



Review Article

Health Needs of Homosexuals

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Abstract Health issues and services for homosexuals is an unmet need. There are specific health issues which are of concern in this population. Various factors contribute to this unmet need. This review aims at identifying some specific health issues including mental health issues in homosexual population. It also tries to identify some barriers in effective service delivery to homosexuals. Some recommendations are also given to address this unmet need. Better understanding of healthcare issues of homosexual population among healthcare providers is of utmost importance.

Keywords- LGBT health, Lesbian health, Gay health, Homosexual health, Barriers

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Introduction

As per Oxford English Dictionary, Homosexuality is defined as “*The quality or characteristic of being sexually attracted solely to people of one's own sex* (Soanes & Stevenson, 2004).” LGBT is defined as “*Lesbian, gay, bisexual, and transgender (often used to encompass any sexual orientations or gender identities that do not correspond to heterosexual norms)* (Soanes & Stevenson, 2004)”.

The term LGBT encompasses many groups: lesbian (homosexual woman), gay (homosexual man or woman), bisexual (person who is attracted to both genders), and transgender (person who identifies

this gender as different from their biological one). Some other groups are also included in this term: questioning (people who are unsure about their gender identity/sexuality), inter sex (people with two sets of genitalia), asexual (people who are not sexually attracted to anyone and who don't identify with any orientation), allies (the loving supporters of the community and work for social justice), and pansexual (person sexually attracted to others of any sex or gender) (J. G. Lee, Ylioja, & Lackey, 2016).

As per a 2011 report by Williams Institute (Gates, 2011), “an

estimated 3.5% of adults in the United States identify as lesbian, gay, or bisexual and an estimated 0.3% of adults are transgender.” This implies that there are approximately 9 million LGBT Americans. No comprehensive survey on LGBT has been done in India although as per the government affidavit submitted to Supreme court in 2012 “the population of Men who have Sex with Men was estimated to be 25 lakh in India (Govt. submits data on gay population - The Hindu,” n.d.)”.

Methodology

PUBMED and Google scholar search was done using two sets of keywords combined using AND operator. First set of keywords included sexual orientation terms- LGBT, Gay, Sexual Minority, Homosexual, LGBT youth. The second set included health related terms- Health care, Access to healthcare, Barriers to healthcare, Attitude of healthcare professionals, cancer, cardiovascular disease, mental health, depression, suicide, substance use. Articles published after 2010 were included.

Why is there a need to study the health needs of the homo sexual population separately

Some factors which make it important to focus on this issue are:

1. Stigma attached to homo sexuality.
2. Lack of training, sensitivity and expertise of health care professionals to deal with this population.
3. Predisposition of this

population to certain medical and psychological disorders

4. Specific healthcare needs of this population

It is important for the health care professionals to be aware about issues of LGBT health. There is a long history of bias against LGBT in health care systems that continues to affect health-seeking behavior and access to care for these individuals. Homosexuality was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a disorder till 1973. Gender identity disorder included transgender in the DSM till 2013, when it was replaced by a less stigmatizing term gender dysphoria. LGBT individuals have been subjected to certain therapies in the past with an aim to repair them, including electroconvulsive treatments or castration (Graham et al., 2011).

This review will cover the various health issues first starting with mental health issues and going on to cover cancer, cardiovascular diseases and health issues of lesbians. We will then review some barriers to healthcare. In the end, some recommendations are suggested to fulfill the unmet health needs of this population.

Mental Health Issues

Depression, substance abuse and intimate partner violence are some of the psychological issues that health care professionals should be aware of. Homosexual population has been found to have higher rates of depression. Studies also demonstrate increased risk of

attempted suicide in homo sexual and LGBT population. Studies done using self-report show stigmatization, isolation, prejudice, lack of family and peer support, and lack of access to health care as some sources of stress among lesbian women (Center, 2008). Rates of obesity are higher in lesbian and bisexual women as compared to straight women. Studies indicate elevated levels rates of anxiety disorders - generalized anxiety disorders, phobias, panic attacks (Bostwick, Boyd, Hughes, & McCabe, 2010). For other mental disorders, increased levels are also seen for bulimia and anorexia in gay and bisexual men, schizophrenia or psychotic symptoms, personality disorders, oppositional defiant disorder and borderline personality in girls (Bolton & Sareen, 2011; Bostwick et al., 2010; Chakraborty, McManus, Brugha, Bebbington, & King, 2011; Marshal et al., 2012; Matthews-Ewald, Zullig, & Ward, 2014).

Likelihood of abuse of alcohol and other drugs is higher among LGBT (Plöderl & Tremblay, 2015). Some factors which lead to this increased risk have been identified. Use of bars and pubs as social venues, higher stress levels, advertising about tobacco and alcohol in lesbian and gay magazines are some of the factors.

Another issue which is of concern in this population is Intimate Partner violence and Intimate Partner Sexual Abuse. Lifetime rates for intimate partner violence range from 25 to 40 percent among lesbian women and 13 to 44 percent

among gay men. Rates of sexual abuse are as high as 30 percent among lesbian women and 39 percent among gay and bisexual men (Brown & Herman, 2015). Violence and sexual abuse has prominent negative effects. An estimate by Walters et al. in 2010 reports rates of negative effects upto 33.5 % and 57.4% among lesbian and bisexual women respectively (Walters, Chen, & Breiding, 2011). This is much higher as compared to 28.2% among heterosexual women. 46.2 % bisexual women reported symptoms of post-traumatic stress disorder.

There are specific issues in youth who identify themselves as lesbian or bisexual. The risk of tobacco use and eating disorders is higher. Concerns about body image and stress due to lack of support from families is there. Another issue is that during this phase the youth may explore information about sexual reassignment surgeries.

