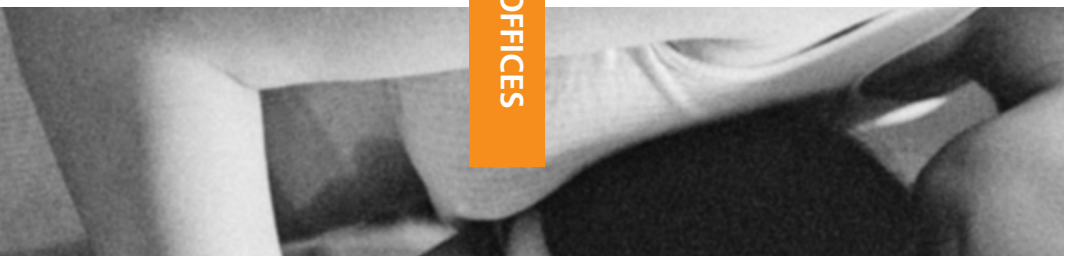


DISCRIMINATION IN DOCTORS' OFFICES



## Introduction

This publication presents the results of the research of treatment and discrimination of lesbian and bisexual women in gynaecological ordinations in Serbia. The research was conducted by *Deve* from February to May 2008. The publication tends to provide suggestions and recommendations for further acting of gynaecologists, according to findings.

## Context

In opposition to lesbian movement in serbian public life, women who are romantically involved with women in real life are not visible. Their family and friends often aren't aware of their sexual orientation. Large number of lesbian and bisexual women choose the option of 'silent existence' in order to avoid open confrontation, discrimination and other sorts of pressure to which they might be exposed. That kind of silent life provides them to live out their intimacy without inconveniences. Unfortunately, in this case, silence could seriously endanger their health and life. Having this in mind, it was important to investigate situation in gynaecological ordinations.

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## Goals

- To explore attitude of lesbian and bisexual women toward their own health.
- To explore behaviour of gynaecologists and other medical staff toward women who have sexual relationship with other women, seen from the respondents' point of view.
- To ascertain if there exists the discrimination on the basis of sexual orientation and sexual behaviour in medical institution - gynaecological ordinations
- To give recommendations to gynaecologists and medical staff, based on the results of this research, in order to improve treatment and health care of women

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## Methodology

Pre-thesis were that:

- women who are having sexual intercourse with women visit gynaecological orientations on regular basis;
  - they openly come forward to medical staff regarding their sexual orientation/sexual behavior;
  - they are, because of the aforesaid, greatly confronted with discrimination.
- In order to obtain information, as our primary instrument for the research, we used specially created questionnaire. The questionnaire consisted of 30 questions: one third had already offered answers and two thirds required written explanation.

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## Sample

In the research participated women belonged to the age group 21 to 63 years.

Through our invitation, posted on our web site, sent on mailing lists and addresses of 60 potential respondents (personal contacts), we reached and got response from 30 women who are having sexual intercourse with women and who are willing to speak on this subject.

We were expecting that the number of women participating in the research would be higher, but very often happened that, even with high level of will existing to participate, women encounter with problem even when it comes talking about this subject, and 9 of 60 potential respondents from the list of our personal contacts considered it was not appropriate to take part in the research because they don't visit gynaecologist at all. However, we believe that their reply should also be included in this research as a significant information:

**EX. 1.**  
*I'm not appropriate collocutor for this subject! I never visit gynaecologist! (potential Respondent)*

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## Analysis

We present you the results that Dave obtained during the research conducted amongst women who are having sexual intercourse with women about the way they are accepted in gynaecological ordinations and about their need and expectations from gynaecologists and medical staff.

We found out that large number of respondents very rarely, or not often enough, visit gynaecologist. Practically, only 10% of examined sample visit their gynaecologist on regular basis and most of them rarely come forward as lesbian or bisexual. (Chart 1)

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It's interesting that the results of our research concur with the official data published in printed media in July 2008 saying that only 10% of women belonged to the age group 18-60 regularly visit gynaecological ordinations.

