Health Care Attitudes and Experiences during Gynecologic Care among Lesbians and Bisexuals

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Abstract: Bisexuals (N = 424) and lesbians (N = 1,921) were surveyed regarding their sources of gynecologic care, utilization patterns, openness with physicians, and assessment of quality of care. About 40 per cent of each group believed that physician knowledge about their sexual preference would hinder the quality of medical care and about as many believed that it would have no effect. About one-third in each group had not disclosed their sexual behavior although they desired to do so. Physicians rarely requested this information. A lesbian physician was overwhelmingly preferred for gynecologic care (96 per cent), particularly for problems with sexual functioning. Previous satisfaction with gynecologic care was most often described as "adequate," but almost as often as "variable" and "poor." Data suggest that quality, utilization, and medical outcomes of gynecologic care to this group would be improved if physicians would communicate greater awareness of sexual orientation in a nonprejudicial manner and ensure confidentiality. (*Am J Public Health* 1985; 75:1085–1087.)

Introduction

Comprehensive health care depends in part on the quality of the physician-patient relationship: the degree of trust in the physician has been correlated with number of health care visits and therapeutic outcome.[1–8] Little attention has been paid to the homosexual population's interaction with the health care system,[9,10] although homosexual persons comprise up to 10 per cent of the population, and surveys of both physicians and gay people suggest that a significant number of physicians have attitudes about homosexuality which adversely affect the provision of care.[11–16] In addition, some health problems are directly related to specific sexual practices, and if the patient cannot or does not disclose his or her sexual orientation inadequate care may result.[17–19]

Studies that have examined disclosure found that satisfaction with health care was greater among gay men and lesbians who disclosed their sexual orientation; fears of the effects of disclosure have also been reported.[11,12,20]

Lesbians and bisexual women have different health problems than gay men. They may experience the same gender-related difficulties in their interactions with physicians as reported by some heterosexual women.[21] It has been suggested that lesbians may prefer lesbian gynecologists, may use nontraditional health care services to avoid adverse physician-provider relationships or not seek care at all, and feel "put off" by questioning which assumes heterosexuality.[1,12,20,22]

This survey was conducted to obtain information from women who defined themselves as bisexual or lesbian; the survey focused on gynecologic care since knowledge of sexual orientation is particularly important in this area.[10,11,13,17,18]

Methods

A self-administered questionnaire was distributed to approximately 4,100 women who attended week-long cultural events for women in 1980. These yearly events were advertised in lesbian and women's publications as well as by word of mouth. A total of 2,382 usable questionnaires were returned.

Women were classified as lesbian if they responded positively to the question "When did you first consider yourself to be a lesbian?" All these women reported a self-assigned Kinsey score with a median value of 6 on a scale of 0–6.[16] Respondents were categorized as bisexual if they answered "Yes" to the question: "Do you consider yourself bisexual?" The median Kinsey score of this group was 4. The remainder of the respondents identified themselves as heterosexual; the Kinsey scores in this group were ≤2.

Results

Four hundred twenty-four respondents (17.8 per cent) identified themselves as bisexuals and 1,921 (80.6 per cent) as lesbians. Only 37 (1.6 per cent) identified themselves as heterosexuals and were excluded from analysis. The two subject groups were similar in age (mean 28 years) and education (median 16 years). Nearly all had at least some college education and more than one-third had 17–22 years of formal education. Over half in each group were in middle or upper status occupations: executive, manager, or personnel administrator. Over 94 per cent were White; 81.1 per cent of respondents lived in urban areas with populations of 50,000–250,000; their places of residence were from all over the United States and Canada.

Disclosure to Physician—Over a third of the subjects (37.5 per cent) believed that disclosure of sexual orientation to their physician would adversely affect their health care, while a fifth (21.0 per cent) thought such disclosure might improve their care. Differences between the two groups were relatively minor (Table 1).

