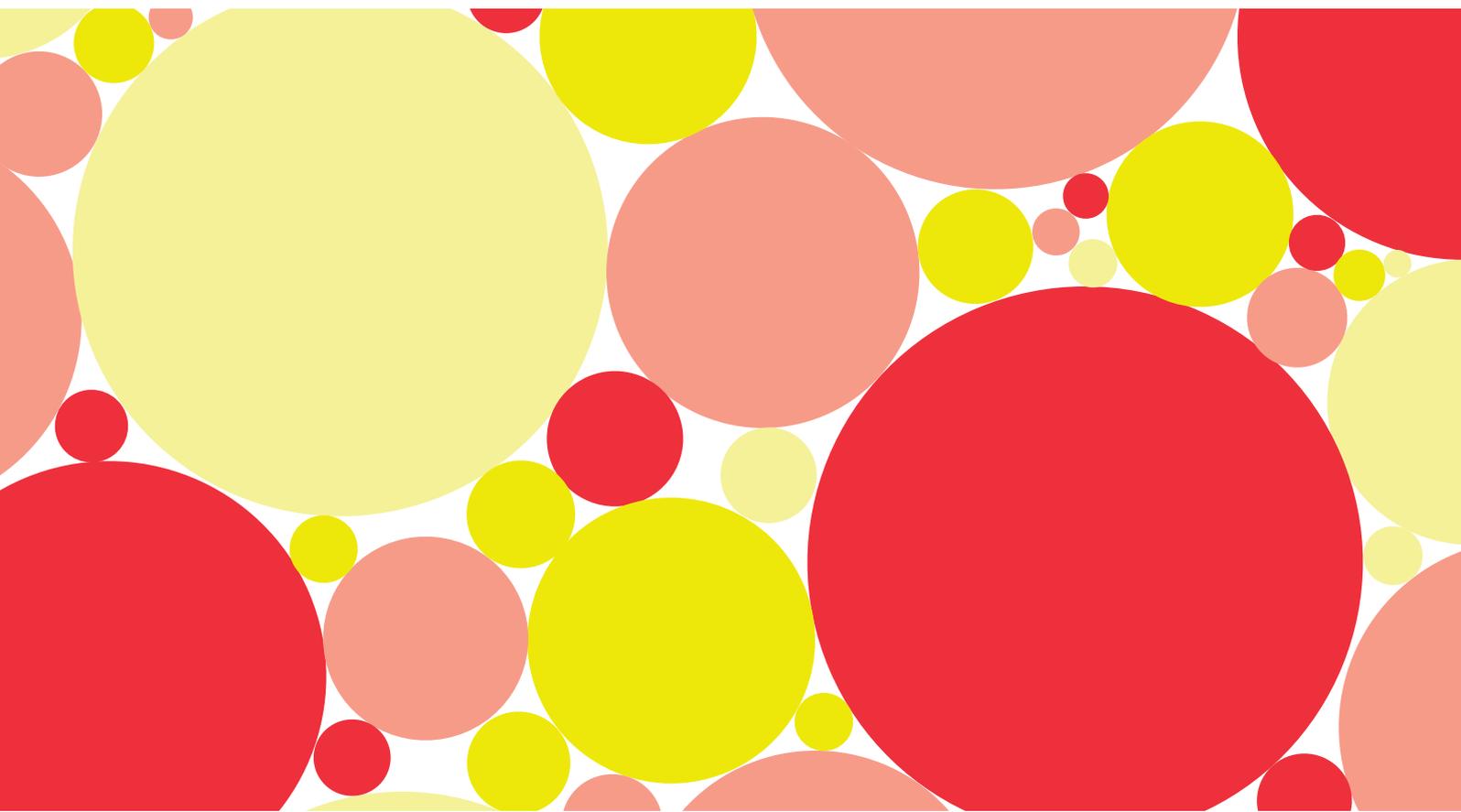
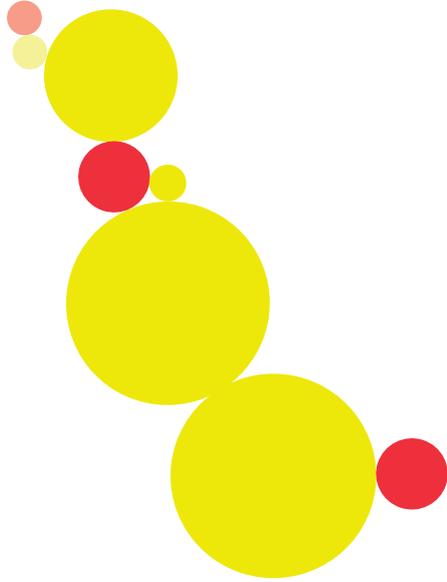