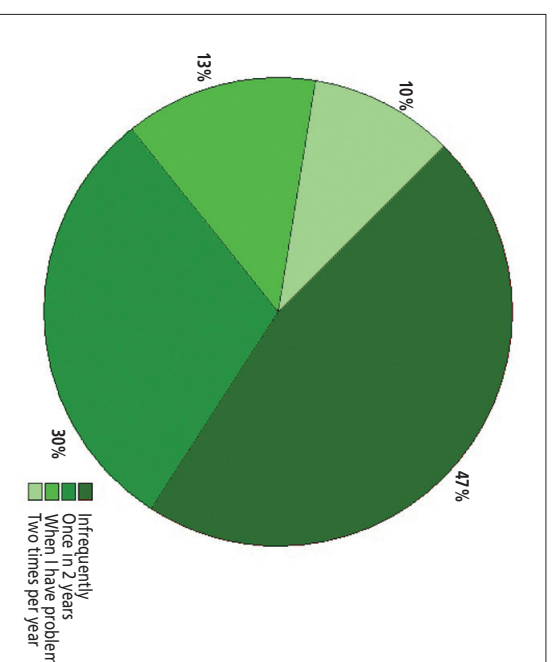


Chart 1. How often do you visit gynaecologist?

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Information concerning sexual health, protection, lesbian and bisexual sexual practice majority of women gets from friends, through Internet and other media. There are only a few women who openly talk with their gynaecologist (male or female) about their sexual health and protection. (Chart 2)

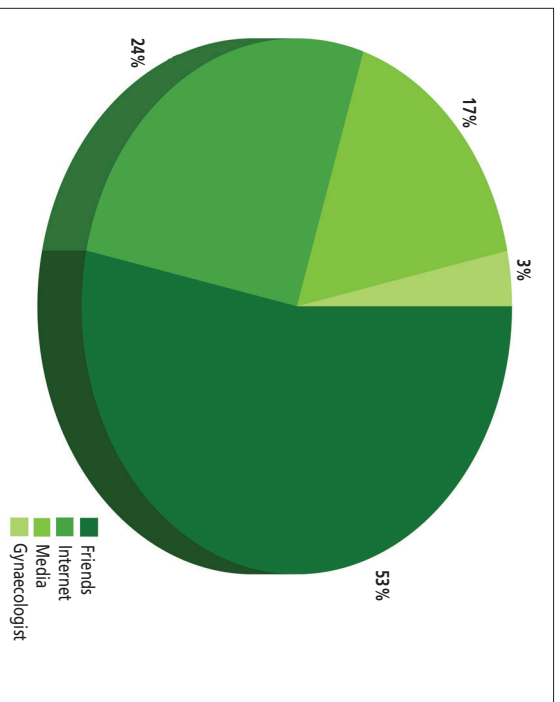


Chart 2. How do you get information about sexual health?

### FREQUENCY OF VISITS TO GYNAECOLOGIST

The reasons why women do not visit gynaecological examinations vary, and as the most commonly expressed is nuisance occurring during the examination:

**EX.2.**  
*It must be ten years for sure since my last visit to gynaecologist because of extremely unpleasant examination, bad treatment received from medical staff, and two wrong diagnosis.* (Respondent 22)

**EX.3.**  
*I'm going only when I have to because of the examination which is so unpleasant and personal, the penetration performed with the usage of metal tools, dry rubber gloves...* (Respondent 07)

The second reason is money. The examination in private medical practice is expensive, and women usually tend to avoid visits to gynaecologist in public hospitals considering them highly unreliable and not enough professional. Besides, during the visit in public hospitals, huge amount of time is wasted on waiting in lines. If they are in situation to choose, their choice would rather be private practice.

