DISCRIMINATION IN DOCTOR'S OFFICES
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 from February to May 2008. The publication tends to provide suggestions and recommendations for further acting of gynaecologists, according to findings.

Introduction
• To explore the attitudes of lesbian and bisexual women toward their own health.
• To explore the behavior of gynecologists and other medical staff toward women who have sexual relationships with other women, based on the respondents' point of view.
• To ascertain if there exists the discrimination on the basis of sexual orientation and sexual behavior in medical institutions.

In opposition to the lesbian movement in Serbian public life, women who are romantically involved with women in real life are not visible. Their family and friends often are not aware of their sexual orientation. A 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. The kind of silent existence provides them to live out their intimacy without inconveniences.

However, in this case, silence could seriously endanger their health and life. Having this in mind, it was important to investigate the situation in gynecological ordinations.
In the research participated women belonged to the age group 21 to 63 years. Through our invitation, posted on our website, sent on mailing lists and addresses of 60 potential respondents, 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 take part in the research, respondents from the list of our personal contacts couldn't come taking account this subject, and 6 of 60 potential pre-registered women encounter with problem even when it wasn't not particular to take part in the research. We were expecting that the number of women participants and who are willing to speak on this subject and who are having sexual intercourse with women who are not gynecologist didn't visit gynecologist at all. However, we believed that it was not appropriate to include in this research respondents from the list of our personal contacts. We weren't aware of the high level of willingness to participate in the research. We were aware that the number of women participants and who are willing to speak on this subject and who are having sexual intercourse with women who are not gynecologist didn't visit gynecologist at all. However, we believed that it was not appropriate to include in this research respondents from the list of our personal contacts.

Aims:

The methodology consists of 30 questions: 12 were open-ended and two thirds required written explanations. One third had already offered answers and were specifically created for gynecological research. The main instrument for the research was to determine the regular attendance with gynecologist. Those who openly come to medical attention concerning their sexual orientation and who are having sexual intercourse with women who are not gynecologist didn't visit gynecologist at all. However, we believed that it was not appropriate to include in this research respondents from the list of our personal contacts.

In order to obtain information, an open-ended question was created:

Sexual behavior of those regarding their sexual orientation:

1. They openly come to medical attention.
2. They are afraid of the stigmatization.
3. Sexual behavior:
4. Pre-existing medical conditions.
5. Women who are having sexual intercourse with women who are not gynecologist.
It's interesting that the results of our research concur with the official data published in print media in July 2008 saying that only 10% of women belonged to the age group 18-60 regularly visit gynaecological ordinations.

We present you the results that Deva obtained during the research conducted amongst women who are having sexual intercourse and about their need and expectations from gynaecologists and medical staff.

We found out that a large number of respondents very rarely, or not often enough, visit gynaecologists. Practically, only 10% of examined sample respondents very rarely, or not often enough, visit gynaecologists.

Analysis

How often do you visit gynaecologists?

- Infrequently: 47%
- Once in 2 years: 9%
- When I have a problem: 13%
- Two times per year: 10%
- Infrequently: 10%

Chart 1

We analyzed and outlined expectations from gynaecologists and ordinations and about their need and attitudes towards women who are having sexual intercourse with women and about the way they are accepted in gynaecological ordinations. We also analyzed the data collected during the research conducted within the project. We present you the results that Deva obtained during the research conducted amongst women who are having sexual intercourse with women and about their need and expectations from gynaecologists and medical staff.
The frequency of visits to gynaecologist varies, and the most commonly expressed reasons for not visiting a gynaecologist are nuisance occurring during the examination:

- The examination performed with the use of metal tools is so unpleasant and personal I'm going only when I have to because of the medical advice and two wrong diagnoses. (Respondent 22)
- The examination performed with the use of metal tools is so unpleasant and personal It must be ten years since my last visit. (Respondent 07)

The second reason is money. The examination in private medical practice is expensive, and women usually tend to avoid visits to gynaecologists in public hospitals. There is not enough professional besides, during the visit in public hospitals considering them highly unreliable and may lead to avoid visits to gynaecologists in public.

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Safesex

Finally, large number of women choose to visit a gynecologist only when having some medical problem. Unsafe sex can be a reason for women to visit a gynecologist.

Respondent 28

Selection of gynecologist

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

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.

Ex.5.

Visiting gynecologist in private ordination for me is too expensive, and in hospitals is torture. It requires that I get in line, go to make an appointment, and then wait to see someone you've never met and may not even have health insurance for. It's too stressful, and in hospital is not only medical. If you're on call, you're not even allowed to go home.

Ex.6.