Briefing 7

Bisexual people's health

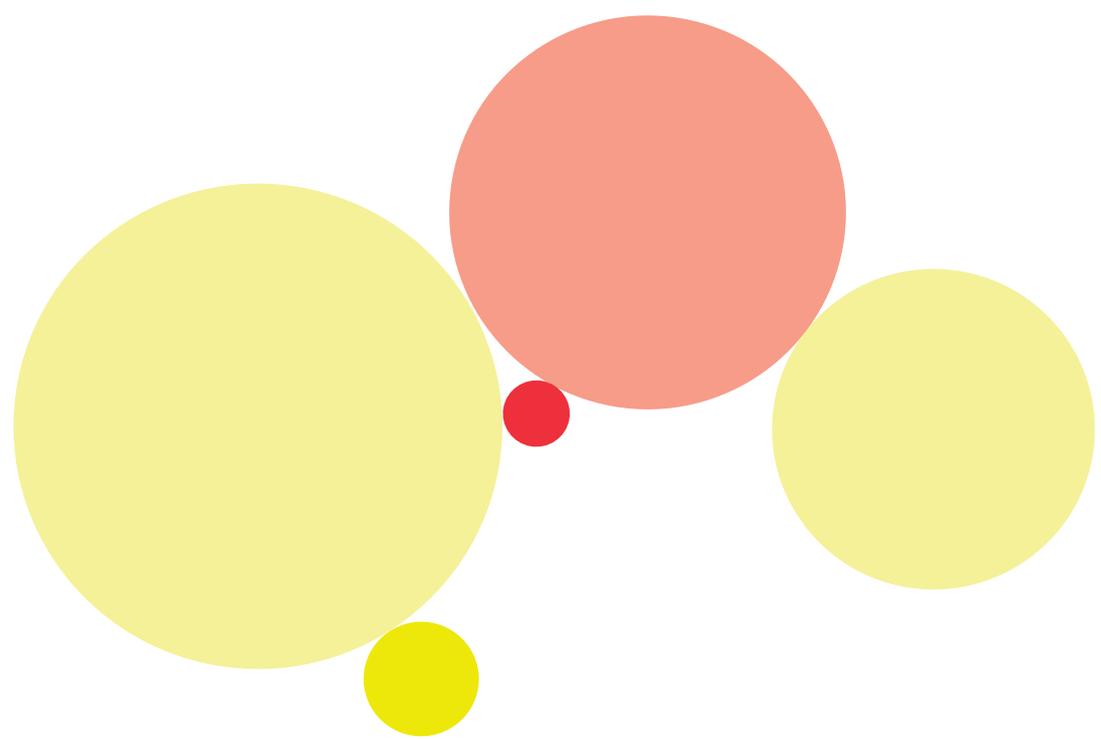




(a) Introduction

Bisexual people have the potential for sexual and/or emotional attraction to both men and women. Someone who considers him/herself to be bisexual may in practice be celibate, monogamous or in multiple relationships; like the rest of the population.