**EX.4.**  
*In student polyclinic, where I used to go, the conditions are bad, in the same room there are doctor and usually two or three nurses, you have no privacy, the staff is unkind and far from being interested in their work. I don't go there anymore. (Respondent 30)*

**EX.5.**  
*Visiting gynaecologist in private ordination for me is too expensive, and in hospitals is torture. It requires that I get up in 7, go to make an appointment and consign my health insurance book, and then, anyway, I have to wait because someone always come without previously making an appointment. Anyway, you lose all day - very stressful situation. (Respondent 01)*

Other reasons that influence on women not to visit gynaecologists are: "irresponsibility toward themselves", "not finding the right gynaecologist who would understand and have appropriate approach", and "bad experience on previous examinations"...

**EX.6.**  
*I was misdiagnosed (sexually transmitted disease), I scared so much. I think it was caused by*

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*lesbophobia induced with my transgender appearance, because I hadn't even mentioned my orientation. She was so lesbophobic that she projected, and gave me the wrong information. I was consuming the medicine for a significant period of time, until the moment when I finally went in dermatovenerology clinic where I was diagnosed with soap allergy. (Respondent 28)*

Finally, large number of women choose to visit a gynaecologist only when having some medical problem.

#### **SELECTION OF GYNAECOLOGIST**

Na pitanje koje parametre imaju kada biraju ginekologa, skoro sve ispitanice odgovaraju da treba da bude žena sa iskustvom, a neke dodaju da bi bilo idealno kada bi bila i lezbejka ili makar znala nešto o lezbejskoj seksualnoj praksi.

#### **SAFE SEX**

Women usually don't ask their doctors about safe lesbian sex because they don't believe that the doctors have any knowledge about it.

Only 9% of women feels safe enough to ask her gynaecologist about safe lesbian sex, though none of them got the satisfactory answer.

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**EX. 7.**

*When I asked my gynaecologist about safe lesbian sex i.e. how can I protect my self in case when my partner have some sexual transmitted disease, or viceversa, she told me: "I'm saying to all women to use condoms." (Respondent 07)*

**EX. 8.**

*One doctor told me: "There's no protection, that's why you are getting infected." (Respondent 19)*

**SEXUAL ORIENTATION AND PREFERENCES**

The research showed us that the opinions of the women are divided when it comes to whether it's necessary to tell gynaecologist your sexual orientation or preferences in sexual practice or not. Everyone of them has to evaluate the situation having in mind that the decision which is about to be made will have the influence on their raport with the medical staff, and also on their own health.

Generally speaking, women who are having sexual intercourse with women are not satisfied by the way they are accepted in gynaecological ordination and they don't have enough confidence to speak about their sexual orientation. Therefore, they do not visit gynaecologist on regular basis, but only when they have serious medical problem.

Opposite to our pre-thesis, only a few women tell doctors about their sexual orientation, out of 30 respondents only six of them told that they have same-sex relationship, and one of them was "exposed". (Chart 3)

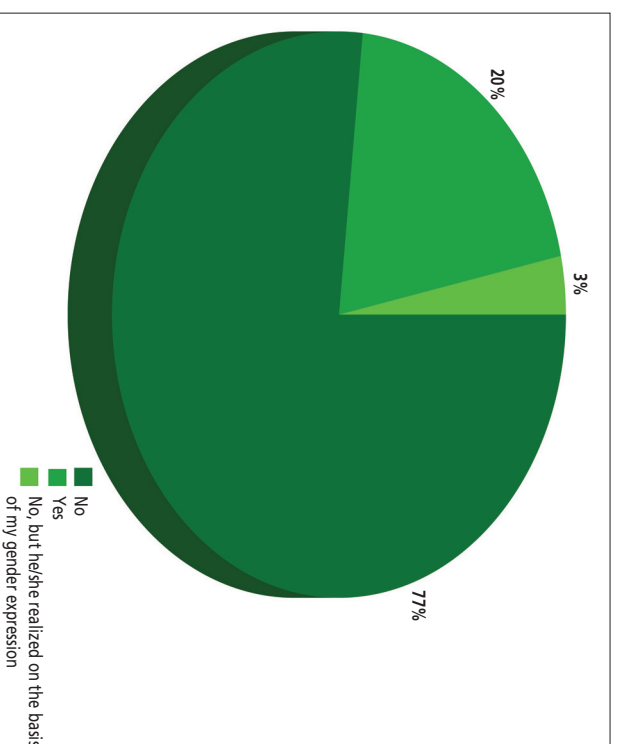


Chart 3. Have you tell gynaecologist your sexual orientation?

