planned parenthood toronto

young bisexual women's* sexual and reproductive health needs study: information for healthcare providers

Young bisexual women's sexual and reproductive health has been found to be different in comparison to young lesbian and heterosexual women's health. For example, young bisexual women report higher rates of sexually transmitted infections (STIs), experiences of sexual violence and coercion, and unplanned teen pregnancies. In order to address these health disparities, we spoke with young bisexual women to understand what the obstacles to their sexual and reproductive health are, as well as to find out what their needs were for overcoming those obstacles. This fact sheet outlines the ways in which young bisexual women think their sexual and reproductive health can be improved in the setting of health care provision.

what did we do?

In 2014, Planned Parenthood Toronto, together with the Faculty of Social Work at the University of Toronto and the Re:Searching for LGBTQ Health Team at the Centre for Addiction and Mental Health conducted a community-based research project investigating young (age 16-29) bisexual women's perceptions of their own sexual and reproductive health needs, challenges and positive influences for meeting those needs, possible factors influencing present health disparities, and suggestions for sexual health care providers. The study included four 2-hour focus groups, each with 7-10 participants for a total of 35 participants. Participants were selected from a pool of approximately 60 eligible respondents to represent the broad spectrum of identities and experience reflective of Toronto's diverse communities.

*a note about the phrase "bisexual women"

This study uses "bisexual" as an umbrella term for all non-monosexual sexual orientations, including pansexual, fluid, omnisexual, queer or other identities that include sexual and/or romantic attraction to people of more than one gender. This study was open to anyone who identified as a woman, including cisgender, transgender or genderqueer/non-binary people who felt that 'woman' and 'female' applied to them and/or their experiences in some way.

obstacles to sexual and reproductive well-being

Bisexual Erasure and Invisibility

Bisexual erasure and invisibility are systemic issues that speak to how bisexuality and bisexual people are seen or not seen in society. People are typically seen as either heterosexual or gay/lesbian, because others often make assumptions about a person's sexual orientation based on the gender of that person's partner. If a woman is partnered with a man, she is assumed to be heterosexual. If she is partnered with a woman, she is assumed to be a lesbian. This renders bisexuality invisible, and erases it as a possible sexual orientation. In the health care context, this invisibility may lead to bisexual women being treated as heterosexual or lesbian depending upon the gender of their partner(s). However, since recent research has found bisexual women's sexual and reproductive health is unique from other women, this type of treatment does not fully address the health needs that are specific to bisexual women.

Participants described significant challenges to their sexual and reproductive health in the context of health care provision due to the erasure or invisibility of bisexuality. This made it difficult for participants to get the healthcare they needed, as they would often be provided information or resources for engaging in sexual activities with only one sex and/or gender. Moreover, the majority of health care providers encountered by the youth were uninformed or under-informed about aspects

of same-sex sexual health, trans sexual health, and bisexual health. Lack of awareness of bisexuality meant that often providers didn't know enough to provide helpful information.

In most cases, youth reported being assumed to be heterosexual by their doctors and observed that sexual health support and resources (e.g. condoms, birth control and STI testing) were almost exclusively focused on penile-vaginal intercourse (PVI). Information, safety and health considerations of other sex acts were, for the most part, ignored by health care providers- to the point where some women were refused pap smears or inter-vaginal ultrasounds on the basis that they had not had PVI sex.

In some cases the provider's assumptions of heterosexuality were so strong, that even when provided with information in advance, they were unable to perceive their patient's identity:

"I went to the [health clinic] on women's day, and you fill out a full form, you identify and everything, they even ask you who, like, "What are the genders of the people you're having sex with?", and ***the woman still basically asked me questions as if I was only sleeping with men, and right now my primary partner is a woman, and so that was very insulting to me,*** *and she's like "What's your form of birth control?" and I'm like "....having sex with a woman right now; that's what I'm doing", and she was like "Oh, I didn't realize..." and I'm like* ***"You have my form, it's right there in front of you, so...you're skipping ahead and making whatever assumptions you want"****...which, I think in that kind of experience too, for me, getting tested is not the best – I mean, you have to do it, but it's like,* ***sometimes you're worried, and you're already vulnerable, so...for them to not be sensitive towards those issues, I think makes it even more difficult."***

When participants mentioned same-sex sexual contact, they then were often assumed to be homosexual. Youth reported a significant gap in service provider knowledge about same-sex sex practices, safe sex and STI testing guidelines. Often they found that their doctors had little to no information to provide, or even provided incorrect information, for example, assuming that STI transmission was not possible between two women.

The assumption that a patient can only be heterosexual or homosexual significantly interferes in the ability to provide effective health care, not only because it means that doctors do not provide relevant and applicable health care and sexual health information, but also because of the effects of the emotional strain on the patients. Our participants reported finding it difficult, embarrassing, stressful and anxiety-producing to have to confront their doctors about this assumption. They often also subsequently felt the indignity of having their identity erased, invalidated or not taken seriously when they disclosed their bisexuality.