Certain risk factors have been identified for the increased prevalence of mental health issues in this population. Parental rejection and poor family relationships lead to mental health issues. Studies have also demonstrated increased child maltreatment in this population. Bullying in school is also higher in this population. Lack of support in institutions (schools, families) that are there in the formative years of LGBT youth limits their rights and protections and makes them more vulnerable to experiences which have a negative impact on their

mental health (Russell & Fish, 2016).

Cancer

A recent review of the literature identified seven cancer sites that may affect the LGBTQ population disproportionately (Quinn et al., 2015). These are anal, breast, cervical, colorectal, endometrial, lung, and prostate cancers. Risk factors for cancer such as transmission of Human Papilloma Virus (HPV), obesity, tobacco, alcohol and other drug use are higher in this population. Barriers in healthcare access as described in a later section lead to delay in screening and presentation of these cancers leading to higher morbidity and mortality.

Cardiovascular diseases

A recent review done in 2017 found higher rates of cardiovascular diseases in this population (Caceres et al., 2017). This population has certain risk factors which contribute to the increased risk. Stress due to discrimination and other reasons acts as a pro-inflammatory state increasing cardiovascular risk. Higher rates of obesity in women contribute to the increased risk. Alcohol, tobacco and drug uses rates are higher which also increase the risk for cardiovascular diseases.

Health care issues of lesbians

There are higher prevalence rates of obesity, tobacco use, alcohol use in lesbians. These in turn increase risk for type 2 diabetes, cardiovascular disease and cancers.

Homosexuality also predisposes to

the risk of breast and ovarian cancer. This is because of nulligravidity, low parity, less use of oral contraceptives (O'Hanlan & Isler, 2007). It is suggested that regular screening be one for breast cancer, colorectal cancer and osteoporosis in this population.

Research on STIs among lesbians and bisexual women is sparse. Infections like bacterial vaginosis, candidiasis, herpes, and HPV can be contracted (Mravcak, 2006). Bisexual women have higher rates of sero-positivity than heterosexual women. Education about STIs is important. An important myth that needs to be dispelled is that transmission of STIs between women is minimal is important. Safe sex practices for lesbian women include using condoms on sex toys and avoiding sharing sex toys like dildos.

According to American College of Obstetrics and Gynecology (Women, 2012), lesbian women reported concerns about confidentiality, discrimination, and limited understanding about their health risks as barriers to health care. There is a limitation in the presence of health care services offering fertility services to lesbian couples or individuals.

Health Care Issues of Gay

Gay men population has higher rates of eating disorders like dieting and binge eating than heterosexual population. Anal intercourse leads to mucosal trauma which is an important risk factor for HIV

transmission (van Griensven & van Wijngaarden, 2010). There is also increased risk of certain viral infections (human papillomavirus, hepatitis B virus, and herpesvirus), urethritis including gonococcal and chlamydial infection with anal- and oral-insertive intercourse. Oral-receptive intercourse also increases the risk of HIV and pharyngeal gonorrhoea infection. The population is also predisposed to increased risk for anal cancer.

Barriers to access to healthcare services

An important barrier for homosexuals while accessing health care services is the knowledge and attitude of health care professionals. Many health care professionals do not recognize the specific health care needs of this population. Many health care professionals are not aware of the sexual orientation of their patients (Graham et al., 2011; Sinding, Barnoff, & Grassau, 2004). Health care professionals have also reported lack of training to care for LGBT persons.

In different surveys, the LGBT population has reported discrimination, refusal of treatment and abuse by health care professionals (Graham et al., 2011; Sinding et al., 2004).

Discrimination in health care settings against homosexual people can come forward in different ways. There can be refusal to provide services, lack of respect and abuse, poor quality of care, negative attitude of service providers and lack of confidentiality and privacy. Lack of focus on issues of

homosexual population in training curricula for doctors, nurses and other health professionals is an important cause for the above mentioned barriers.

Another important barrier is the delay in health access by LGBT individuals due to previous experiences of discrimination or perceived stigma. Many individuals are not willing to disclose their sexual orientation while seeking health services which may cause inefficient health service delivery (Jackson, Johnson, & Roberts, 2008; R. Lee, 2000). Another barrier which has been studied in some countries is inadequate coverage by health insurers of LGBT health issues (Graham et al., 2011).

Recommendations

Reducing the barriers to health care access can go a long way in meeting the health care needs of homosexuals. Inclusion of these issues in the curricula will be a very helpful strategy. Integrating courses on sexual health and LGBT health in the medical curricula for various health professionals like doctors, nurses and other allied sciences at both undergraduate and postgraduate level in the form of mandatory postings can be an effective strategy. Few topics that have been identified to be covered during training of health care professionals are- chronic disease risk, unhealthy relationships, coming out, substance use, adolescent health, body image, and transitioning and sex reassignment surgery (Sekoni, Gale, Manga - Atangana, Bhadhuri, & Jolly, 2017).

Positive environment in schools, anti-bullying policies and availability of institutions to guide the youth will also be helpful in reducing various health issues in LGBT population.

Change in care settings to address the needs of Homosexuals.

1. Sensitizing receptionist and other support staff that all patients to be treated equally irrespective of sexual orientation.
2. Modification of registration forms and questionnaires.
3. Posting nondiscriminatory policy in waiting areas.
4. Use of neutral terms like partner or spouse in place of wife or husband etc.

Conclusion

It is very important for health care professionals in all fields to be aware about the health care needs and issues of homosexual population. There is an unmet need in most of the medical specialties specifically oncology, cardiology, mental health and sexual health. Many barriers contribute to this unmet need. Globally various measures are being suggested to overcome this unmet need.

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