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WOMEN'S HEALTH AND REPRODUCTIVE HEALTH NEEDS OF LESBIAN INDIVIDUALS IN TÜRKİYE

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Abstract: Health is a basic right that all individuals have from birth. The World Health Organization defines reproductive health as a state of complete mental, physical, social well-being, and not merely the absence of disease or impotence, in all matters relating to the reproductive system, its functions, and processes. Reproductive health services include the freedom to have children, fertility, adolescent sexuality, unwanted pregnancies, unhealthy abortions, maternal and infant mortality, related disabilities, HIV/AIDS, and sexually transmitted diseases. LGBTQI+ includes different gender identities, and sexual orientations including lesbian, gay, bisexual, transgender, queer, and intersex. Gender is assigned at birth, based on chromosomal, hormonal, physical, or anatomical characteristics. However, sexual orientation is defined as the gender to which one's sexual impulses are oriented or the ongoing emotional, romantic, and sexual attraction to an individual of a particular gender. These groups face important existential problems, especially in developing, traditional lifestyle predominate countries or in Muslim countries like Türkiye. STDs and HIV/AIDS are among the diseases that can be treated in the lesbian population through expanded RHS. General gynecological, breast cancer should also be considered in protecting, and improving lesbian individual's health. This study draws attention to women's health problems in Türkiye, including breast cancer and other gynecological health problems, as well as reproductive health problems of lesbian individuals. It aims to share LGBTI+ health care problems and in this context, to emphasize the women's health and reproductive health needs of midwives and nurses, lesbian individuals in Türkiye, which are generally practiced as a female profession in Türkiye.

Keywords: Lesbian, Women health, Bisexual, Cancer

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1. Introduction

As a fundamental human right that all individuals have from birth, health must be protected and guaranteed by the state (UNFPA, 2022). In this context, the importance of providing reproductive health services to the whole society through basic health services was emphasized in the action plan presented at the Fourth World Conference on Women held in Beijing in 1995 and adopted by 179 countries, including Türkiye (Beijing Declaration and Plan of Action, 1995). The World Health Organization (WHO) defines reproductive health as a state of complete mental, physical, and social well-being, and not merely the absence of disease or impotence, in all matters relating to the reproductive system, its functions, and processes (WHO, 2006). When people's reproductive health needs are not met, they are deprived of the right to make important decisions about their bodies and their futures. This negatively affects the well-being of individuals, their families, and future generations (UNFPA, 2022). In general, reproductive health services include the freedom to have children, fertility, adolescent sexuality, unwanted pregnancies, unhealthy abortions, maternal and infant mortality, related disabilities,

HIV/AIDS, and sexually transmitted diseases (Yıldırım, 2018).

The group defined as LGBTQI+ includes different gender identities and sexual orientations including lesbian, gay, bisexual, transgender, queer, and intersex (Çelik and Erciyes, 2021). Among all the economic, social, cultural, and legal characteristics of the society of these groups, the term gender identity refers to the deepest sense of an individual's gender. Gender is assigned by a doctor at birth, usually based on chromosomal, hormonal, physical, or anatomical characteristics (Onur et al., 2020). Sexual orientation, on the other hand, is defined as the gender to which one's sexual impulses are oriented or the ongoing emotional, romantic, and sexual attraction to an individual of a particular gender (Kaos, 2015). In this sense, it is known that individuals with different sexual orientations face an important existential problem, especially in developing countries where traditional lifestyles predominate or in countries like Türkiye where a significant portion of the society is Muslim (Amnesty International, 2019). While STDs and HIV/AIDS are among the diseases that can be treated in the lesbian population through expanded reproductive health



services, general gynecological cancers, and breast cancer should also be considered in protecting and improving the health of lesbian individuals.

This study aims to share LGBTQI+ health service problems at the international level by drawing attention to the reproductive health problems of lesbian individuals in Türkiye, as well as women's health problems including breast cancer and other gynecological health problems, and in this context to emphasize the role of midwives and nurses, which are generally practiced as women's professions in Türkiye, in protecting and promoting the health of lesbian individuals.