Over a third of the women stated that they would like to disclose their sexual orientation to the physician providing their gynecologic care, yet they hesitated to do so (Table 2). When asked whether they would be willing to discuss their sexual orientation if it were not put in the medical record, about 60 per cent of respondents indicated "Yes" (data not shown). Twice as many bisexuals as lesbians preferred not to disclose their sexual orientation to the physician, and were less likely to volunteer the information on their own.

More than 87 per cent of bisexuals and 93 per cent of lesbians preferred a female gynecologist. Nonetheless, when women felt comfortable with a particular doctor, 83.8 per cent indicated that they could discuss sexual or other prob-

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TABLE 1—Question: "If a gynecologist were aware of your sexual preference, what effect do you think it would have on the health care you would receive?"*

Effect on Health Care	Bisexual N = 390	Lesbian N = 1802
	%	%
Improve	16.2	22.0
No Effect	39.0	30.6
Hinder	36.2	37.8
Depend on Doctor	6.4	7.9
Other	2.3	1.7

*Not all respondents answered question; percentages based on actual responses.

lems related to their life-style with that physician regardless of the doctor's sex (data not shown).

Overall 41.1 per cent of the women disclosed their sexual orientation to a physician, with 78.2 per cent of this group volunteering the information. As shown in Table 3, responses to the open ended question "Describe the reactions of the physicians you have told" were categorized as "positive," "negative," and "neutral." Because many women referred to more than one physician in their response (e.g., "All doctors have become nervous."), the results should be viewed as descriptive of the variety of reactions encountered. It should be noted that only 58 per cent of those who had disclosed responded to this question.

"Negative" responses were further categorized as: "cool" (12 per cent), embarrassment (30 per cent), inappropriate (e.g., suggesting referral to a mental health professional, or voyouristic) (25 per cent) and overt rejection (e.g., "He got up, left the room and had a nurse finish the questioning" (22 per cent). Negative responses were distributed equally among female (excluding lesbians) and male physicians.

Source of Care and Utilization Patterns—While about 55 per cent of each group sought gynecologic care from either a private gynecologist or other private practice physician (Table 4), a large proportion of women received their care in other ways. Fifty-nine per cent of bisexuals sought gynecologic care on a routine basis, whereas 58 per cent of the lesbians sought care only when gynecologic problems occurred (data not shown).

Among lesbians but not bisexuals, the use of a non-private practice source was correlated with the belief that physician awareness of their sexual orientation would hinder the quality of health care. Lesbians who had volunteered information about their sexual behavior to a doctor without being asked were more likely to seek care from a women's clinic; those who responded "No, but want to" disclose this

TABLE 2—Question: "Have you ever told a physician who provided you with gynecologic care of your sexual preference?"*

Response	Bisexual N = 387	Lesbian N = 1811
	%	%
Yes, Not Asked	22.2	36.9
Yes, When Asked	8.0	9.9
No, When Asked	0.0	0.7
No, But Want To	37.2	36.4
No, Prefer Not	30.5	15.5
No, Not Come Up	1.6	0.6

*Not all respondents answered question; percentages based on actual response.

TABLE 3—Response to the Open-ended Question: "Describe the reactions of the physicians you have told (your sexual orientation)."*

Sex/Sexual Orientation of Physician**	Physician Response					
	Positive		Negative		Neutral	
	%***	(n)	%	(n)	%	(n)
Lesbian	89.5	(51)	3.5	(2)	7.0	(4)
Female***	60.0	(90)	25.3	(38)	14.7	(22)
Gay men	100.0	(2)	0.0	(0)	0.0	(0)
Male****	33.0	(32)	53.6	(52)	13.4	(13)
Sex not specified	36.5	(92)	30.2	(76)	33.3	(84)
TOTAL	47.8	(267)	30.0	(168)	22.0	(123)

*The lesbian and bisexual responses are combined.
**Described by subject.
***Percentages shown represent subject's perception of physician response based on physician sex/sexual orientation category.
****Sexual orientation not specified.

