



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION



HEALTH DISPARITIES AMONG BISEXUAL PEOPLE

Far too many lesbian, gay, bisexual and transgender (LGBT) people face bias and discrimination when seeking health care, and as we continue to work to address this critical issue, it's imperative to address the specific needs of people who identify as bisexual (or something similar, including queer, pansexual or fluid). Experiences among bisexual people in healthcare settings remain rarely discussed or understood by community organizers, medical professionals and researchers.

Bisexuals face striking rates of poor health outcomes ranging from cancer and obesity, to sexually transmitted infections to mental health problems. Studies suggest that bisexuals comprise nearly half of all people who identify as lesbian, gay or bisexual, making the bisexual population the single largest group within the LGBT community – yet, as a community, we are doing little to address the needs of bisexual people.

Moreover, transgender people and people of color comprise large portions of the bisexual community – with more than 40 percent of LGBT people of color identifying as bisexual, and about half of transgender people describing their sexual orientation as bisexual or queer – making these groups vulnerable to further disparities that occur at the intersections of biphobia, racism and transphobia.

**TRANSGENDER
PEOPLE
AND
PEOPLE
OF COLOR**

**COMPRISE LARGE PORTIONS
OF THE BISEXUAL COMMUNITY**

GENERAL HEALTH RISKS AND DISPARITIES

Research about bisexual adults has shown that they are more likely than heterosexual adults to have general medical problems like high cholesterol and asthma, as well as elevated rates of smoking and alcohol use, which can heighten the risk for other health problems.

Bisexual women in particular face significant health disparities compared with the general population of women in the United States, including:

- higher rates of breast cancer and all cancers than the general population of women,
- higher rates of heart disease than heterosexual women, and
- higher rates of obesity than heterosexual women.



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION



Some of these disparities appear to stem from a lack of preventative care. Bisexual women are less likely than heterosexual women to have routine mammograms to screen for breast cancer, and are less likely than both lesbians and heterosexual women to have had a pap test to screen for Human Papilloma Virus (HPV), which can cause cervical cancer.

While a variety of factors contribute to these disparities, research suggests that experiencing biphobia may discourage bisexual women from accessing healthcare. A [recent survey](#) of bisexuals in the United Kingdom found that only 33 percent of respondents felt comfortable telling their general practitioner about their sexual orientation, and nearly half had experienced biphobia when accessing health services.

Negative experiences in healthcare settings can lead bisexual people to delay health care visits, change healthcare providers, avoid disclosing their sexuality in subsequent interactions with providers and rely on internet sources rather than a doctor for health information.¹ A 2012 [study by the Williams Institute](#), for example, found that bisexual people were significantly less likely than lesbians and gay men to disclose their sexual orientation to their medical provider. According to the study, 39 percent of bisexual men and 33 percent of bisexual women reported not disclosing their sexual orientation to any medical provider, compared to only 13 percent of gay men and 10 percent of lesbians who chose not to disclose.



REPORTED NOT DISCLOSING THEIR SEXUAL ORIENTATION TO ANY MEDICAL PROVIDER

SEXUAL HEALTH

Biphobia can also contribute to behavior that can compromise sexual health, highlighting the need for increased education and advocacy that specifically addresses both the sexual behaviors of bisexual people, as well as the ways in which biphobia creates barriers to healthcare.

Other sexual health risks include:

- [Although](#) bisexual women are more likely to have been tested for HIV than heterosexual women, they also report higher rates of behaviors that can increase the likelihood of HIV transmission such as having anal sex and condomless sex with a non-steady partner.
- A [recent study](#) found that biphobia contributes to bisexual men being less likely to come out and get tested for HIV, which has caused bisexual men to be “disproportionately affected by HIV.”
- In addition to lower rates of Human Papilloma Virus (HPV) screening among bisexual women – which can increase the risk of cervical cancer – bisexual men also have elevated rates of HPV, which can lead to anal cancer.

Multiple studies have shown that bisexual women are more likely than other groups to engage in sexual behaviors that can increase risk.² [One study](#) found bisexual women had higher rates of combining substance or alcohol use with sexual activity than lesbians or heterosexual women.

These higher-risk behaviors suggest that bi invisibility and erasure contribute to the scarcity of bi-inclusive resources on sexual health and demonstrate a serious need for more bi-specific outreach and education by sexual health advocates.