Many young women were frustrated and exhausted at having to educate their health care providers, instead of the other way around, and reported that this affected how often they were willing to seek medical care:

"*It can be really hard to go to a doctor when you know that you have to explain so much, you just get tired of it…I know tons of people … who just don't go to the doctor as often as they should, because they know that when they go they will be pestered, or they will be triggered, or whatever, and the doctors just need to receive better training about how to be more sensitive and informed about these issues so people will not feel scared to go to the doctor."*

Finally, bisexual erasure and invisibility has led to a lack of sexual and reproductive health resources specific to bisexual women. The lack of bi specific resources was discussed often in terms of having to piece together information from both heterosexual and lesbian health resources in order to create something applicable to themselves, such as:

I find when I'm looking for pamphlets or written information about sexual health, it's either with a heterosexual couple in mind or it's marketed as 'for lesbians', or women who sleep with women, and obviously that language is problematic enough, but also sometimes I want all the information in one place, for the many different people that I might want to be involved with.

Cissexism

Cissexism is prejudice and discrimination toward transgender people and people who do not identify with a binary gender (i.e., male and female). Cissexism was discussed by participants as another obstacle to sexual and reproductive health for bisexual women. The transwomen who participated in the study found that it was difficult to find informed and supportive health care providers. As one participant said:

Talking about having to go to different pamphlets for things...as a trans woman who has sex with a lot of different kinds of people, I don't just have to go to sex facts for lesbians and for straight women, I have to go to – because there's no pamphlet for queer trans dykes, I have to go to sex facts for men who have sex with men, because I'm a lesbian who sometimes has sex with gay men, and then I also have to take into consideration some sex-specific stuff that's for men, which is fucked up, and sucks, and is a big barrier to getting access…

Youth also described instances in which doctors made incorrect assumptions about their partners' bodies and what kind of sex they might be having based on the partner's reported pronoun or term, e.g. boyfriend referring to a transman, but assumed by the health care provider to be a cisgender man. Upon being corrected, service providers often did not have any information or resources to offer. Again, the emphasis on sex as being PVI was often described as a barrier to obtaining resources, support and testing, as well as the cause of emotional distress. As one young woman said*: "I feel invalidated. Like, the only time my health matters is when I'm with a man – with a penis-having man, that is, so...and it's made me question my own sexuality, I hate that shit!."*

what can service providers do to help?

Provide bi-inclusive care

Participants discussed at length how bi-inclusive sexual and reproductive health care could improve their health. Facilitating this type of care centered around a few main ideas: 1) service providers can help fight bisexual invisibility by not making assumptions about patients' [and patients' partner(s)] sexual identity, gender identity, or behavior, 2) service providers can ask open-ended questions that allow patients to have space to answer in ways that do not erase their identity or behavior, and 3) service providers can insist on receiving training about bisexual health in order to provide better care and resources to bisexual patients.

Many of the study participants demonstrated how not making assumptions about them tied into asking open-ended questions, which could improve their health. For example, one participant spoke about the need to not assume heterosexuality:

I think they need to be able to structure like, a sexual health discussion centred around, "Can you tell me about the partners you've been with recently?" and have it non-labelled, because if someone said "Tell me about the men you've been sleeping with" ...well, that's only half the story, or sometimes ¾, or sometimes not even there, so...

Another participant spoke about how it would be helpful for assumptions to not be made about her partner's body:

not making assumptions about what kind of genitals someone might have based on what gender they are and what pronouns they use, like if I go to a doctor and say that I have a boyfriend, it's not really helpful for the doctor to assume that that person has a penis...things like that, I think there needs to be more specificity in the way that doctors approach those questions.

Finally, participants discussed how training on bisexual health for service providers, as well as availability of bisexual-specific health resources would help improve their sexual and reproductive health. For example:

....the education needs to happen for the health care providers first, because, I mean, it sounds like most of us have had experiences with health care providers who knew a lot less about any of this than we ourselves knew, and before they can offer education to their client, or patient, or whatever the hell they're called, they have to know it themselves first, and this kind of training should be mandatory in medical school, that everybody takes it.

conclusion

Our study helps shed light on what young bisexual women view as obstacles to their sexual and reproductive health, as well as their suggestions for how these obstacles can be overcome. Bisexual erasure and invisibility have created an atmosphere in which young bisexual women are not recognized as having health care needs that are specific to them, which in turn has led to a lack of inclusive care and resources. This issue is compounded by other forms of discrimination, such as cissexism. Sexual and reproductive health care providers can help remove these barriers to sexual and reproductive health by delivering bi-inclusive care. This care can be facilitated though not making assumptions about patients' needs, asking open-ended questions, and advocating for bisexual health training for service providers.