

Sexual behavior and sexual identity health and social care essay

[Health & Medicine](#), [Sex](#)



HIV is no longer entirely stigmatising the "cheery white male." In recent old ages, the menace has spread to more diverse populations, including adult females who have sex with adult females (WSWs) practising multiple sexual behaviours, while presuming a assortment of sexual individualities. Yet, the information, intercessions and research available today continue providing to the original face of this deathly disease.

Despite the turning organic structure of research, WSWs remain "unseeable" to authorities research workers, private wellness attention suppliers and community wellness organisations. Therefore where services for WSW are readily available, suppliers frequently fail to acknowledge the differentiation between sexual behaviour and sexual individuality, a misconception merely farther reinforced by the Center for Disease Control and Prevention (CDC) as it continues to categorise adult females infected by female-to-female transmittal harmonizing to past sexual and drug behaviours.

In add-on to a reasonably common belief that WSWs are immune to HIV, this community is frequently dismissed upon unwrapping their sexual individuality for a figure of grounds. As noted by Diamond, there is an "premise among scientists and laypeople alike that reliable sexual orientation develops early and is consistent through one's life." This writer goes on to farther stress that, "what is reliable is what is stable." The subjective manner in which many position sexual individuality has been a primary subscriber to the huge array of steps available to research workers for measuring hazardous behaviours with respect to sexual orientation.

Ultimately, this dismissive, inattentive and even mocking respect for adult females who have sex with adult females has put an already vulnerable and turning part of the United State 's population at even greater hazard for HIV every bit good as STI 's (sexually transmitted infections) .

From the supplier 's point of view, issues faced by members of this sexual wellness minority seeking information and resources are slightly associated with those issues faced by organisations fighting to function specific patronage. Within the metropolis of Chicago, those suppliers turn toing the sexual wellness demands of WSW are few and far between. For the few in being, publicity of services to the intended demographic can be disputing for several grounds: 1) presuming exchangeability of sexual orientation (or ignoring the demand for categorical sexual wellness services) can skew the best agencies for measuring plan efficaciousness ; at the same clip 2) if agencies for finding a participant 's sexual orientation are flatly specific, one misclassification can ensue in inefficiency or mis-direction of resources toward those with lesser demand off from those with greater demand.

Findings from recent surveies underline the danger in presuming excessively much about mark groups and their high/low-risk sexual patterns. Though research may uncover some groups to be more vulnerable for certain diseases than others, this statistical difference by no agency justifies the gross instability in focal point, funding and/or support.

RESEARCH Question:

What sexual wellness services are available for WSW (adult females who have sex with adult females) within the metropolis of Chicago and how are these service organisations aiming patronages in footings of turn toing the intersection of sexual behaviour and individuality?

Hypothesis:

With an highly limited figure of suppliers active in Chicago, few resources are available for WSW. If an organisation provides services for WSW, so they most likely do so on the footing of sexual individuality accordingly restricting their chance to turn to the single client 's potentially bad sexual behaviour.

LITERATURE REVIEW:

Numerous surveies suggest that adult females who have sex with adult females are at low hazard for HIV and the subsequent famine of dedicated HIV/STI bar services for this community seems to reenforce these sentiments. Yet, rates of infection for HIV/STIs amongst WSW are on the rise and activist alliances comprised of adult females populating positively state broad are get downing to talk out. The battle to supply sexual wellness services for a population that has been mostly overlooked by the medical community now demands national attending. Reasons for the current deficiency of information and resources, every bit good as challenges faced by active service suppliers are debated and analyzed severally in the literature reviewed.

There are a figure of issues that contribute to the wellness disparities faced by WSW. For illustration, the Women 'sHealthInitiative, a US sample of 96,000 older adult females, found that tribades and bisexual adult females were significantly more likely to be uninsured compared to heterosexual adult females (10, 12 and 7 % severally) (Valanis et al. , 2000) . The deficiency of insured WSW may be, harmonizing to Arend, due to homophobia on the portion of the physicians and nurses. Patient studies of homophobia in the medical universe are seting WSW at an even greater hazard: `` since attention suppliers may non further swearing relationships with in which their patients could experience comfy unwrapping their sexual individuality and behaviour. " It must be noted that a client can non seek wellness services that do non be, or she is less willing to make so if she has either experienced stigma or anticipates a stigmatizingenvironment(Dean et al. , 2000 ; Meyer & A ; Northridge, 2007) .

