



Health Issues Affecting Older
Gay, Lesbian and Bisexual People
in the UK

A Policy Brief

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Background

This policy brief focusing on social care issues that may be faced by older lesbian, gay and bisexual (LGB)¹ people in the UK is part of a series of briefs. Other briefs in the series include:

- **An introduction** to issues faced by older LGB people in the UK
- **Social care** issues faced by older LGB people in the UK
- **Housing** issues faced by older LGB people in the UK

Older lesbian, gay and bisexual people comprise approximately 5-7percent of the population of older people in the UK and to date very little research has been done to investigate what their needs are and how service providers can meet those needs.

Introduction

The ageing of the population has profound implications particularly for health and social care services as older people are more likely to use them compared to younger people. While people are living longer, not all those years lived are necessarily healthy years and there are significant differences between life expectancy and *healthy* life expectancy². As individuals grow older, they are more likely to have chronic diseases, be frail and have decreased mobility translating into significant contact with health and social care services.

Much is known about ageing and health such as how the accumulation of factors across the lifecourse influences health outcomes in old age. Factors such as accessibility of healthcare services, living conditions, (un)employment across the lifecourse have a significant impact on health at older ages.

¹ While transgender people have some experiences similar to those of lesbian, gay and bisexual people, many of the issues including their legal position regarding discrimination are different and therefore they are not included in the review. However, some studies on lesbian, gay and bisexual people which have also included transgender (LGBT) people are included in the review.

² Allen, J (2008). Older People and Wellbeing. Institute for Public Policy Research

Very little is known about the health outcomes and health care needs of older LGB people in the UK and how they compare to those of heterosexual individuals. Most of the research that is done on health issues and LGB people does not distinguish between young and old. Even when such research is done, there can be the methodological challenges including difficulties of recruiting participants; difficulties defining homosexual and bisexual and identity and fear of disclosure of sexual orientation by subjects taking part in the research.³

Historical Context of Lesbian, Gay and Bisexual People and Health Care Services

Because gay men and lesbians have historically been socially defined within medical terms as being mentally ill, the healthcare system has been a primary arena through which control over their lives has been exerted. As such, healthcare professionals had the tasks of 'curing' or 'healing' lesbian and gay people through such means as aversion and shock therapy.

Among older LGB people, the current cohort in particular, may resist accessing healthcare services as these are the very establishments which tried to 'cure' them of their sexual orientation. Thus, health care services, in particular mental healthcare services may have to do more to get older LGB people to be comfortable enough so that they feel they can access those services.

Heterosexism and Discrimination in Accessing Health Healthcare Services

LGB people may have a number of special needs regarding their health and accessing healthcare services. Inequalities in meeting the healthcare needs of lesbian, gay or bisexual people

³ Cahill S, South K and Spade J (2000) Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual and Transgender Elders. The Policy Institute of the National Gay and Lesbian Task Force Foundation.

can exist largely because of negative experiences related to discrimination, homophobia and heterosexism.

The heterosexist nature of the provision of healthcare services may hinder general access to appropriate health assessment, treatment and preventive services. Further, the heterosexist attitudes of healthcare providers places the onus on the LGB users to 'come out' or disclose their sexual orientation which the individual may not be comfortable enough to do unless the environment is one that is affirming.

If users feel the environment is not a positive one in which to disclose their sexual orientation, heterosexist attitudes may prevent providers from having an accurate assessment of the individual's personal history, risk factors and health-related needs.

Such information can directly affect the quality of care that is provided and lead to unresponsiveness of the healthcare system to the needs of LGB people. With lesbians and bisexual women, for example, heterosexism has been shown to lead to avoidance of routine care and screening and reduced disclosure of sexual orientation during consultation⁴. When LGB people do disclose their sexual orientation to healthcare professionals, some have reported negative experiences⁵.

Health Outcomes

The following sections will focus on specific health aspects of gay, lesbian and bisexual people. As very little research has been done on older cohorts, these sections will focus on what is known about the health outcomes of LGB people in general and will elaborate on what the implications could be for older cohorts where possible.

⁴ Stonewall (2008) Prescription for Change: Lesbian and bisexual women's health check

⁵ King M and McKeown, E (2003). Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales: Joint Project Between University College London and MIND.

Sexual and Reproductive Health

Intimate Relationships

Sexual expression and intimate relationships have many positive health benefits and have been linked to positive outcomes such as increased longevity, fitness and improved mental health. As life expectancy increases, there is potential for more years of sexual and intimate expression but this is hindered by negative social attitudes towards older people. As individuals get older, they tend to be thought of as asexual beings.

Addressing the sexual needs of older adults particularly within the context of residential care is an especially sensitive issue, which can cause embarrassment to both staff and residents. Some research has found care home staff generally view sexual expression among older people to be inappropriate behaviour⁶.

