

Lesbians' health: myths and realities

The right to health is recognised in numerous international and regional treaties as a fundamental part of human rights. Many countries around the world have included the right to health in their constitution. This means that governments must create the conditions so that every citizen can enjoy the best state of health possible.

Health is not immune to some myths; and when the health of lesbians* is concerned, we are confronted with many **stereotypes linked to sexual orientation and gender that can have adverse consequences on the health of lesbians**. Unfortunately, due to the lack of information and public awareness campaigns, some false beliefs and prejudices are driven by lesbians themselves, as well as by health care professionals.

Though some misconceptions and stereotypes also apply to women's health and to homosexuality in general, we have decided here to focus

specifically on those related to lesbians' health.

Three double-sided sheets focusing on the "myths and realities" surrounding lesbians' health have been produced. The themes tackled are Breast and Cervical Cancers, HIV and Sexually Transmitted Infections, and Well-Being. The illustrations reflect the content of the texts. Those sheets can also be used individually and are available in French, Dutch and English.

The information contained in the sheets aim to:

- Improve the health of lesbians
- Demystify myths and stereotypes on certain aspects of lesbian's health
- Enable lesbians to be more autonomous and assertive about their health, and in their contact with health professionals.

A quiz on myths related to lesbians' health will enable you to play with your friends and test your knowledge. The quiz can also be used for raising awareness in trainings and workshops.

Feel free to share and disseminate the information, we count on you to demystify those myths!

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* By "lesbian", we mean any woman who is attracted to other women and who identifies as lesbian, bisexual, butch, fem, androgyn, dyke, queer, or who does not feel represented by any of these categories. We decided to use the term "lesbian" because it is the most widespread, even if some individuals do not identify as such.



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<http://minoritywomeninaction.co.ke/>

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Quiz

Contribute to demystify some myths,
play with us!

1 • Lesbians need regular gynecological checkups

True

False

2 • Lesbians are at higher risk of breast cancer than heterosexual women

True

False

3 • Sexual relations between women do not present any risk of transmitting HIV

True

False

4 • Lesbians are immune from sexually transmitted infections (STIs)

True

False

5 • Lesbians who dress in a feminine way aren't "real" lesbians

True

False

6 • A loving relationship between women is less serious than a heterosexual one

True

False

The quiz was inspired by the Swiss organization Santé plurielle.
www.sante-plurielle.ch

1 • True

Lesbians have a tendency to consult their gynecologists less often than heterosexual women, as gynecological visits are associated with contraception and pregnancy. This medical test allows the detection of STIs and certain cancers like breast cancer and cervical cancer.

For more information, see the sheet on Breast and Cervical Cancers

2 • Probably true...

In addition to the risk factors common to all women, the overconsumption of alcohol and consumption of tobacco in relation to heterosexual women and the fact of not having children expose certain lesbians to a higher risk of breast cancer. Even if scientific studies are too scarce to be definitive, it is likely

that the risk of breast cancer for lesbians would be overall higher than the average of heterosexual women.

For more information, see the sheet on Breast and Cervical Cancers.

3 • False

The risk of transmission of HIV between women is weak - but not inexistent. Several cases of sexual transmission of HIV between women have been identified (even though research on this specific issue is rare). Some sexual practices between women expose them to a risk of HIV contamination.

For more information, see the sheet on HIV and STIs

4 • False

Lesbians have a sexuality that is as varied as the one of heterosexual people. They can have sexual behaviors at risk of STIs with women or men. The risk of transmission of STIs is, therefore, real.

For more information, see the sheet on HIV and STIs

5 • False

Lesbians have styles and identities that are as diverse as heterosexual individuals. The masculine and feminine models that society proposes do not accord with the diversity of human beings, whatever their sexual orientation may be.

For more information, see the sheet on Well-Being

6 • False

A relationship between women can sometimes be considered by society as being less serious and not lasting. Love does not know sexual orientation. When one loves, the feelings have the same intensity whether one is homosexual or heterosexual. Being accepted as a couple, especially by friends and family, contributes to self-esteem.