In terms of behaviour, 'bisexual' describes someone who has had sex with both men and women, within a certain period (eg within five years), regardless of their sexual orientation. People's sexual behaviour cannot be deduced from their sexual orientation (eg a bisexual woman may only have sex with women; a lesbian may have sex with men).

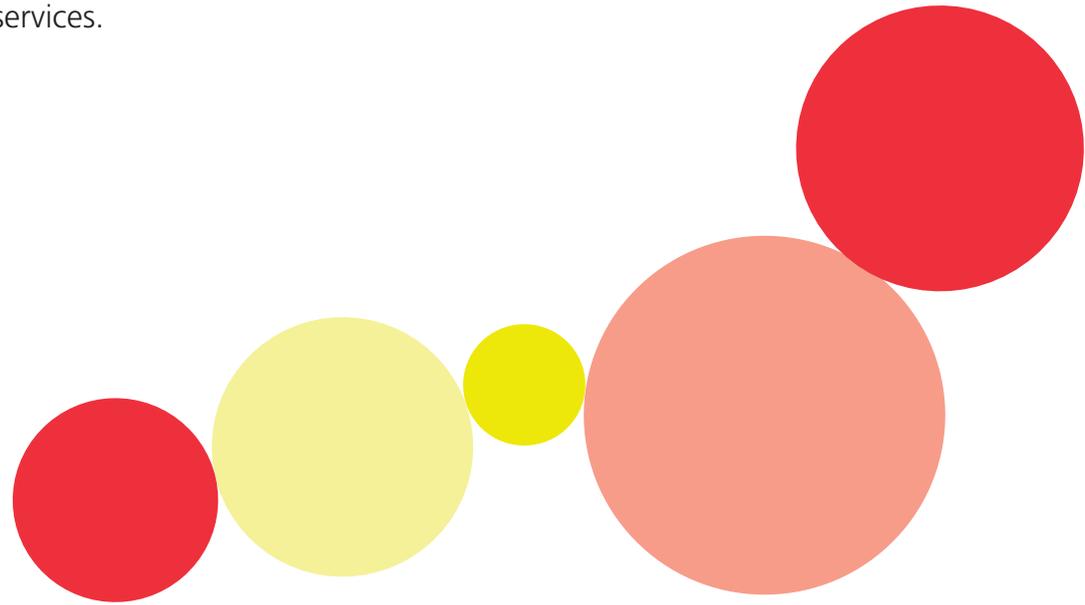




(b) Specific issues for bisexual people

Bisexual people are affected by homophobia and heterosexism, even while in opposite-sex relationships. Prejudice about bisexuality is called biphobia. It includes assumptions such as: bisexual people are 'really' either gay/lesbian or heterosexual; they are confused; **genuine** bisexuals are attracted to men and women equally; or it is always a temporary phase.

Bisexuality is often not an accepted identity because it is assumed that bisexual people can choose to be either gay/lesbian or heterosexual. Some lesbian and gay people hold such beliefs as well as some heterosexual people.¹ Experiences of prejudice may lead to difficulty in accepting oneself, difficulty in finding supportive communities and lack of resources and services.



(c) What are bisexual people's health needs?

Until recently, most research about bisexual people's health failed to consider their needs separately from those of lesbians and gay men. Existing research focused mainly on HIV and mental health. The health concerns presented in this Briefing are drawn from studies in which bisexual people have been explicitly recruited to research. As in the case of lesbians and gay men, bisexual people's health needs may be related to their experiences of discrimination.²

Bisexual people's health may differ from that of lesbians and gay men and from heterosexual people's health. Key differences have been identified in relation to mental health, sexual health and HIV, substance misuse, ease with their sexual orientation, access to healthcare and communicating with healthcare providers.

Mental health

Bisexual people report poorer mental health than either heterosexuals or lesbians and gay men. They have higher levels of anxiety and depression, more current adverse events and a higher frequency of financial problems.² Bisexual men and women may be at increased risk of suicidal thoughts and behaviour in comparison with heterosexuals and lesbians and gay men.