Most, if not all, the research that has been done regarding intimate relationships within the context of care homes has been on heterosexual relationships. The limited research that has been undertaken seems to suggest that current attitudes of most care home managers and residents would not be positive to expressions of intimacy between older gay or lesbian people should they be residents in the home.

Gay and Bisexual Men and HIV/AIDS

The major health concern for gay men is still HIV/AIDS. According to the Terence Higgins Trust, gay men are still the group at greatest risk of acquiring HIV in the UK. New HIV diagnoses amongst gay men are the highest ever and are continuing to rise, albeit slowly⁷.

There are two issues which make HIV/AIDS a particular concern for older gay and bisexual men: the continued transmission of HIV among older populations and the increased lifespan of people with HIV/AIDS due to current medications which have transformed HIV/AIDS from a death sentence to a chronic disease.

⁶ Low, LLP, Lui, MHL, Lee DTF, Thompson DR and Chau JPC (2005) Promoting awareness of sexuality of older people in residential care. Electronic Journal of Human Sexuality, 8 p.

⁷ Terence Higgins Trust (2008) Gay men and HIV: A call to action.

The increase in incidence of HIV infections among older gay men is also partly a result of the ineffectiveness of awareness raising campaigns that are still being targeted almost exclusively at younger gay men; a direct reflection of the attitude society has about sexual and intimate behaviour among older people.

Lesbians and Bisexual Women

Across all age ranges, there is evidence that lesbians do not use gynaecological services to the same degree as heterosexual women and some may believe they are at decreased risks of contracting sexually transmitted infections. Not using gynaecological services puts lesbians at higher risks of having cervical cancers. However, whether older lesbians (those in their 60s or older) are more likely to have cancer than heterosexual women is unknown.

Compared with women who have sex exclusively with men, bisexual women have been found to have significantly higher numbers of male partners and higher levels of unsafe sex⁸. Further, they have been found to have an increased likelihood of induced abortions and sexually transmitted infection diagnoses.

In addition to the increased risk of cervical cancer, certain risk factors associated with breast cancer occur at higher levels among lesbians than heterosexual women. These risk factors include nulliparity (never having given birth), differential rates of exposure to hormones due to less use of oral contraceptives, alcohol abuse, obesity, smoking and lower rates of breast cancer screening.

How might these health issues that affect lesbian and bisexual women impact them later in life? At present, there are no results on long-term prospective studies that would shed light on this.

⁸ Mercer CH, Bailey JV, Johnson AM, Erens B, Wellings K, Fenton KA, Copas AJ (2007) Women who report having sex with women: British national probability data on prevalence, sexual behaviors, and health outcomes. *Am J Public Health*. 97(6):1126-33

Mental Health and Substance Abuse

Compared to the general population, lesbian, gay and bisexual people have specific needs in the areas of substance abuse as well as mental health. For example, compared with women who have sex exclusively with men, women who report having sex with men and women have been found to display significantly higher rates of smoking, alcohol consumption and intravenous drug use .

Lesbian, gay and bisexual individuals are also at increased risks of suicide, depression and other mental disabilities⁹. This has been partly attributed to the discrimination and stigma they face because of their sexual orientation. Depression and poor mental health can also be the result of family estrangement and lack of social support mechanisms in dealing and adjusting to being an individual in a sexual minority.

Older LGB people who access mental health services may be particularly wary of disclosing their sexual orientation to providers in light of the repressive treatment they suffered at the hands of psychiatric services.

However, as the population ages, mental health problems including depression will become increasingly common. Together with formal services designed to improve the mental wellbeing of older LGB people, there should be more informal opportunities designed to reduce social isolation and improve social interaction. This in turn will lead to increased mental and physical wellbeing as social interaction has been shown to be a key to ageing well¹⁰.

Summary and Conclusions:

There is very little that is known about the health outcomes and health care needs of older LGB people in the UK and how they

⁹ Meyer IH (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*. 129(5):674-97

¹⁰ Grundy, E, Fletcher, A, Smith, S and Lamping, D (2007) Successful Aging and Social Interaction : A Policy Brief: <http://www.ilcuk.org.uk/record.jsp?type=publication&ID=23>

differ from those of their heterosexual peers or younger LGB people. Most of the research that is done on health issues and LGB people does not distinguish between young and old. Stigma and discrimination that is experienced across the lifecourse is likely to have a detrimental effect on health in later life, but there is no research evidence documenting this. More research in this area is needed.

Resources

Alzheimers LGBT Carers

A website and support network support for lesbian gay bisexual and transgender carers of people with dementia
http://www.alzheimers.org.uk/Gay_Carers

PACE

PACE is an organisation which responds to the emotional, mental and physical health needs of lesbians and gay men in the greater London area.
<http://www.pacehealth.org.uk>