Although the CDC considers female-to-female HIV transmittal a `` rare happening, " instance studies every bit good as some surveies and a smattering of publications point out that non merely are vaginal fluids and catamenial blood potentially infective, but rates of infection amongst adult females who have sex with adult females are presently on the rise (survey by lady at conference, CDC, Arend) * . In the article, `` HIV Testing Among Lesbian Womans: Social Context and Subjective Meanings, " Dolan and Davis utilised studies, focal point groups and in-depth interviews to depict HIV proving experiences among a sample of 162 sapphic adult females populating in a big southeasterly US metropolis (Dolan & A ; Davis 2008,

JOHNSON) . Eighty per centum of the sample had tested at least one time, with more than 25 % holding tested five or more times. Most of the adult females tested voluntarily and despite the widely promoted misconception that WSWs are at low hazard for HIV, the respondent 's perceptual experience of hazard was noted as the `` most common ground for proving. " However, the CDC continues to categorise adult females infected by female-to-female transmittal merely harmonizing to their old sexual and drug behaviours, thereby disregarding an full community and perpetuating the `` sapphic unsusceptibility " stereotype.

For old ages, Aids has been profiled as a `` cheery white male 's " disease. Merely in the past decennary have wellness instruction and diverseness preparation plans sought to counter what has been referred to as 'the de-gaying of AIDS " (Flowers, 2001) and alternatively advanced the claim that AIDS is a 'democratic ' or 'equal chance ' virus. Unfortunately, this push to reprogram an inaccurate image has failed in two facets: First of all, developing manuals intended to battle the impression that 'AIDS is a cheery disease ' overpoweringly turn readers ' attending off from work forces who have sex with work forces (MSM) to refocus it upon the heterosexual community. Mentioning statistics such as `` The World Health Organization says 75 % of people with AIDS were infected through heterosexual sex " is helpful for battling the purely cheery male association, but at what point should the public consider hazards associated with adult females who have sex with adult females?

Second, in add-on to overlooking a vulnerable demographic, the reprogramming of AIDS instruction has a inclination to entirely categorise gender, ensuing in the marginalisation of WSWs. Harmonizing to Bourne et al. , efforts at making more politically right intercession plans have pushed many plans back to educating through a biomedical lens: `` minimising the hazard of bodily unstable exchange and set uping physical barriers between spouses. " One article highlights how `` this point of view may be deficient when sing the emotionally charged sphere of sexual behaviour, which is, by its really nature, societal. " Intervention plans based on a biomedical position on safe sex tend to turn to intervention/educationdemands in a categorical, diagnosticmode. Bourne and Robson 's analysis of the biomedical attack to learning `` safe sex " reveals how wellness publicity schemes which fail to take history of the complexnesss of lived experience are, as a consequence, mostly ignored by the mark population as being incompatible with their demands.

Properly turn toing the demands of a peculiar sexual minority group ever draws attending to a cardinal, on-going argument in gender and wellness. The dissension over which issue to turn to first, behaviour or individuality, is seeable throughout the literature reviewed. Diamond notes, there is an `` premise among scientists and laypeople alike that reliable sexual orientation develops early and is consistent through one 's life " (2009: 52) . What is reliable is what is stable. `` So the familiar battlefields are drawn: fixed= biological= deserving of credence and protection, whereas variable= chosen= fair game for stigma and favoritism " (Diamond 2009: 246) . *

Some writers, nevertheless, argue that sexual orientation is non one thing. Rather, it has many constituents, including behaviour, individuality and desire. For some, behaviour may be a defining characteristic of their sexual orientation, while for others desire may be the most of import (Tabatabai) * . Sexual behaviour is less of import for adult females as they consider their sexual orientation (Peplau and Garnets 2000) .