2. Sexual Trends and Percentage of Lesbian Individuals in Türkiye and the World

The Turkish Language Association (TDK) defines the word lesbian as women who are attracted to their same-sex and includes the term under the concept of "homosexuality" (TDK, 2020). With the introduction of the concepts of sexual orientation and gender identity, LGBTQI+ (lesbian, gay, bisexual, transgender, queer, and intersex) individuals have also become more visible in society. According to the University of California - Los Angeles (UCLA) Williams Institute, School of Law's LGBT Data and Demographics 2019, approximately 5.1% of women in the U.S. identify as LGBT. According to the results of studies conducted in Canada (2005), Australia (2005), the United Kingdom (2009-2010), and Norway (2010), the percentages of LGBTQI+ people were reported to be 1.9%, 2.1%, 1.5%, and 1.2%, respectively. Since LGBTQI+ individuals face the death penalty and imprisonment in the United Arab Emirates, Qatar, Saudi Arabia, Yemen, Bangladesh, and Afghanistan, there is no official data available in the Middle Eastern countries (Gates, 2011, TUICAKADEMİ, 2021).

In Türkiye, which has a significant percentage of the Muslim population and is defined as a bridge between Europe and Asia, the prevalence of all sexual orientations, including lesbian individuals, cannot be expressed since LGBTQI+ individuals cannot openly express their sexual orientation due to the pressures they face in society (Bilgiç and Şahin Hotun, 2017). In the basic population and demographic data of the Turkish Statistical Institute (TSI), individuals are only grouped according to their biological sex (male/female). Sexual orientation or gender identity is not included in the statistics provided by the Turkish Statistical Institute (Council of Europe, 2011). According to a study conducted with LGBTQI+ people living in Türkiye, Türkiye is one of the countries where LGBTQI+ people feel oppressed (Yılmaz, 2020). The conditions for LGBTQI+ people in Türkiye are not good compared to many other countries in the world. The prevailing perspective in Türkiye rejects any sexual orientation other than heterosexuality (Orta and Camgöz, 2018).

48 and 50 of the Constitution of the Republic of Türkiye.

Its articles also guaranteed the right to freedom of work and contract, working conditions and rest, and stipulated that no one could be employed in unsuitable jobs based on age, gender and power. In addition, Article 70 of the Constitution. In the article, it is stated that everyone has the right to enter the public service under the heading of entry into the service and that "no discrimination other than the qualifications required by the duty" can be observed in the service. Finally, Article 90 of the Constitution. In its article, it is stated that "In disputes that may arise due to the fact that international treaties and laws on fundamental rights and freedoms that have been duly enacted contain different provisions on the same subject, the provisions of international treaties shall prevail" and the supremacy of international treaties, including the prohibition of discrimination, over national law has been revealed (Constitution of the Republic of Türkiye, 1982). However, there is no reference in the Constitution to the issue of discrimination, sexual orientation and gender identity. Today, violence against homosexuals exists in approximately 70 countries around the world, including Türkiye. Some of these countries are known to have the death penalty for consensual homosexual intercourse (Amnesty International, 2019).

3. Health Rights of Lesbian Individuals in Türkiye

The Universal Declaration of Human Rights states that all human beings are born free and equal in dignity and rights and that everyone should be able to enjoy their rights without distinction of any kind, such as race, color, sex, language, religion, political or other opinions, national or social origin, property, birth or other status (Sağlam, 2019). According to the Patient Rights Regulation No. 23420, published in the Official Gazette of Türkiye on August 1, 1998, which was prepared following the solidarity rights of human rights in Türkiye, individuals have the right to benefit from health care services, the right to receive information about their health status, the right to protect patient rights, the right to obtain the patient's consent in medical interventions, the right to benefit from services such as security and the fulfillment of religious obligations (TR. Regulation on Patients' Rights, 2017). Contrary to all these legal provisions, prejudice, and discriminatory practices against LGBTQI+ people negatively affect their access to and use of health services, leading them to be considered a disadvantaged group. Under the laws, health inequalities against lesbians, homophobia, and heterosexism should be prevented as soon as possible and the necessary care and treatment should be provided without interruption.

4. Lesbian Health Problems and Access to Health Services

Lesbian individuals face several challenges in accessing health care, including social, political, and economic barriers. Their risky health behaviors are explained by documented social and political barriers to health care, including experiences of discrimination, stigma, and homophobia as a minority group victimized and abused by society (Gregg, 2018, Smalley et al., 2018). The Centers for Disease Control and Prevention's (CDC) Healthy People initiative first categorized sexual minority women as a separate population in terms of health in 2010 but created a separate topic area for LGBTQI+ health in Healthy People in 2020.