Sexual health and HIV

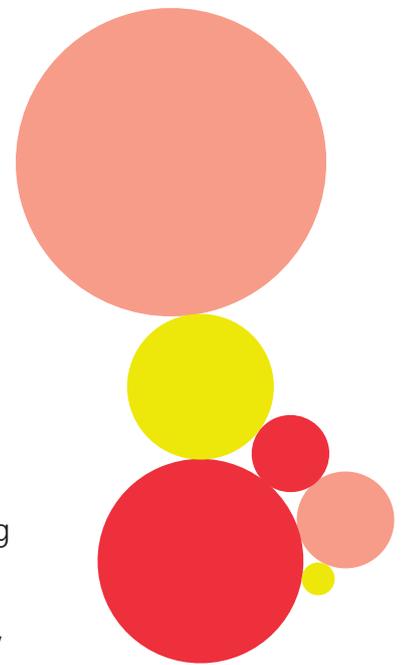
Much research has focused on HIV/AIDS and has overlooked other aspects of bisexual people's health. There is evidence that, compared with exclusively homosexual men, bisexually active men are less well educated about sexually transmitted infections, are much less likely to see materials aimed at gay men, are more likely to have trouble obtaining and using condoms, and have had unsafe sex with a greater number of men.³ In particular, this may be the case for men who do not identify as bisexual, but have casual sexual encounters with men.

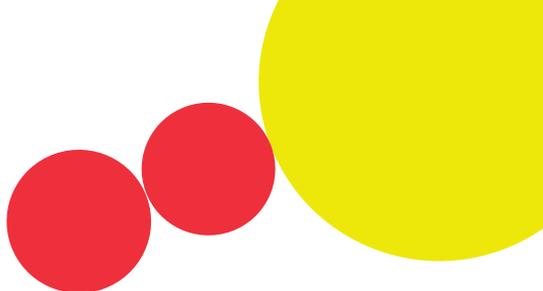
Substance misuse

Bisexual men are more likely than gay men to have recently used recreational drugs.⁴ Evidence suggests that bisexual women are more likely than heterosexual women to report cigarette smoking, illicit drug use and the use of medically prescribed antidepressants.⁵ Although drinking behaviours are similar, bisexual women are more likely to report problems with alcohol.⁶

Comfort with sexual orientation

Bisexual people are less likely than lesbians and gay men to report that their siblings have been positive about their sexuality. They are also less likely to be at ease with their sexuality or to have come out to family, friends and colleagues.⁴