The assumption is that for lesbian and bisexual women the easiest way to avoid inconvenience is not to speak about their sexual orientation (sexual behavior). When asked why they hadn't tell about their sexual orientation, they respond that they thought it wasn't relevant for the examination, that no one asked them, but also out of fear that

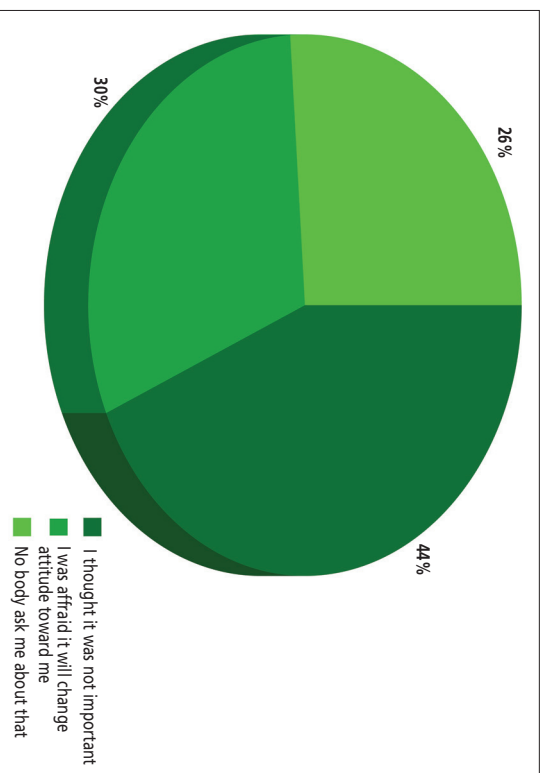


Chart 4. Why you haven't tell gynaecologist your sexual orientation?

the true answer would cause the change in attitude of medical staff toward them. (Chart 4)

Women stated different reasons that lead them to the decision to tell doctors their orientation, but the most common one is the expectation that they would be treated and examined differently, in accordance with their sexual orientation and sexual behaviour preferences.

**EX.9.**  
*I told my female gynaecologist because I have changed my orientation. I have been visiting her for a long time and I thought she should be familiar with that fact. (Respondent 28)*

**EX.10.**  
*I told because I thought it will influence the medical checkup if I don't tell. (Respondent 26)*

**EX.11.**  
*I told because they addressed to me as if I have relations with men, and I don't, and I think it is important for gynaecologist to have that information about me. (Respondent 19)*

**EX. 12.**  
*I expected different approach and much softer medical checkup due to a fact that I don't practice penetration. I also expected correct advises for this kind of sexual behaviour. (Respondent 07)*

**EX. 13.**  
*I didn't have a chance to say because of my appearance - she just knew I don't have relations with men. (Respondent 04)*

In fact, not even one of respondents that revealed her sexual orientation to the doctor did not get better treatment, but the situation became worse. Even the absence of reaction to sincerity regarding the sexual orientation is frustrating for some women.

Half of 20% of women who told their gynecologist about their sexual orientation did not provoke any reaction.

**EX. 14.**  
*When I told her that I have changed my sexual orientation, she didn't say a word, she continued to write, nothing - without any reaction. (Respondent 28)*

**EX. 15.**  
*Yes, there was a reaction, but I wouldn't say it was negative, it was a surprise, like she didn't expect it. (Respondent 11)*

During their last visit to gynecologist, 10% of women felt different. The fact that their doctors found out about their sexual orientation brought them different experiences.