In Türkiye, homophobia is reflected not only in society but also among health professionals (Amnesty International Türkiye Report, 2011). Ignoring the health problems of lesbian people, humiliation by health professionals, discriminatory discourses about gender or sexuality, and the feeling of marginalization make LGBTQI+ people feel insecure and afraid of being stigmatized. As a result, they avoid screening and testing for human immunodeficiency virus (HIV), sexually transmitted infections, and reproductive health screenings (Fuzzell et al., 2016; Heard, 2020; Tadele, 2019). Furthermore, Stewart and Reilly (2017) reported that after lesbian individuals disclosed their sexual orientation to health professionals, they continued to be treated as heterosexuals and that nurses and midwives ignored same-sex partners, did not talk to their partners, or questioned the presence of their partners in the health care setting.

Considering the studies conducted in Türkiye on this issue, the study by Taşkın et al. (2020) reported that 42.5% of lesbian, gay, bisexual, and transgender people had problems receiving sexual and reproductive health services and 77.8% of those who had problems reported that the attitudes of health care professionals were discriminatory or negative. The study conducted by Karataş and Buzlu (2018) reported that transgender people experienced negative attitudes due to unethical behavior, lack of knowledge, and discriminatory attitudes of healthcare professionals. The study conducted by Yılmaz and Göçmen (2015), which included 2875 individuals who identified themselves as LGBTQI+ in Türkiye, reported that 50.3% of participants did not know where and how to access sexual health services, 7.6% did not seek treatment or delayed treatment due to fear of discrimination, 43.2% had suicidal thoughts at least once in their life, and 23.9% needed mental health services but could not access these services due to cost concerns. According to the results of a study conducted by Filiz Ak et al. (2013), 33% of lesbian and bisexual women who participated in the study had a family physician, but 80% of them did not discuss their health problems with their family physician, and 79% did not share their sexual orientation with any physician (Ak et

al., 2013). The main reasons for the current situation include the lack of adequate counseling and treatment services for lesbian individuals due to the lack of emphasis on sexual orientation and gender identity in medical education in Türkiye and heterosexist follow-up in primary health care centers (CETAD, 2007; Ak et al., 2013). The study conducted by Göçmen and Yılmaz (2017) reported that many LGBTQI+ participants did not seek treatment or postponed their treatment due to fear of discrimination, they could not seek mental health services due to lack of health insurance and high costs, they did not have sufficient information on how to access sexual health services, and they considered health professionals' perception of LGBTQI+ as a disease as a fundamental barrier to accessing health services. In the study conducted by Keleş et al. (2020), participants reported that their rights were ignored during treatment, they were exposed to the negative behavior of healthcare professionals and other employees, physicians intentionally delayed treatment or interrupted treatment without reason, and medical procedures were initiated without obtaining informed consent.

As a result, it can be seen that LGBTQI+ people in Türkiye do not have access to adequate information about their health problems, have problems accessing health services, and do not receive quality and reliable health services as a result of being exposed to humiliating behaviors during the health care process.

5. Sexually Transmitted Infections in Lesbian Individuals

The term "sexually transmitted infection" (STI) refers to a pathogen that causes infection through sexual contact, while the term "sexually transmitted disease" refers to a known disease that develops from an infection. Physicians and other healthcare professionals play a critical role in the prevention and treatment of STIs. Five main strategies are used to prevent and treat STIs:

1. Accurate risk assessment and education and counseling of at-risk individuals on how to prevent STIs, through changes in sexual behavior and the use of recommended preventive services,
2. Pre-exposure vaccination for vaccine preventable STIs,
3. Identification of people with asymptomatic infection and people with STI-related symptoms,
4. Effective diagnosis, treatment, counseling, and follow-up of people infected with STIs,
5. Evaluation, treatment, and counseling of sex partners of individuals infected with STIs (CDC, 2020).

Infections such as bacterial vaginosis, trichomoniasis, genital herpes, human papillomavirus (HPV), hepatitis A, syphilis, and HIV are also found in lesbian individuals (Bilgiç and Şahin Hotun, 2017). In the study conducted by Paschen-Wolff et al. (2020), it was reported that 60.7% of lesbian individuals did not receive any information about

STIs and AIDS from a health professional, and among those who received available information, 70.6% received information from LGBT organizations, 50.9% from brochures and leaflets, 39.9% from friends, and 31.6% from family members and the Internet.

The Sexual and Reproductive Health Analysis Report in Türkiye (2021) reported that although half of the LGBTI+ participants need sexual and reproductive health services, they postpone seeking health services due to the fear of discrimination and stigma they will experience while seeking health services, that they seek alternative ways instead of visiting a health professional, that there should be LGBTI+ friendly health facilities, and that LGBTI+ people want to receive information, counseling, and training without the need to hide themselves (Esin et al., 2021).