I was misdiagnosed (sexually transmitted disease). I was scared so much I think it was caused by my phobia of safesex. (Respondent 01)

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

Respondent 30
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 a same-sex relationship, and one of them was exposed. (Chart 3)

EX.7. When I asked my gynaecologist about safe lesbian sex i.e. how can I protect myself in case when my partner has some sexual transmitted disease, or vice versa, 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 easy to use, it's not safe for everyone of them. The easiest is to tell your gynaecologist your sexual orientation or gender expression in sexual practice or to write them correctly, that you are lesbian or whatever it is you are." (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 a gynaecologist your sexual orientation or preferences. The decision, which is about to be made will have an influence on how the gynaecologists are accepted in gynaecological ordination and whether they are accepted by the medical staff and also by the way they are accepted by other women. The research showed us that the opinions of the women are divided when it comes to whether it's necessary to tell a gynaecologist your sexual orientation or preferences. Generally speaking, women who have same-sex relationships are not satisfied by the way they are accepted in gynaecological ordination and whether they are accepted by other women. Therefore, they don't have enough confidence to speak about their sexual orientation. Therefore, they do not visit gynaecologists on regular basis, but only when they have serious medical problems. Hence, the gynaecologists do not visit gynaecologists on regular basis, but only when they have serious medical problems. Therefore, they do not visit gynaecologists on regular basis, but only when they have serious medical problems. Therefore, they do not visit gynaecologists on regular basis, but only when they have serious medical problems.
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 decision to tell doctors their orientation, but the assumption is that for lesbian and bisexual women the easiest way to avoid inconvenience is not to speak about their sexual orientation (sexualbehavior). When asked why they hadn't told about their sexual orientation, they responded that they thought it wasn't relevant for the examination. 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).
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.

When I told her that I have changed my sexual orientation, she didn’t say a word, she continued her checkup as if nothing happened.

(Respondent 28)

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

The sexual orientation is frustrating for some women. Even the absence of reaction to sexuality regarding their sexual orientation to the doctor did not get them the support they expected. The situation became worse. In fact, not even one of respondents that revealed their sexual orientation to the gynecologist did not get a chance to say because of my appearance - she just knew I don’t have penis.

(Respondent 04)

In 10% of respondents that revealed their sexual orientation to the gynecologist, she didn’t ask any question. She didn’t want to hear it. She didn’t care if you are from some other planet. I lied to her and the atmosphere was strange. You have a feeling when they are watching you. When they saw me they didn’t tell me anything.

(Respondent 04)

I expected different approach and much softer medical checkup due to the fact that I don’t practice penetration. I also expected correct advises for this kind of sexual behaviour.

(Respondent 07)

I didn’t have a chance to say because of my appearance - she just knew I don’t have penis.

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(Respondent 04)
Women`s reactions to nonsatisfactory treatment were: • to postpone the next visit to gynecologist, i.e. the next unpleasant checkup until the new problem shows up
• never to come back to that gynecologist
• never to come to the gynecologist again

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EX.17.
Two years ago, during the last visit, I found enough courage to nonassertively state that the checkup will be like a sexual intercourse understanding it was her own fear. She was afraid of again and to find same other gynecologist I went to. When I was leaving she told me not to come to her during taking pap test. The checkup was very embarrassing and I stopped. I stand the pain anymore and I stopped. I told her about my orientation in the middle of the checkup and then she became brusk, so I left. (Respondent 26)

EX.18.
I told her about my orientation in the middle of the checkup, that she should stop the checkup. I asked that she should stop the checkup. She was embarrassed; I didn’t wait the end of the checkup; I left. She cried. I didn’t wait the end of the checkup and I left. She was embarrassed. (Respondent 07)

EX.19.
Two years ago, during the last visit, I found enough courage and I told, because I was there enough courage and I told, because I was there.
FOR GYNECOLOGIST 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. You should also have in mind that sexual behavior can change during the time and that you use in your gynecological practice.

Pain tolerance level varies from patient to patient, thus it would be good to decrease pain tolerance level with your guidelines and the instruments you use. The unpleasantness and pain by your guidance is not the synonym for a bad checkup. When you are not open, sensitive and tactful enough, the unpleasantness and pain by your guidance will be perceived by your patients as the synonym for a bad checkup. It would be good to decrease pain tolerance level with your guidelines and the instruments you use.

Some medical problem, like feeling embarrassed and decide to visit gynecologist again only if they cannot stand their behavior changes so much that women start feeling embarrassed and decide to visit gynecologist again only if they cannot stand their behavior changes. In that case, women choose not to visit gynecologist again only if they cannot stand their behavior changes. In that case, women start feeling embarrassed and decide to visit gynecologist again only if they cannot stand their behavior changes.

The results 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 medical care is not the synonym for women's sexual behavior changes, women choose not to visit gynecologist again only if they cannot stand their behavior changes.
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 important that you approach individually to each patient, with attention, and, in that way, show her she can feel safe, without being judged. It is important that you approach individually to your patients, with attention, and in that way, show them they can feel safe, without being judged.

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Finally, it is not right to make pressure on women, according to reproductive policy. To give birth or to give them with each woman, according to reproductive policy. That is not right to make pressure on women, according to reproductive policy.

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