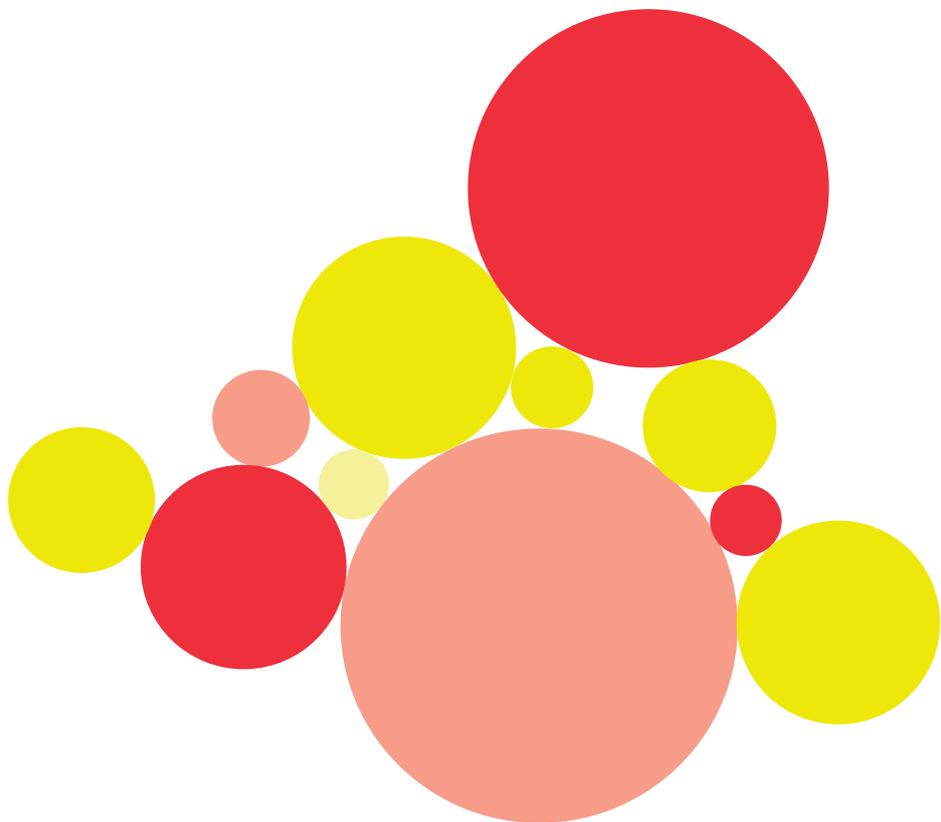


(d) Communicating and engaging with bisexual people

Bisexual women are more likely than lesbians to say that they have received a mixed or negative reaction when they came out to a mental health professional.⁴

Bisexual men were more likely to say that a mental health professional made a causal link between their sexual orientation and their mental health problem.⁴

Bisexual young people may be less likely than lesbians or gay men to be open about their sexual orientation with their GP or mental health professional.⁷



(e) Evidence and statistics

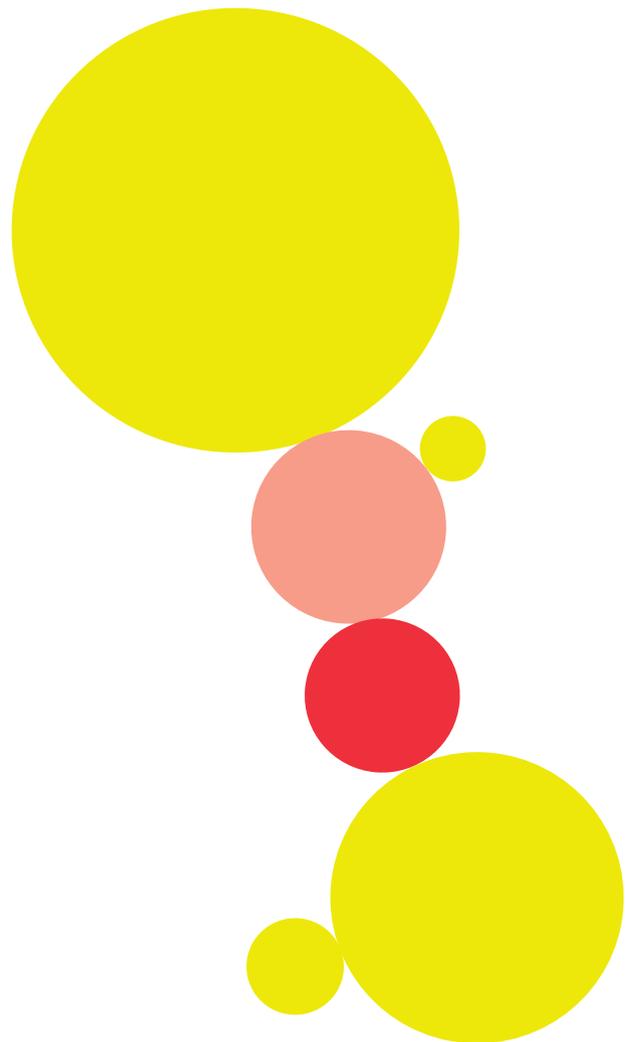
Mental health

- Bisexual men report more psychological distress than gay men.
- Bisexual women and lesbians are more likely to have been treated negatively by any health professional than heterosexuals.⁸

