men?
▪	2. Was the gynecologist's gender the criterion of choice for you when looking for a consultation?
▪	3. What was your reasons for the disclosure of your sexual orientation and identity to the gynecologist?
<u>Gynecologist's attitude after the disclosure</u>	
▪	4. How did the gynecologist react after the disclosure?
▪	5. How was medical care after the disclosure?

Figure 1. Interview questions.

who would interview them and chose bookstores, public places, and workplaces for the interviews, where only the individual participant and the researcher were present at the time of the interview.

Surveys conducted in Brazil estimated the population of lesbian and bisexual women ranging around 3%.¹⁴ However, the vulnerability conditions related to lesbo-phobia and bi-phobia make it difficult to have access to these women. A considerable number of them do not want to be recognized for their practices and sexual identity. The study was disseminated to women in cities from the 5 regions in Brazil with the help of intermediaries, representatives of the lesbian, gay, bisexual (LGB), transvestite, and transgender (LGBT) community. The invitation to participate was made by e-mail and through social networks. Frequency distribution of WSW participating in the study by region in Brazil was arranged: 7 (20.6%) women in the north region, 5 (14.7%) in the northeast region, 7 (20.6%) in the mid-western region, 8 (23.5%) in the southeast region and 7 (20.6%) in the south region.

Women who agreed to be interviewed referred others to participate in the study, generating a snowball effect. Saturation occurred at around 30 interviews, and later interviews served to confirm themes identified earlier. Of the 47 WSW who showed interest in participating in the study by indicating specific dates and times for the interviews, 34 followed through and 13 desisted due to un-availability of time.

Research Instrument and Pre-Test

We designed a semi-structured interview script with open-ended questions, which were organized into 2 topics. The first topic investigated the decision-making process to disclose the sexual orientation and identity to the gynecologist. The second topic questioned the gynecologist's attitude after the disclosure (Figure 1).

We developed a pilot project to train the first author for the interviews, as well as to test and improve the research tool. At this stage, we analyzed the difficulties to conduct the interviews, the understanding of the questions, and time to respond to them. The pre-test responses were excluded from the survey results.

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