TABLE 4—Usual Source of Gynecologic Health Care

Source	Bisexual (N = 411)	Lesbian (N = 1817)
	%	%
Private Gynecologist	32.8	29.7
Other Private Physician	21.7	25.4
Student Health	10.2	9.6
Women's Clinic	13.1	11.9
Other*	22.1	23.6

*Alternative medical clinic, nurse practitioner, chiropractic.

information were most likely to go to a private physician or student health clinic; and those who stated "No, prefer not to" tell the physician were more likely to receive care from a private physician (data not shown).

Subjects were asked to rank physicians according to their preference in helping them handle problems with sexual functioning (Table 5). Homosexual female physicians received the highest rank, while heterosexual males overwhelmingly received the lowest rank.

More than half of the subjects in each group stated that they would feel more comfortable seeking health care from a physician if they had a woman friend or patient advocate with them. There were no significant differences in source of gynecologic care and a woman's willingness to discuss sexual problems with an empathic doctor. Those who sought gynecologic care from non-private practice sources were less likely to feel that they needed to discuss their sexual orientation off the record.

Finally, women were asked to describe their experience in obtaining gynecologic care from physicians as excellent, adequate, poor, or variable. The most common responses were "Adequate but could be improved" (43.5 per cent) and "Variable" (26.9 per cent) (data not shown). Women who felt their gynecologic care from physicians had been "poor" to "variable" were more likely to seek care from non-physician sources.

Discussion

The lesbians in this survey reported attitudes and experiences regarding disclosure to gynecologic care providers consistent with those of previous studies. The finding that only 9.3 per cent of the total sample had ever been asked

TABLE 5—Ranking* of Physician Utilization for Sexual Problems Based on Physician Sex and Sexual Orientation

Physician Category	Bisexual %	Lesbian %
Homosexual ♀	87.0	98.9
Heterosexual ♀	25.3	3.2
Homosexual ♂	1.6	1.0
Heterosexual ♂	0.4	0.7

*Subject's preference; Total exceeds 100% because several physician categories received same rank.

about sexual preference confirms the fact that physicians rarely ask for such information.[10,11,20]

Two of our findings suggest that perception of the physician's attitude affects choice: users of non-private sources were more likely to report that previous experiences with physician had been unsatisfactory, and that those who had disclosed their sexual orientation to a physician were more likely to be currently seeking care from a non-traditional source. The finding that 60 per cent of the entire group in this study would be more likely to disclose if the information were not written in the medical record suggests that confidentiality may also affect disclosure.

While the bisexual and lesbian groups were similar demographically, three differences in attitudes were identified: bisexuals were less likely to disclose their homosexual practices to physicians, were less likely to prefer a lesbian physician, and more likely to seek regular medical care.

The sample size of this study is much larger than earlier surveys of homosexual women.[11,12,20] Although the median age was relatively low, a wider variety of ages is represented with 340 women over age 35. The group also is geographically diverse, reducing possible bias from regional differences in health care provider attitudes.

A limitation of this and all other surveys of homosexual persons is the inability to sample a population-based representative group.[15] Our sample was disproportionately White and well-educated, similar to other studies in which demographic information is available.[11,20] Subjects were recruited at an event that was not health care-related. Although we have no reason to believe participation in this event would predict health care attitudes, there may be some biasing factor of which we are unaware.

Another potential source of bias is that our subjects are volunteers, and thus may be more likely to report either very good or very bad experiences than non-volunteers. The responses in our sample were not skewed to either extreme, however, and support the proposal that homosexual persons are a heterogenous group.[15] Nonetheless, our results may not be generalizable to the entire lesbian and bisexual population.

Disclosure was considered important by many subjects, and they were disappointed when the physician treated the information as insignificant. Our data suggest several concrete steps the physician could take to allow these patients to feel more comfortable: offering to not record sexual orientation in the medical record if preferred by the patient; allowing a friend or partner to be present during examinations; including the patient's partner in treatment decisions; learning about health problems as they affect homosexual women; and asking questions in such a way that heterosexuality is not presumed.

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