For more information, see sheet on Well-Being

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Breast Cancers & Cervical Cancers

myths

- Lesbians do not need to have regular gynecological exams
- Cervical cancer concerns only heterosexual women, particularly in developing countries

realities

- Gynecological exams are important for detecting sexually transmitted infections (STIs) and some types of cancer. These exams are indispensable for all women, no matter their sexual orientation. However, lesbians tend to take these exams more rarely than heterosexual women.
- Cervical cancer is one of the most frequent types of cancer found in women throughout the world. Any woman having had same-sex relationships or heterosexual relationships can be a carrier of HPV (the Human Papilloma Virus). HPV infection is considered to be the most prevalent STI on the planet. Some variations of the virus can play a significant role in the appearance of cervical cancer.

Breast Cancers

Breast Cancer also touches women who love women.

In this case, some particular risk factors apply.

- For fear of homophobic reactions, or because they don't use contraception as often as others, lesbians rarely consult gynecologists. They are screened less often than other women - when such screening would allow early detection of breast cancer.
- On average, lesbians have children less often, which raises the risk of

breast cancer.

- Certain studies show that lesbians overuse alcohol and tobacco.

Risk Factors

Being a woman / **Age, especially from the age of 50** / Having had one or more cases of breast cancer in your family / **Having certain non-cancerous abnormalities in your breast** / Not having children or having your first child after the age of 30 / **Menstruating before the age of 12** / **Going through late menopause after the age of 52**

/ **Taking hormones for several years starting at menopause** / **Over-consuming alcohol or tobacco** / **Being overweight** / **Having a sedentary lifestyle.**

Symptoms

Any type of change you notice in your breast, like:

Appearance of dimpling of the surface of the breast / **Liquid discharge by the nipple** / **Different texture or coloration of the skin or areola** / **Eczema around the areola or the nipple** / **Inverted nipple** / **Presence of a growth in the breast or armpits** / **Change in the sensibility, total change in the appearance of the breast or in its size.**

BUT none of these anomalies by themselves automatically mean that they relate to cancer. At an early stage, symptoms appear less often, which is why screenings are so important.

Prevention Lifestyle

No lifestyle guarantees avoiding cancer 100%. However, it's important to minimize all the risks: avoid being overweight, regularly engage in physical activity, limit your consumption of alcohol, don't smoke, eat balanced and varied meals.

Self-examination

Each month, you should attentively self-examine your breasts starting at 25 years of age, ideally one week

after menstruation.

If you notice a change or anomaly in your breast since the previous month, consult a doctor right away - even if you recently had a screening.

Screening

Mammogram and Ultrasound

These exams detect early cancers before they are visible or palpable. The earlier the cancer is detected, the better the chance of recovery and of avoiding disfiguring surgeries. The two exams can complement each other. In some countries, screenings are free for women from 50 to 69 years of age.

Cervical Cancers

In certain developing countries, cervical cancers are the main reason for death by cancer among women. This is namely due to specific sociological and medical conditions.

Risk Factors

The principal factors are chronic infections by certain kinds of HPV (Human Papilloma Virus), and, to a lesser extent, smoking. Between 85% and 90% of cervical cancers develop following a chronic infection by HPV. Any woman who has had same-sex or heterosexual relations can come into contact with an HPV virus. An

HPV infection is very contagious and is transmitted by sexual contact with or without penetration. Most infections pass without being seen and heal spontaneously without any lasting effects. However, in certain cases, the infection can become chronic and leave pre-cancerous lesions around the cervix that can develop into cancer.

Symptoms

In the early stage, there are no visible symptoms. Later, one may observe some blood loss between menstrual cycles, after menopause or after sexual activity. White, painless discharges are sometimes linked to the cancer as well.

Prevention

Screening (pap smears) and vaccination against HPV (advised for women before their first sexual relation) are important ways of prevention, as well as a proper, healthy lifestyle. Not smoking, or quitting to smoke, is beneficial for health in general, but also contributes to a smaller chance of

diagnosis of cervical cancer.

