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SEXUAL HEALTH AND IDENTITY-RELATED INTERACTIONS BETWEEN SEXUAL MINORITY WOMEN AND THEIR HEALTHCARE PROVIDERS

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Objectives: Previous research suggests that sexual minority women (SMW) are more likely to disclose identity when seeking sexual or reproductive healthcare, and that disclosure of identity to healthcare providers is related to better outcomes and improved quality of care. Little distinction is made between identity groups (e.g. lesbian, bisexual, queer), despite the different barriers, stigma, and health outcomes that exist between them. This research examines the interactions that SMW have with their healthcare providers around sexual identity and health.

Material and Methods: Using a mixed-methods approach through an online survey tool, we gathered both qualitative and quantitative data on clinician-patient interactions around identity, sexuality and health among a sample of (N = 354) lesbian, bisexual, queer and pansexual women in the United States. The qualitative and quantitative data were analyzed concurrently, and qualitative themes were quantified and explored through bivariate and regression analysis.

Results: Having to correct the assumption of heterosexuality through identity disclosure was a common negative experience among participants, who described being presumed irresponsible about pregnancy and birth control. Participants also described practitioners who fundamentally misunderstand the myriad possibilities for what "sex" might mean for sexual minority women.

Conclusion: Lesbian, bisexual, pansexual and queer women have different interpretations of their interactions with healthcare providers, different reasons for disclosing identity to providers, and different likelihoods of disclosure. The results of this study speak to ways in which improved clinician-patient interactions can enhance healthcare utilization among SMW. The findings from this study demonstrate the necessity of reprioritizing collecting information on patients' sexual identities and histories, in order to provide them care as "whole human beings."

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A CULTURALLY INFORMED EDUCATIONAL PROGRAM TO PROMOTE SEXUAL HEALTH AND WELL-BEING AMONG REFUGEE WOMEN

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Objective: Refugee women may possess unique sexual health vulnerabilities as a result of experiencing cultural practices such as Female Genital Mutilation/Cutting (FGM/C) or sexual violence endemic to war and conflict. Extant sexual health educational programs do not reflect their specific educational and cultural needs. A linguistically appropriate sexual health education initiative was designed to provide information to refugee women and assess their unique needs to inform future culturally grounded interventions.

Material and Methods: A multi-phased mixed-method approach comprising a pilot session, the educational intervention, and a two-month follow-up session were conducted to assess changes in knowledge, attitudes, and sexual behaviour. Educational content was delivered in the respective languages with oral consecutive translation and visual aids. Private quantitative responses to sensitive questions were captured via an Audience Response System (ARS). Statistical analyses were performed in STATA and qualitative content analyses in Nvivo.

Results: Forty-seven adult refugee women comprising 21 Somali speakers and 26 Swahili speakers participated in a sexual health pilot session (n = 21; 9 Somali, 12 Swahili), the educational intervention (n = 26; 12 Somali, 14 Swahili), and the two-month follow-up session (n = 19; 10 Somali, 9 Swahili). Both Somali and Swahili-speaking women requested information regarding infection prevention, low sexual desire, pain and socially undesirable reproductive outcomes. The Somali women reported primary sexual concerns of dyspareunia at first coitus (100%), forceful sex (50%), and difficulty feeling satisfied (33%), possibly as a result of FGM/C. The Swahili-speaking women reported sexual pain (73%), low desire (67%), and sex for survival (56%), against a backdrop of war-related sexual violence. At follow-up they reported positive changes, with Somali women reporting increased self-pleasuring. There was no worsening in reported sexual concerns.

Conclusion: This culturally tailored sexual health educational intervention facilitated greater women's empowerment, health literacy, and self-efficacy around sexual health concerns.