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# Lesbian Women and Knowledge About Human Papillomavirus

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**R**esearch on lesbian health care is scarce, and a paucity of data exists regarding lesbians' increased health risks. Lesbians and their heterosexual counterparts have health differences, but how they influence risk for subsequent disease is not known. The general public perceives that some sexually transmitted diseases do not affect the lesbian community, that such diseases affect only heterosexual and gay sexual contacts. The purpose of this pilot study was twofold: to explore the association between lesbians' knowledge of human papillomavirus (HPV) cancer risk with age, education, and openness with a woman's healthcare provider; and to explore the relationship between lesbians' knowledge of female-to-female HPV transmission with age, education, and openness with one's physician.

Although a general consensus in recent research on lesbians' health acknowledges that no illnesses are unique to the population, their health concerns and needs may not be addressed in what can often be described as a homophobic and heterosexist environment (Mathieson, Bailey, & Gurevich, 2002; McNair, 2003b). Quantifying how hostile an environment is or how perceptions of homophobia affect women's health-related communications is difficult. Health disparities in this vulnerable population are alarming, and this study tested two of the potential sources (patient knowledge and reluctance to share health information) of negative health outcomes for lesbians.

## Literature Review

Many reasons exist for the lack of research on lesbian health. One reason is that homosexuality is stigmatized; therefore, identifying this subpopulation of women to survey them about their healthcare practices is difficult. In the 2000 U.S. census, the most comprehensive sample of same-sex couples was collected, reflecting a change

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**Design:** A descriptive correlational survey.

**Setting:** Surveys were distributed at lesbian and gay community events such as Bingo A-Go-Go; Rainbow Support Group meetings; Lesbian, Gay, and Bisexual Student Union of the University of Delaware meetings; and the Second Annual Women's Conference of the Women's Project of CAMP (Create a More Positive) Rehoboth.

**Sample:** 96 women who self-identified as lesbian, bisexual, or transgender and lived in the state of Delaware.

**Methods:** A 35-question survey, modified from an existing survey from the Delaware Breast Cancer Coalition and Centers for Disease Control and Prevention National Health Interview Survey.

**Main Research Variables:** Knowledge of HPV transmission, age, education, openness about sexual preference with physician, sexual preference, and knowledge of the relationship between HPV and development of cancer.

**Findings:** Twenty-nine women (30%) either did not know or did not believe that HPV could be spread by female-to-female sexual contact. Similarly, 29 (30%) of the women did not identify HPV as a cancer risk.

**Conclusions:** Lack of HPV knowledge was prevalent in this population of women.

**Implications for Nursing:** Cultural awareness by nurses is essential when discussing cancer prevention and early detection for this vulnerable population. Every woman, regardless of sexual orientation, needs to be informed about routine health screenings, vaccinations, and relative risk for the development of diseases. Culturally competent interventions are essential and are a priority for health professionals who screen and educate women about their healthcare needs.

in polling questions allowing gay and lesbian couples to identify themselves clearly to demographers (Simmons & O'Connell, 2003). The census queried gender