Screening by Pap Smear

Cervical cancer is one type of rare cancer that can be detected and treated early. It is, therefore, important that all women have regular gynecological screenings. Every woman is advised to take her first pap smear within a year of her first sexual activity, or starting at 18 or 25 years of age (age recommendation differs according to the country). This exam allows identification of precancerous lesions and, if necessary, treatment.

Vaccination Against HPV

Since 2008, two vaccines have protected against the several kinds of HPV that are responsible for 70% of cervical cancer. In some countries the vaccination is free for adolescents and young women.

However, the vaccination doesn't replace regular pap smear screenings!

Some helpful websites

The Lesbian and Gay Foundation - www.lgf.org.uk
The Mautner Project - www.mautnerproject.org
LGBT Health Channel - <http://lgbthealth.healthcommunities.com/>
BreastCancer.org - www.breastcancer.org

Breast Cancers & Cervical Cancers



The risk of breast cancer increases with age



Vaccination highly reduces the risk of cervical cancer



Self-checking one's breasts is an important exercise for screening cancer



Regular gynecological exams help to detect and treat breast and cervical cancers. Speak with your doctor about it



HPV infection is transmitted by non protected same-sex or heterosexual relations

STIs & HIV

myths

- Two women cannot share a true sexual experience.
- There is no risk of transmission of HIV between women.
- A lesbian would never have sexual relations with men.

realities

• The existence of female sexuality is a “recent discovery” that dates back to the end of the 1960s, when the fight for women’s rights was taking place. If lesbians also benefited from the sexual liberation, the belief that two women cannot share a true sexual experience is, on the other hand, still widespread. And those who say “no sex” imply “no transmissible infections”...

• The risk of HIV transmission between women is weak - but truly still exists. Several cases have been identified since the beginning of the epidemic, but one can suppose that the HIV rates for lesbians is under estimated considering the little research that exists on the subject.

• There is not only one lesbian sexuality, rather many sexualities. Some women do not define themselves by a particular category; they have relations fluidly with men and women. Furthermore, in a lot of countries, women, either heterosexual or not, are obligated to marry and to have children in order to survive!

As a result of these myths, some lesbians erroneously believe that they cannot contract STIs or HIV. These erroneous beliefs are shared by a part of the medical world.

Some helpful websites

Center for Young Women’s Health - www.youngwomenshealth.org
Acon - www.acon.org.au
Women’s Health - www.womenshealth.gov
World Health Organization - www.who.int/hiv

STIs

Sexually Transmitted Infections

Be familiar with your body

It is important to be familiar with your body, especially being aware of any changes, to be familiar with your genitals and to know what is normal (vaginal discharges, even lighter at certain periods of your cycle) or abnormal (appearance of different discharges, of smell or abnormal color, pimples, wounds...). Be attentive to all changes, some symptoms can be a sign of an STI.

Different STIs

There are various kinds of STIs that pass through sexual fluids or through blood (through either a wound or during a period). If two women do not use protection during sex, they can thus transmit HIV or other STIs (ex.: Chlamydia, HPV, Syphilis).

Symptoms of STIs

The following symptoms are often associated with STIs:

Burning, itching, or warts around the vulva or the anus / Vaginal discharges that are heavier than normal, with color or bad smell / Pains or vaginal burning sensation during or after sex / Burning sensation while urinating / Abnormal pains along the bottom of your stomach, bleeding outside the time of your period, cysts - notably around the groin - and fever.

HIV

Human Immunodeficiency Virus

HIV is a virus that is responsible for the Acquired Immunodeficiency Syndrome (AIDS).

HIV can cause serious problems and can ultimately lead to the death of infected individuals. Adequately treated, people battling HIV can find some immunity that enables them to avoid contracting opportunistic infections. Despite undeniable medical advances over the past several years, we still cannot cure AIDS. HIV-positive individuals continue to be subject to discrimination based on the fears that they may inspire (AIDS Phobia).

HIV is not transmitted:

- through a handshake
- through sweat or tears
- by bug bites
- by toilet seats
- while swimming in public pools
- while sharing food
- by using laundry, towels or the telephone of somebody infected.