Some experts conclude that prosecuting in sexual behaviour with a member of the same gender is non a requirement for placing in a peculiar manner and a recent Indiana University survey supports this theory. The 2010 study of Thirty showed that while X % of adult females surveyed identified as heterosexual, XXX had engaged in same sex sexual behaviours. Numerous articles highlighted hazards associated with sexual wellness service suppliers turn toing sexual individuality entirely, but the ways in which the faculty member and medical community approach sexual behaviour and designation remain subjective, thereby perpetuating wellness disparities amongst WSW.

When revelation becomes a battle, so does efficaciously providing to the client 's yesteryear, present, or possible bad sexual behaviours. So, at the supplier degree, after an organisation decides whether to offer intercession scheduling directed at adult females who have sex with adult females, the best theoretical account for carry oning client outreach and best methods for finding proper individualized attention take centre phase. *

While some adult females are really unfastened about both their diseases and sexual individuality, others are loath to discourse these issues due to

frights of culturally-based stigmas against homosexuality and HIV, homophobia and maltreatment signifier medical professionals and disaffection from household members and larger communities. * Thus, a supplier motivated to make more for WSW wellness can make little with deficient support, inaccurate information or a limited outreach theoretical account. Harmonizing to a 2008 auxiliary issue within the Journal of Homosexuality, the usage of inclusive signifiers, linguistic communications and treatments that do non presume the person 's individuality, orientation, behaviour and relationship position are important for easing optimum bringing of attention and services. * Intake signifiers are, therefore, the first and sometimes last chance a supplier has to link with their client.

Research is limited and what is available is overpoweringly theoretical. A quantitative appraisal of adult females 's sexual individuality and how it aligns with their behaviour is good for efficaciously patterning intercession plans. A qualitative analysis and cross-organizational appraisal of organisations presently supplying services in the Chicago country is good for finding outreach efficaciousness. Rates of infection amongst WSW are quickly on the rise, yet the research community has been slow to react. This survey aims to pull attending to a sexual minority that is frequently overlooked by all three social sectors and foregrounding multiple barriers toward having equal attention is the first measure in bettering sexual wellness service efficaciousness for WSW.

RESEARCH DESIGN:

Both quantitative and qualitative methods will be utilized in this three-part multi-strategy research procedure: A quantitative analysis and rating of bing informations from a 2009 NYC Community Health Survey (CHS) will turn to the intersection of sexual behaviours and individuality. From 2002 to 2008, 10, 000 grownups aged 18 and supra participated in the cross-sectional study. The CHS, based on the National Behavioral Risk Factor Surveillance System (BRFSS) and conducted by the Centers for Disease Control and Prevention, provides informations on a sample population comparable to Chicago. The quantitative part is important in that it will showcase a statistical form in the intersection of sexual behaviour with sexual individuality. This statistical form will reenforce the demand for qualitative appraisal of bing service organisations and explorative research on the mode in which an organisation determines client service.

Three bing organisations functioning WSW (adult females who have sex with adult females) within the metropolis of Chicago (Planned Parenthood of Illinois, Howard Brown Health Center 's Lesbian Community Care Project, and Chicago Women 's Health Center) will be evaluated for a bipartite qualitative part. Interviews with decision makers heading each organisation and studies with staff responsible for personally interacting with plan attendants will supply qualitative informations in this exploratory and explanatory survey. Theinterviewresponses and study consequences will so be evaluated in concurrence with an analysis of each organisation 's intake signifier (a standard paper signifier used for finding new client demands) . Examination

of said signifier will function to expose the mode in which each organisation categorizes and later `` dainties " their clients.

Textual analysis and qualitative in-depth observation of all three organisations will find whether WSW sexual wellness services are based upon the client 's sexual behaviour or the sexual individuality they declared upon consumption. Pairing the qualitative ratings with the quantitative research findings from a comparable population provides greater apprehension of the service demands within Chicago, the best methods for outreach and the issues that potentially arise from these current outreach methods.