HPV can be transmitted through skin-to-skin contact, and sexual transmission of HPV is likely to occur among lesbian individuals (Workowski et al., 2021). In their study, Reiter and McRee (2017) highlighted that approximately 50% of lesbian individuals were infected with at least one HPV type, and approximately 40% were infected with at least one oncogenic type. Therefore, lesbian individuals are at risk for cervical cancer. All women, regardless of sexual orientation, should be routinely screened for cervical cancer, and HPV vaccination should be offered to young adult lesbians according to recommendations (CDC, 2020).

There is limited knowledge about the transmission of syphilis, a bacterial STI, between female partners. The disease has been reported to be transmitted between female sex partners, possibly through oral sex. Bacterial vaginosis (BV) is sexually transmitted between lesbian individuals. Evidence supports the association of sexual behaviors such as having a new partner, having a partner with BV, and the association of BV with oral and anal sex (CDC, 2011). In the study by Koumans et al. (2007), the prevalence of bacterial vaginosis was reported to be 45.2% in lesbian individuals and 28.8% in heterosexual individuals.

Lesbian individuals with an active sexual life are at risk of contracting bacterial, viral, and protozoal STIs from their current or former partners, and it should not be assumed that they are at low or no risk of STIs (CDC 2011; Yıldırım, 2018; Taşkın et al., 2020). In line with all these data, quality and holistic health care is possible with the elimination of inequalities in health care, counseling on vital screenings, and health care plans made by healthcare professionals who avoid homophobic behaviors.

6. Female Cancers in Lesbian Individuals

All women, regardless of sexual orientation, are at risk for cervical and breast cancer. According to the review of studies on LGBTI+, the major health problems of lesbian individuals include polycystic ovary syndrome, irregular menstruation, hysterectomy, mental and physical problems related to the transition to

parenthood, breast, and gynecological cancers, maladaptive substance use, obesity, sexually transmitted infections (Imborek et al., 2017; Wingo, 2018). It is reported that the prevalence of HPV in Europe and the United States of America (USA) varies from 12.9% to 86.0%, and the total prevalence of HPV is 49.1% (Skoulakis et al., 2019). According to the 2019 Turkish report on HPV and HPV-related diseases by the Catalan Institute of Oncology and the International Agency for Research on Cancer, the prevalence of HPV types 16 and 18 in Türkiye varies between 4.2% and 67.6% (Akalin, 2022).

Cervical cancer is more expensive to treat than other gynecological cancers. Therefore, the likelihood of positive physical and psychological outcomes can be increased through early diagnosis and treatment that limits the progression of the disease (Curmi et al., 2016). Risk factors for cervical cancer in lesbian individuals include smoking, nulliparity, alcohol consumption, and obesity (Boehmer et al., 2012; Waterman and Voss, 2015). According to the literature, lesbian individuals have low fertility rates, high rates of maladaptive substance use (drugs, alcohol, and tobacco products), and obesity compared to heterosexual women (Roxburgh et al., 2016; Deacon and Mooney-Somers, 2017).

The American Cancer Society (ACS) cervical cancer screening guidelines recommend that all women, regardless of sexual orientation, should have a Pap smear at age 25 and a primary HPV test every 5 years, and if a primary HPV test is not available, a co-test combining the HPV test with a Papanicolaou (Pap) test every 5 years or a Pap smear alone every 3 years (American Cancer Society, 2019). Research indicates that healthcare professionals have problems informing lesbians about STDs and that lesbian individuals do not need a Pap smear test because they are not sexually active with men (Björkman and Malterud, 2009; Waterman and Voss, 2015). However, HPV is transmitted through direct skin-to-skin and genital-to-genital contact. More than 99% of cervical cancer cases are associated with the long-term consequences of HPV infection (Cubie and Cuschieri, 2013). Studies have shown that lesbian individuals are less likely to participate in Pap smear screening than heterosexual women and are less informed than heterosexual women about the benefits of Pap smear tests and screening periods (Tracy et al., 2013; Bilgiç and Şahin Hotun, 2017). A study conducted among lesbian and bisexual women in Türkiye reported that 66% of the women had ever had a gynecological examination, 58% had ever had a Pap test, 43% regularly checked their breasts themselves, and 87% of women aged 40 and older did not have regular mammograms (Ak et al., 2013).

Breast cancer is the most commonly diagnosed cancer in women. According to the California Health Interview Surveys, the prevalence of breast cancer does not differ significantly by sexual orientation, with a prevalence of 20.6% for heterosexuals and 17.8% for lesbian

individuals (Quinn et al., 2015). For women at average risk, the lifetime risk of developing breast cancer is 7.8% and the mortality rate is 2.3%. Early diagnosis is very important in the treatment of breast cancer (Ceyhan et al., 2022).