HIV and STIs are transmitted:

- through sexual relations: through blood (including menstrual blood), vaginal discharges, sperm, or through a wound on the skin or even by mucus (from the mouth, vagina, or rectum)
- through the usage of drugs: sharing a syringe or straw (snorting) for drug purposes that contain contaminated

blood.

- through mother’s milk.

Certain sexual practices between women have some risks:

Heightened risks of contamination by STIs and HIV:

- Cunnilingus (mouth-vagina) during menstrual periods and anilingus (mouth-anus)
- Rubbing vagina against vagina
- Exchange of sex toys
- Vaginal or anal penetration (fingers, sex toys, fisting)
- Sadoomasochist practices that require contact with blood and/or mucus

Weaker risks of contamination of HIV, but major risks of STIs: cunnilingus and anilingus outside the menstrual period

No risk of transmission of HIV: masturbating and kissing.

However, there are some STIs that can transmit through a kiss (for example, Hepatitis B).

How to protect yourself?

For cunnilingus and anilingus

In order to avoid contact between your mouth and the vaginal or anal mucus of your partner, use a dental dam or a latex square (see illustration).

For vaginal and anal penetration

Use a condom and a water-based lubrication for each new vaginal or anal penetration, whatever is being inserted (fingers, sex toys). Do not share sex toys and change your condom with each penetration. Do not use the same sex toy for a vaginal penetration if it was already used for an anal penetration, or change condoms between the two penetrations.

With just the least doubt, consult a doctor in order to get tested:

- at least 3 weeks after being at risk of contracting an STI
- at least 3 months after being at risk of contracting HIV

Post-Exposure Treatment

There is an emergency treatment that reduces the risk of HIV contamination, called the post-exposure treatment, to be taken within 72 hours at the latest after the risk of infection.

STIs & HIV



You should consult a doctor with some symptoms

Sexual practices between women also expose them to the risk of HIV and STIs

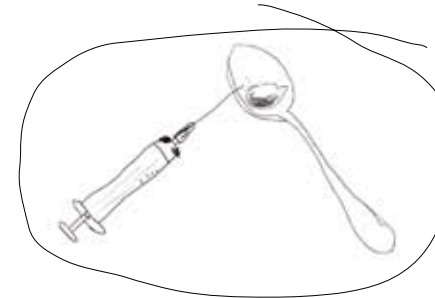
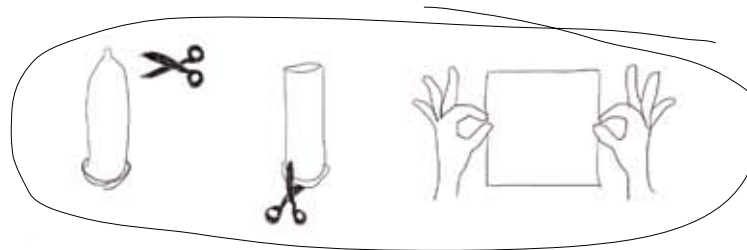


Certain STIs like Hepatitis B can be transmitted through kissing



It is important to know your body, and to be aware of all changes

Create a dental dam or a latex square by using a condom



HIV can transmit itself from drug use or through sharing a used syringe or straw

Well-Being

myths

- Lesbians are isolated, unstable, depressive and unhappy
- Real lesbians are butch, masculine, ugly and neglected
- Homosexuality is a Western concept

realities

- Sexual orientation in and of itself does not affect whether you are happy or not. On the other hand, lesbophobia sometimes ruptures happiness with family and friends; and family, social, or even cultural pressure has an impact on the well-being of lesbians. Being happy with yourself starts by accepting your sexual orientation and by evolving into a loving environment. Many lesbians are happy, thriving, and joyous. Visit them often!
- There is not just one type of “lesbian woman” or “heterosexual woman”. Society often dictates a masculine model and a feminine model to which one must conform so that she is not excluded. Whether somebody is homosexual or not, the simple fact of not conforming to the expected model can be a possible source of rejection.
- Homosexuality is not confined to one society or another. Some ethnic groups in Benin, Kenya, Sudan and South Africa, for example, have been practicing forms of marriage between women well before the arrival of the white colonialists. In China, female homosexuality was completely accepted under the Ts'ing dynasty (1644-1911). Despite that fact, in some societies and communities homosexuality can be denied, stigmatized or criminalized with a prison sentence or even the death penalty.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

www.who.int

Taking care of yourself is pleasant, and it is good for your morale. So why deny it to yourself ?