MENTAL HEALTH

Numerous studies in recent years have shown that bisexual people are at heightened risk for mental health problems that experts argue can be attributed to stigma and minority stress. In particular, according to an assessment of recent psychological literature on bisexuality and mental health:

It has been **argued that bisexuality has been delegitimized by negative stereotypes**, such as “bisexuality doesn’t exist as a sexual orientation,” “bisexuals are sexually promiscuous,” and “bisexuals are confused.” Several studies have found that heterosexual, gay and lesbian individuals may all have negative attitudes toward bisexuality, indicating that bisexual individuals face double discrimination.³

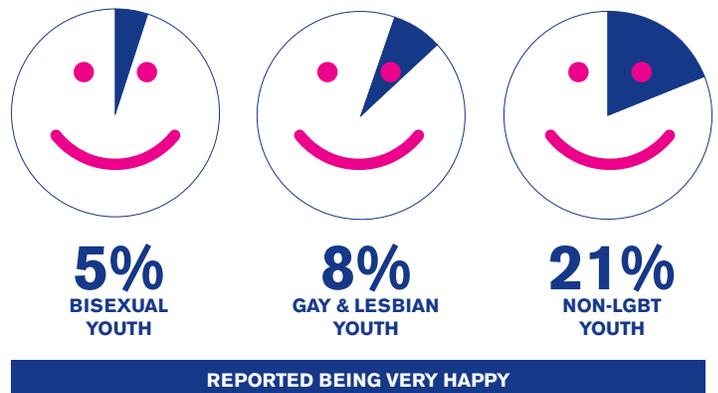
When compared to heterosexual adults, bisexual adults reported double the rate of depression and higher rates of binge drinking. Bisexual adults were also more likely to engage in self-harming behaviors, attempt suicide or think about suicide than heterosexuals, lesbians or gay men.

Studies show that bisexual women suffer severely compared to both lesbians and heterosexual women when it comes to mental and emotional well-being, including:

- higher rates of emotional stress as teenagers than heterosexual women;
- double the rate of eating disorders as lesbians;
- higher rates of drug use than heterosexual women, and higher rates of alcohol use, heavy drinking, and alcohol-related problems than lesbians or heterosexual women; and
- bisexual women who were not out reported higher rates of contemplating suicide than heterosexual women.

Bisexual women face lower levels of social support and lower quality of life than heterosexual or lesbian women, and also report the lowest levels of emotional well-being, which can lead to tragic consequences. Bisexual adults were three times as likely to report thoughts of suicide than heterosexual adults.

HRC’s 2012 survey of LGBTQ youth found indications that these disparities in emotional well-being begin early in life for bisexual people. Bisexual youth were less likely than lesbian and gay youth to report having supportive adults that they could turn to if they were sad. Only 5 percent of bisexual youth reported being very happy, compared to 8 percent of lesbian and gay youth and 21 percent of non-LGBT youth. Bisexual youth were also twice as likely as non-LGBT youth to experiment with drugs and alcohol.





HUMAN
RIGHTS
CAMPAIGN
FOUNDATION



WHAT BISEXUAL PEOPLE CAN DO

- Find a culturally competent healthcare provider using the [Bisexuality-Aware Professionals Directory](#) or HRC's [Healthcare Equality Index](#), which measures LGBT-related policies and practices at U.S. hospitals. While individual providers at these facilities may not be fully versed on bisexual health, they are more likely to be LGBT-friendly than other providers.
- Visibility matters in many settings. If it is safe and you feel confident enough, be “out” to your provider and stand up for yourself. If your provider doesn't offer inclusive paperwork or assumes that you only have relationships with people of one gender, let them know that you are bisexual and that they should avoid making such assumptions.

WHAT ADVOCATES CAN DO

- Be an ally to the bisexual community by using inclusive language (i.e., say “LGBT” instead of “gay and lesbian”) when you talk about the LGBT community.
- When using community examples to make a case, use a bisexual person as an example, or quote a statistic that highlights a health disparity for the bisexual community.
- Avoid stereotyping bisexual people and call others out when they make biphobic statements.
- Help raise awareness about the health disparities bisexual people face by sharing resources like this brief.
- Advocate for and participate in better and more inclusive research about the bisexual community. A large portion of the [transgender community](#) – a group that already suffers major [health disparities](#) – describes their sexual orientation as bisexual (25 percent) or queer (23 percent), suggesting that some members of the bisexual community may be particularly vulnerable to disparities.

WHAT HEALTHCARE PROVIDERS CAN DO

- Avoid making assumptions about a patient's gender identity or sexual orientation based on the person's sexual history or gender expression. Also avoid making assumptions about someone's sexual behavior based on their bisexual identity. Assumptions like these can make bisexual patients feel unseen and uncomfortable, and therefore less likely to be honest about their health needs.
- Make your intake forms and other paperwork inclusive of people with diverse gender identities, and people who have relationships with people of more than one gender. Also, ask patients what kinds of sex they are having so that you can more effectively assess any related sexual health risks.
- Provide sex-positive resources on sexual health and safer sex practices that are inclusive of bisexual and transgender people, like our Safer Sex Guide.
- Become bi-competent and encourage your provider networks to do so as well. Reach out to bisexual organizations that can help you educate yourself and others about bisexual community needs and ways to improve programs and services.

-
- 1 Michael Johnson and Lynne Nemeth, “Addressing Health Disparities of Lesbian and Bisexual Women: A Grounded Theory Study,” *Women's Health Issues* 24-6 (2014), 635-640.
 - 2 Tonje Persson and James Pfau, “Bisexuality and Mental Health: Future Research Directions,” *Journal of Bisexuality* 15 (2015), 98.
 - 3 Tonje Persson and James Pfau, “Bisexuality and Mental Health: Future Research Directions,” *Journal of Bisexuality* 15 (2015), 84.