

## Lifting the veil on sexual health prevention for bisexuals

Published 03/29/2007  
by Heather Cassell

**An estimated 3.7 million bisexual men and women receive inadequate health care due to invisibility and biphobia, according to a new report entitled "Bisexual Health: An Introduction and Model Practices for HIV/STI Prevention Programs" published by the National Gay and Lesbian Task Force Policy Institute.**

Keeping with this month's fifth annual National Gay and Lesbian Health Week's theme "Know More," the groundbreaking report, published on March 13, tackles bisexual individuals' invisibility and the biphobia that compounds the lack of adequate health research and care that bisexual individuals receive.

The report is an effort to pull the veil off of bisexual health research and care to reveal the issues that have remained in the shadows. The detailed introductory guide is a tool for healthcare providers and patients through the complicated world of sexual health for self-identified bisexuals and non-identified bisexual individuals who have intimate relationships with men, women, and transgender people.



Bisexual activist and sexologist Amy Andre

According to the 2002 National Survey of Family Growth, funded by the Centers for Disease Control and Prevention, out of 4,928 men and 7,643 women between the ages of 18 and 44, an estimated 1.8 percent of men and 2.8 percent of women identify as bisexual. Additionally 5.9 percent of men and 12.9 percent of women said they are attracted to both sexes. In comparison the study found that only 2.3 percent of men identified as gay and 1.3 percent identified as lesbian.

"Bisexual people exist in significant numbers, yet face invisibility and biphobia in their healthcare," said Marshall Miller, lead author of the report and founder of the BiHealth Program at Fenway Community Health in Boston.

NGLTF Policy Institute research director Jason Cianciotto added, "Biphobia and bi invisibility have a profound impact on the health of bisexual people. It goes without saying that a population forced to keep its behavior and identity a secret is less likely to receive vital and life-saving information about HIV and STI [sexually transmitted infections] prevention."

While it is clear that bisexuals and people who are attracted to more than one gender are a significant segment of the LGBT community, they remain invisible to health researchers and providers.

"The most important thing is the fact that we know almost nothing. The fact that we don't know bisexual health is disconcerting," said bisexual activist and sexologist Amy André, who wrote the introduction to the report. "What we do know paints a dire picture that is indicative of the bisexual health crisis. If it remains unexamined it's only going to get worse."

Recent studies found that many queer people aren't out to their healthcare providers, and bisexual individuals are the least likely to be out. The reasons for this range from fears of judgment to discrimination to receiving inadequate health care.

### **Becoming visible**

Coming out to a healthcare provider can be a scary, but life-altering, experience.

"I think that the first step is for bisexuals to come out," said André. "You run the risk of biphobia, but it's imperative to come out."

According to the report, sexual health wasn't the top health concern for bisexuals. It was number three on the list behind drug and alcohol use.

Bisexual activist and author Lani Ka'ahumanu, who contributed the timeline for the bisexual health movement in the United States for the report, told the *Bay Area Reporter* that beginning with sexual health made sense.

"When you come out as bisexual almost inevitably you have to deal with some level of sexphobia," said Ka'ahumanu. "All of our stereotypes and misinformation about us has to do with sex."

The report addresses the fact that stereotypes about bisexual people, such as being "hypersexual, responsible for AIDS, incapable of commitment, and simply going through a phase" contribute to biphobia and compound bi invisibility in the LGBT community.

Yet as the National Survey of Family Growth pointed out, bisexual people compose a large part of the queer population.

"Bisexuals have a significant place in the LGBT community," said André. "We are not just a minute fraction but a majority of the minute fraction."

### **Knowledge = power**

It's a minute fraction that is complicated, so much so that addressing the complexity of a queer person's sexuality is something for which many medical schools don't provide adequate training, according to Caitlin Ryan, director of the Family Acceptance Project.

On top of that, researchers don't even know how to ask the questions to obtain more accurate data about people's sexual identity and actual sexual behavior. This contributes to keeping bisexuals – as well as the queer community in general and medical professionals – in the dark.

Bisexual activists, as well as individuals in the lesbian and gay health movement, have spent years trying to educate researchers, especially at the CDC. One of their main focuses is on language and how to accurately identify and record sexual identity and sexual behavior, but not much has changed. Bisexual people continue to get lumped into the queer or heterosexual category, which skews the data reported in health research studies.

"This is a disservice to lump together without separating out lesbians, bisexual women, gay men, and bisexual men," said André.

The skewed data is only part of the problem. Researchers and medical providers' education about sexuality and knowing the difference between sexual orientation and sexual behavior are lacking.

Ryan attributes the problem to three issues: individuals' and society's lack of knowledge and information; the lack of professional training in medical schools; and the lack of continued education for health care professionals.

"Today in our woodworking class, we're going to build a chair, but I'm not going to show you how it's done. You just have to build a chair," said Ryan about medical providers' training to provide adequate health research and care for LGBT patients. "That's what kind of happens for a lot of these providers. Nobody models for them how to do a sexual interview with them; how to take a sexual history; how to ask about these issues in a non-pejorative welcoming way. If you don't ask about it in a welcoming way the patient might assume that you're biased."

Joel Ginsberg, executive director of the Gay and Lesbian Medical Association, told the *B.A.R.* that he is hopeful about the growing knowledge about LGBT health issues, but feels that both LGBT and mainstream healthcare providers need to hold themselves to a higher standard.

"On the one hand I think there is tremendous spirit and growing knowledge about how we as a community are learning to care about ourselves," said Ginsberg, who added that he is particularly aware that there are deficiencies in knowledge that affect care. "I feel that we are not being honest about some of the serious problems [we have] as a community. If we can't speak more openly and honestly about issues about race, bisexuality, and misogyny within our society we will be limited in what we can accomplish."

### **Providing better care**

Accomplishing better studies and care is the report's goal.

"We, as authors, see a serious need for more health education and HIV prevention programs that focus on and are inclusive of bisexual people," said Miller.

Julie Ebin, a co-author of the report and prevention and education program manager for Fenway Community Health, suggested three no-cost to low-cost steps healthcare providers can take to improve health and well-being for bisexual patients: add new services or expand existing services to cater to bi people; ensure safe and accessible services for bisexual individuals; and educate other healthcare providers about the unique needs of the bisexual community.

"It's extremely effective if you are an in-take person to ask someone about their sexual orientation and behavior – and recognizing that those questions are separate issues," said Miller. "If every provider incorporated those into their research studies and into their in-take we would learn a lot about what is going on in actual lives."

**The report is available online at [http://www.thetaskforce.org/reports\\_and\\_research](http://www.thetaskforce.org/reports_and_research).**