In breast cancer screening, physical examination methods such as breast self-examination (BSE), clinical breast examination (CBE), and mammography imaging methods are used (Directorate General of Public Health, 2022). Studies conducted in Türkiye have reported that breast cancer screening rates are quite low (Nacar, 2018; Aslaner, 2019; Ceyhan, 2022). According to the 2017 cancer data from the Ministry of Health in Türkiye, 47.7% of women with cancer in Türkiye had breast cancer, and 11% of these cases were advanced-stage cancers, and it was reported that a total of 19211 women were diagnosed with breast cancer in one year (Ministry of Health, 2017). The data on breast cancer among lesbian individuals in Türkiye is unknown, as gender identity is considered male/female in the 2017 cancer report of Türkiye.

It has been reported that lesbian individuals have a higher prevalence of biological and behavioral risk factors compared to heterosexual women and are at higher risk for breast cancer (Williams et al., 2020). The risk factors for breast cancer in lesbian individuals were reported to be lack of routine health screening, nulliparity, less use of oral contraceptives, alcohol use, smoking, obesity, breast binding, and family history of breast cancer. According to the results of the study, lesbian individuals were less likely to have mammography and gynecological examinations compared to heterosexual individuals. Considering all these findings, lesbian individuals are at high risk for breast cancer.

7. The Role of Midwives and Nurses in the Health Problems of Lesbian Individuals

In Türkiye, midwifery and nursing are generally female professions. Although the number of male nurses has increased in recent years, the midwifery profession is exclusively female. There are some studies on the improvement and expansion of health services for lesbian people and on the evaluation of the attitudes of health professionals. At this point, social prejudices are seen as affecting health professionals (Taşkın et al., 2020). However, identifying the health care needs of lesbian individuals and the personal and systemic problems they face from a female perspective is important to optimize the provision of health care services and thus protect and improve the health of lesbian individuals as a fundamental human right. In this regard, it is the responsibility of healthcare professionals to provide quality care and the necessary follow-up, screening, and treatment in reproductive health, gynecological cancers, and breast cancer that are necessary for lesbian individuals to lead healthy life. In

Türkiye, midwives and nurses work in primary health care centers where outpatient clinic services are provided along with preventive health care services as well as therapeutic hospital-based health care services (Ak, 2013). Therefore, they are among the most important health professionals who can reach all community groups at every stage of the health system. In this regard, the practices to be carried out are listed below;

- Emphasis should be placed on gender and health issues.
- LGBTQI+ issues should be addressed as part of professional development.
- The health needs of lesbian people should be seen as part of primary health care.
- A third box (female/male/transgender) should be added to the forms used.
- The terminology used should respect the sexual orientation of individuals.
- Stigmatizing and marginalizing discourses should be avoided in communication.
- Special training and certification should be obtained for providing health care to lesbian individuals.
- Special clinics should be established in health care facilities and active counseling should be provided in these centers.
- Disparities in health care should be eliminated.
- The necessary attitudes and behaviors towards lesbians should be practiced within the framework of the following five main strategies for the prevention and control of STIs.
- Periodic age-specific check-ups should be continued for LGBTQI+ individuals.
- Lesbian individuals should be informed about health services through mass media.
- Detailed information about screening and follow-up (cervical cancer screening, pap smear, oncology screening, mammography) should be provided in clear language.
- Individuals' health status should be routinely monitored.
- Their dietary habits should be improved.

In interviews with lesbian individuals, a detailed medical history should be taken, and risk assessment should be performed accordingly (Ak, 2013; Malone et al., 2019; Taşkın et al., 2020).

In conclusion, necessary health policies should be established to eliminate health inequalities and human rights violations of lesbian individuals who cannot/do not seek treatment due to discriminatory discourses, heteronormative assumptions, heterosexism, homophobic insults, and inadequate information in the provision of health services.

Author Contributions

The percentage of the author(s) contributions is presented below. All authors reviewed and approved the final version of the manuscript.

	D.G.	E.D.
C	50	50
D	100	
S	50	50
DCP	50	50
DAI	50	50
L	50	50
W	50	50
CR	50	50
SR	50	50
PM	50	50

C=Concept, D= design, S= supervision, DCP= data collection and/or processing, DAI= data analysis and/or interpretation, L= literature search, W= writing, CR= critical review, SR= submission and revision, PM= project management.

Conflict of Interest

The authors declare that there is no conflict of interest.

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