

Annual Guelph Sexuality Conference: June 18-19

Dobinson C, Logie C, Flanders C, & Gos G. (June 2015). Sexual and Reproductive Health of Young Bisexual Women in Toronto. Annual Guelph Sexuality Conference. Guelph, ON.

This study focused on young bisexual women's perceptions of their sexual and reproductive health needs, challenges, and positive influences for meeting those needs, possible factors influencing present disparities, and suggestions for health care providers. A youth advisory committee of young bisexual women diverse in gender (i.e., cisgender and transgender), age (17-29), and ethnicity were recruited to help guide the research. The study included four 2-hour focus groups, with a total of 35 participants. The data were analyzed using Nvivo by two independent coders from a grounded theory approach. Findings indicate that participants experienced challenges to their sexual and reproductive health in accessing health care, relationships, and in the general environment of systemic monosexism.

Society for Community Research and Action Biennial Conference: June 25-28

Dobinson C, Logie C, Flanders C, Gos G. (June 2015). Sexual and reproductive health of young bisexual women in Toronto. Society for Community Research and Action Biennial Conference. Lowell, MA.

Recent research has shown differences in the health of bisexual women in comparison to monosexual (i.e., attracted to one sex and/or gender) women. The current study is a community-based research project investigating young bisexual women's perceptions of their own sexual and reproductive health needs, challenges and positive influences for meeting those needs, possible factors influencing present disparities, and suggestions for sexual healthcare providers.

A youth advisory committee of young bisexual women was recruited to help guide the data collection and dissemination of this research. The study included four 2-hour focus groups for 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.

Our findings indicate that the primary venues in which participants experienced challenges to their sexual and reproductive health are healthcare provision, relationships, and everyday environments of monosexism. Specifically, participants observed that the lack of provider knowledge on bisexual identity and health had a significant influence on their sexual and reproductive health. Another significant factor participants linked to their sexual and reproductive health was the necessity of navigating biphobic myths, stereotypes, and assumptions perpetuated by queer and heterosexual communities, as well as sexual partners. Participants discussed the intersections between their sexual and reproductive health and other areas of well-being, such as mental health. The factors implicated in affecting health also varied for some participants based on cultural, racial, or gender identity.

As an interactive component, audience members can draw an assumption or stereotype that the study participants' navigated with their healthcare providers or relationship partners, and reflect on how it would affect their own sexual and reproductive health. This will serve as a discussion

generator for obstacles young bi women face, the strategies used to overcome them, and their suggestions for change.

American Psychological Association Annual Convention: August 6-9

Dobinson C, Logie C, Flanders C, Gos G. (August 2015). Sexual and reproductive health of young bisexual women in Toronto. In symposium Pluralism: Multiple Expressions of Bisexuality. American Psychological Association Annual Convention. Toronto, ON.

Recent research has shown differences in the health of bisexual women in comparison to monosexual (i.e., attracted to one sex and/or gender) women. The current study is a community-based research project investigating young bisexual women's perceptions of their own sexual and reproductive health needs, challenges and positive influences for meeting those needs, possible factors influencing present disparities, and suggestions for sexual health care providers. A youth advisory committee of young bisexual women diverse in gender (i.e., cisgender and transgender), age (17-29), and ethnicity were recruited to help guide the data collection and dissemination of this research. The study included four 2-hour focus groups, each with 7-10 participants for a total of 35 participants. Participants were recruited through flier postings, notices on listservs, and social media. 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. The data are being analyzed using a grounded theory approach: preliminary findings indicate that the primary venues in which participants experienced challenges to their sexual and reproductive health are health care provision, relationships, and the general environment of systemic monosexism. Specifically, participants observed that provider knowledge (or lack thereof) of bisexual identity and health had a significant influence on their sexual and reproductive health. Another significant factor participants linked to their sexual and reproductive health was the necessity of navigating biphobic myths and stereotypes perpetuated by queer and heterosexual communities, as well as sexual partners. Participants also discussed the intersections between their sexual and reproductive health and other areas of well-being, such as mental health. The factors implicated in affecting health also varied for some participants based on cultural, racial, or gender identity. Finally, participants gave suggestions for change for how their sexual and reproductive health could be improved.