

**understanding the sexual and reproductive health needs of young bisexual women in toronto: a community-based research project**

# **young bisexual women and sexual health: getting the care you need**

**Does your doctor assume you're straight or gay?**

**Are you tired of feeling like there's no space for your identity?**

**Are you frustrated that you can't find resources designed for you?**

**We have some news for you: You are not alone.**

We asked 35 young bisexual women\* in Toronto about their sexual and reproductive health needs, the challenges and supports they experienced around their sexual health, and suggestions for positive change.

## **What challenges did young bisexual women face?**

### **My doctor assumes I'm straight.**

Participants reported that their health care providers regularly assumed they were heterosexual. They also noticed that sexual health resources, such as safer sex supplies, were focused on penile-vaginal intercourse. Information and resources related to other types of sex were often left out or were unavailable.

**Our study was open to self-identified women between the ages of 16-29 who identified as bisexual, pansexual or any other non-monosexual identity and/or were sexually active with or sexually attracted to people of more than one gender.**

In some cases, assumptions of heterosexuality were so strong that they persisted even when a health care provider was given information about a participant's sexual history. *"The woman still basically asked me questions as if I was only sleeping with men, and right now my primary partner is a woman, and so that was very insulting to me, and she's like "What's your form of birth control?" and I'm like "...having sex with a woman right now; that's what I'm doing", and she was like "Oh, I didn't realize..." and I'm like "You have my form, it's right there in front of you."*

### **My doctor assumes I'm a lesbian.**

*"She went into discussions of condoms and birth control, and I had to stop her and say, "I'm not having that kind of sex", and that's very... embarrassing, in a way, to have to stop someone, and correct them... after I told her that I was sexually active with a woman, she said "Well, are you a lesbian then?"*

The young women who took part in this study also said that their health care providers had little to no information about sexual practices, safer sex, STI transmission or STI testing guidelines for women who have sex with women.

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## **My doctor doesn't seem to recognize the possibility of bisexuality.**

By making assumptions based on a person's current partner and not asking more questions about sexual history or sexual identity, many health care providers didn't leave any space for bisexuality. *"It really rubbed me the wrong way... assuming that I was a lesbian because I have sex with women and I could be bi."*

## **I have to educate my doctor about bisexuality. And it's exhausting.**

*"It can be really hard to go to a doctor when you know that you have to explain so much, you just get tired of it... I know tons of people ... who just don't go to the doctor as often as they should, because they know that when they go they will be pestered, or they will be triggered, or whatever, and the doctors just need to receive better training about how to be more sensitive and informed about these issues."*

## **I can't get resources designed for me.**

Participants were frustrated by not being able to find sexual health resources with the information they needed. *"As a trans woman who has sex with lots of different kinds of people, I don't just have to go to sex facts for lesbians and for straight women... because there's no pamphlet for queer trans dykes, I have to go to sex facts for men who have sex with men, because I'm a lesbian who sometimes has sex with gay men, and then I also have to take into consideration some sex-specific stuff that's for men, which is fucked up, and sucks, and is a big barrier to getting access."*

### **What did young bisexual women say would help?**

#### **Ask inclusive questions. Don't make assumptions.**

Participants spoke extensively about the need for health care providers to ask inclusive questions and to not make assumptions about their behaviours and identities. *"Because being out and bi is so difficult and is met with so much hostility... if the healthcare practitioners were to bring that up, and ask that, it would immediately, I think, colour the space in a safe way for conversations about what a person's real needs are, and what they really might do on Friday night, as opposed to what they think it's safe to say they might do on Friday night."*

#### **Create bi-specific resources and provide inclusive sexual health supplies.**

Young bisexual women want resources designed for people who have sex with people of more than one gender, as well as more accessible safer sex supplies beyond condoms. *"I find when I'm looking for pamphlets or written information about sexual health, it's either with a heterosexual couple in mind or it's marketed as 'for lesbians'... I want all the information in one place, for the many different people that I might want to be involved with."*

#### **Educate health care providers about bisexuality.**

Health care providers need to be educated about bisexuality. *"The education needs to happen for the health care providers first, because... most of us have had experiences with health care providers who knew a lot less about any of this than we ourselves knew, and before they can offer education to their client...they have to know it themselves... This kind of training should be mandatory in medical school."*

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