Substance misuse

In comparison with lesbians and heterosexual women:

- bisexual women are two-and-a-half times more likely to misuse alcohol;⁹
- bisexual men and women are approximately two-and-a-half times more likely to be smokers;⁹
- bisexual men are more likely to have recently used recreational drugs.⁹



(f) Links and resources

Bisexuality

A UK educational site.

www.uncharted-worlds.org/bi

Bisexual Resource Center

An international organisation providing education about and support for bisexual people.

www.biresource.org/

Bi Community News (UK magazine)

www.bicommunitynews.co.uk

BiCon (UK annual conference)

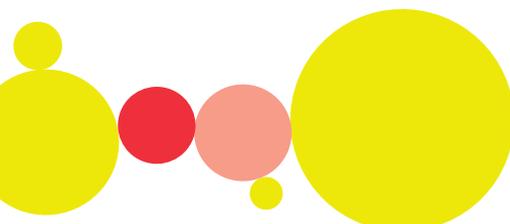
A small UK out-bi community is linked via BiCon, Bi Community News, the internet and, in some cities, social/support groups. These links form a potential point of contact and include trainers, researchers and health workers, which constitute an important resource.

www.bicon.org.uk

(g) Implications for healthcare providers

In order to create an inclusive, safe and accessible healthcare environment, bisexual users of health services feel it is important for providers to ensure staff are non-judgemental, easy to come out to, use inclusive language, initiate discussion around bisexuality, and ask open-ended questions.² Questions should be asked again over time in case things change for the individual.

Health providers should visibly demonstrate that they are inclusive and supportive of various sexual identities and behaviours, including bisexual, and of those who do not identify with any sexual identity. Explicit inclusion of the word 'bisexual' in health promotion campaigns is suggested.²



(h) References

1. Fish, J (2006) *Heterosexism in Health and Social Care*, Palgrave Macmillan, Basingstoke.
2. Dobinson, C, MacDonnell, J, Hampson, E et al. (2003) *Improving the Access and Quality of Public Health Services for Bisexuals*, Ontario Public Health Association, Toronto.
www.opha.on.ca/ppres/2003-04_pp.pdf
3. Devlin, W, Keogh, P, Nutland, W and Weatherburn, P (2003) *The Field Guide: Applying Making it count to health promotion activity with homosexually active men*, Terrence Higgins Trust/Sigma Research, London.
www.tht.org.uk/informationresources/publications/gaymenshealthpromotion/fieldguidethe.pdf
4. King, M and McKeown, E (2003) *Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales: A summary of findings*, Mind, London.
www.mind.org.uk
5. Eisenberg, MA and Wechsler, H (2003) Social influences on substance-use behaviors of gay, lesbian and bisexual college students: Findings from a national study, *Social Science and Medicine*, 57(10): 1913–23.
6. McCabe, SE, Hughes, TL and Boyd, CJ (2004) Substance use and misuse: Are bisexual women at greater risk?, *Journal of Psychoactive Drugs*, 36(2): 217–25.
7. Meckler, GD, Elliott, MN, Kanouse, DE et al. (2006) Nondisclosure of sexual orientation to a physician among a sample of gay, lesbian, and bisexual youth, *Archives of Pediatrics and Adolescent Medicine*, 160(12): 1248–54.
8. Banwell, C, Bammer, G, Gifford, S and O'Brien, M (2005) Australian lesbian and bisexual women's health and social experiences of living with hepatitis C, *Health Care for Women International*, 26(4): 340–54.
9. King, M and Nazareth, I (2006) The health of people classified as lesbian, gay and bisexual attending family practitioners in London: A controlled study, *BMC Public Health*, 6(8 May): 127.



This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

Crown copyright 2007
283255/7 1p 5k Aug 07 (CWP)

Produced by COI for the Department of Health
www.dh.gov.uk/publications