On average seven out of ten cancers are linked to our lifestyles. A healthy lifestyle can help to reduce the risks of cancer and other illnesses.

Some advice for keeping yourself healthy: avoid becoming overweight, do not expose yourself too much to the sun, limit the amount of alcohol that you consume, don't smoke, eat healthy and well-balanced meals, don't use legal or illegal drugs, and participate in physical exercise on a regular basis.

Addictions

In lesbian circles, particularly in big cities, the opportunity to meet is generally linked to parties, nightclubs and cafés, all where the consumption of alcohol, tobacco, and drugs, legal or illegal, is more readily accessible. Some lesbians develop their social lives exclusively in these environments, whereas others prefer to spend time with a more limited circle of friends.

The over-consumption of alcohol, or even moderate consumption of tobacco or drug usage will deteriorate your health and will have an impact on your physical and mental well-being.

The perception of risks diminishes under the influence of certain

substances, which can carry a risk of sexual practices with a risk of STIs. Knowing yourself well and being aware of the risks of dependence on drugs helps put matters into your own hands in all circumstances.

Depression

Lesbians are at a higher risk of depression than straight women, because they are subjected to discrimination linked to their sexual orientation (lesbophobia).

Lesbophobia describes the rejection, fear, hatred, violence and discrimination towards homosexual women. Lesbophobia consists of a double discrimination where lesbians are the victims as homosexuals (homophobia) and as women (sexism).

Some lesbians do not accept their sexuality as an integral and essential part of their identity (internalized lesbophobia). This is even more difficult to accept if they are rejected by their family or their social circle. For many lesbians who come from ethnic minorities, the cultural aspect plays an important role. They can be confronted with a difficult choice between living their homosexuality or a total or partial breakup with their family and certain individuals who are close to them.

There are difficult moments in the life of everyone. It is essential to know how to surround yourself with loving, positive people who will

listen when you need it.

You can also call on groups or health professionals for psychological help or for therapy.

Asking for help isn't a sign of weakness, rather it is proof that you're taking the proper steps to take charge of your life as an adult.

Depression is a sickness, homosexuality is not.

It is important to avoid the consumption of prescription drugs without the advice of your doctor: it can be dangerous to self-prescribe with anti-depressants or with anti-anxiety medicine.

Coming out

To no longer live one's homosexuality in secret, to be oneself and to bloom requires to live openly with some close friends, which could be achieved through the coming out process. This does not necessarily signify that you have to say everything, to everybody, at every moment and in every circumstance of life.

Everyone must decide for herself if, when, and with whom to come out. Above all, one shouldn't feel obligated to do it just “like the others”.

If you make the choice to come out, here are several points to keep in mind:

- Choose the person to whom you want to come out to first
- Choose the moment when you feel comfortable to talk about it
- Respect the time it takes for people with whom you talk to accept the news
- Keep in mind a place where you can go if it does not go well, or think about people close to you who can support you.

And with medical professionals?

Each person must decide to what extent she feels comfortable in talking about her sexual orientation. Sexual orientation is not the direct cause of cancer or another sickness, but it can have an indirect influence. Whatever the decision you make, it is important to feel confident with your doctor. If this is not the case, you should address your concerns to somebody else.

Some helpful websites

Lesbian Health Center - www.lesbianhealthinfo.org
Lesbian and Gay Foundation: The fight against homophobia - www.lgf.org.uk
Avert - www.avert.org

Well-Being



It is essential to be surrounded by loving, positive people who can listen when you need it.

The over-consumption of alcohol, or even moderate consumption of tobacco or drugs can deteriorate one's health



Depression is a disease, not homosexuality



Eat balanced meals



Taking part in regular physical activity