**EX. 16.**  
*When they saw me they didn't tell me anything, she and the nurse, but they were watching me, than they were looking at each other, and the atmosphere was strange. You have a bizarre feeling when they are watching you like you are from some other planet. I tried to be very polite inspire the atmosphere in doctor's office; I suppose it was so obvious that I don't sleep with boys. I was very embarrassed. When I came to the first checkup control there was some other doctor - instead of her there was a man. A message that I am not welcome was received, I didn't insist anymore. He wasn't interested. (Respondent 04)*

**EX. 17.**

*Two years ago, during the last visit, I found enough courage and I told, because I was there for the first time and I wanted to be sincere from the start. After she told me to undress myself and lie down, she didn't give me anything to cover myself and she let me wait like that, for sure, more than she should; she left the office; than she came back; she wrote something; it was too long for me. I was humiliated and embarrassed; I didn't wait the end of the checkup; I left the office almost with tears in my eyes and I didn't come back. (Respondent 26)*

**EX. 18.**

*I told her about my orientation in the middle of the checkup and then she became brutal, so I couldn't stand the pain anymore and I stopped her during taking papa test. The checkup was stopped in the middle and it didn't continue. When I was leaving she told me not to come to her again and to find some other gynaecologist. I understood it was her own fear. She was afraid that the checkup will be like a sexual intercourse, so she was very nervous. (Respondent 07)*

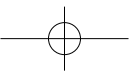
Women's reactions to nonsatisfactory treatment were:

- to postpone the next visit to gynaecologist, i.e. the next unpleasant checkup until the new problem shows up
- never to come back to that gynaecologist
- never to go to the gynaecologist again.

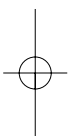


## The importance of prevention

The results *Deve* got during this study show that women are usually not aware of importance of right sexual organs medical care. Although the lack of regular and adequate health care may sometimes be the cause of death, women choose not to visit gynecologist. The reasons are different, but one of the most important reasons is an impossibility to find the gynecologist that will, at the same time, understand the needs and sensibility of women who have sex with women and be a professional. On the other hand, gynecologist are not open, sensible and tactical enough. Even when they do not make verbal reactions, their behavior changes so much that women start feeling embarrassed and decide to visit gynecologist again only if they cannot stand some medical problem.



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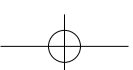
## Recommendations

### FOR GYNEACOLOGIST AND MEDICAL STAFF

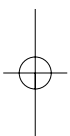
On the average, 5% of your patients can be women who have sex with women. If you are surprised about this data, it would be good to make trustful relation with your patients, so they could speak freely and ask questions.

Pain tolerance level varies from patient to patient, thus it would be good to decrease the unpleasantness and pain by your guidelines during the checkup and instruments that you use.

You should also have in mind that sexual behavior can change during the time and that sexual orientation is not the synonym for sexual behavior. Like with all women, patient's complete sexual history data are important; does she have a permanent



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female partner; or does she constantly change female/male partners; does she practice unsafe sex, etc.

Bad experiences with a doctor in the past, as well as social pressure can be the reasons for patients not to speak often about their sexual relations with the same sex. It is necessary for you to have consciousness and accurate information on female relations with the same sex, so that your patients can get an adequate treatment and that you do not put their health and life in danger.

It is important that you approach individually to each patient, with attention, and, in that way, show her she can feel safe, without being judged in your office. You can also tell them that all data in medical records are strictly confidential and that they have a right to ask for their intimacy not to be recorded.

Staff that has a direct contact with patients should have the possibility to speak freely and without prejudice about all forms of sexuality and gender identities. It is valuable that your patients never think your messages are malicious.

Finally, it is not right to make pressure on women, according to reproductive policy, to give birth, or to frighten them with inaccurate statements that they are more susceptible to different types of cancer if they are not planning to give birth, breast feed, etc.

But, you must have in mind that some women, who have sexual relations with the same sex, also want to have children and you have to be prepared to talk to them about that.

You will make possible for all women to get timely and adequate treatment in gynecologist's offices and you will help them take care of their health and life in a better way if you hold to these simple recommendations.

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