



The LGBT Health and Inclusion Project

Locally Available Sexual Health Materials – A Consultation with Bisexual People

The LGBT Health and Inclusion Project

NHS Sussex and Brighton and Hove City Council (BHCC), have commissioned a consortium of organisations providing services to lesbian, gay, bisexual and transgendered (LGBT) people in the city to conduct a series of consultations with local LGBT people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

The partner agencies are: Brighton and Hove LGBT Switchboard, THT South, MindOut, Allsorts Youth Project, Brighton Bothways and the Clare Project. The consortium has employed a worker to coordinate the project, known as the LGBT Health and Inclusion Project (LGBT HIP).

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP and should not be taken as a position statement of any of LGBT HIP, Consortium partners.

Background

A local LGBT action-research project (Count Me In Too) presented a number of important findings in relation to sexual health and bisexual people.¹ The research indicated that bisexual participants perceived that sexual health information available locally did not cater to their needs as bisexual people, and a significant proportion (28%) said that it was not appropriate to their sexual practices.² The LGBT HIP consortium therefore identified a need to consult bisexual people about sexual health information available locally. The aim of the initiative was:

1. To consult bisexual people about their perceptions of the range of sexual health resources available locally and to make recommendations for further development.

The objectives were:

1. To work collaboratively with the local bisexual group Brighton Bothways to develop the consultation methods.
2. To facilitate a workshop at the 2011 annual national conference for bisexual people, BiCon.
3. To explore the perceptions of workshop participants concerning the range, content and imagery of the materials available.
4. To provide a briefing paper detailing key learning and recommendations from the exercise.

Pre – Workshop Preparation

The LGBT HIP Coordinator worked collaboratively with two members of Brighton Bothways to identify the key themes to be explored and to design the workshop. This led to the decision to focus on issues of range, content, language and imagery used in local sexual health materials.

¹ In this report we use the term 'bisexual' for ease of reading. However, we note the use of other preferred terms such as queer, pansexual, polysexual, omniseual etc.

² Browne, K. & Lim, J. (2008) Count Me In Too: Bi People (Academic Report). Brighton: Spectrum.

In order to collect a range of locally available sexual health materials, Sussex Community NHS Trust and THT South were asked to supply a range of those typically available.³ There were no resources available specifically for bisexual people.

From those provided, the LGBT HIP Coordinator reviewed and selected those for use in the consultation exercise. The selection of materials was informed by: 1) a focus on sexual health in the resource, 2) the intention to include a varied selection aimed at diverse audiences regarding age, gender and sexuality, 3) the need to limit the number of resources to that which could reasonably be reviewed during a BiCon workshop.

For ease in reviewing the resources, the selected materials were broadly grouped into four 'packages'. Many resources were 'generic' with an in-built assumption of heterosexuality and were therefore subdivided according to the dominant theme (e.g. condoms, relationships etc.). Some resources were aimed at people having sex with same-sex partners and these were grouped separately. The full list of resources reviewed is available at Appendix 1. The 'packages' of materials were as follows.

- Sex and relationships.
- Physical sexual health (included sexually transmitted infections [STIs], men's health, women's health, screening, contraception and condoms).
- Men who have sex with men (MSM).
- Women who have sex with women (WSW).

The Consultation Workshop

BiCon is the national annual conference for bisexual people, attracting participants from across the UK and beyond. Although our interest was in the resources available to local people, BiCon 2011 offered an opportunity to consult a wide range of bisexual people about the materials. The consultation workshop was a one-hour session that attracted a diverse group of 25 people, including disabled people, with a roughly even gender mix and an estimated age range of 20s – 50s. The format of the workshop was as follows.

- Introductions and working agreement.
- Brief introduction about LGBT HIP and the aims of the workshop.
- Small group exercise examining packages of materials.
- Feedback and discussion.

Participants were asked to join one of four groups according to which package of materials they were interested in. Participants could join any group so for example, men could review the materials aimed at women. However, in practice, the MSM and WSW groups were single-gender groups. When reviewing the materials, participants were asked to consider the following questions:

- What do you think about the language, content and imagery?
- Are the materials relevant and appropriate for bisexual people?
- Are there any issues missing?
- What do you think is the best resources and why?

From this process, it was possible to identify a number of key themes emerging as follows.

³ It should be noted that THT South and Sussex Community NHS Trust supply sexual health resources produced by a wide range of providers and are not responsible for the content of all materials discussed here.

Findings

Range of Resources

Bisexual exclusion - As noted, there were no resources targeted specifically at bisexual people. However, there was a better range of resource targeted at gay men. We were able to identify only two sexual health resources targeted at WSW. There were two additional resources (a poster and post-card) promoting cervical screening to WSW.

Overly youth oriented - Participants noted that resources were strongly geared towards young people, with only one resource targeted at older (50+) people.

Relevance and Appropriateness For Bisexual People

Diverse relationships – Participants were keen to point out that bisexual individuals enjoyed a range of different relationship styles including both monogamy and polyamory. However, there was perceived to be greater acceptance of ethical non-monogamous relationship styles within the bisexual community. However, such arrangements were rarely reflected in the resources reviewed, especially those aimed at heterosexuals and WSW. This was an important oversight in terms of sexual health risk due to the practice of ‘fluid-bonding’ reportedly practiced by some bisexual people involved in non-monogamous relationships.⁴

Diverse sexual practices – Similarly, participants reported that bisexual individuals enjoyed the same range of (limited or expanded) sexual preferences as other people. However, there was perceived to be a greater acceptance within the bisexual community of practices associated with ‘kink’ (e.g. BDSM⁵ fetishism, group sex etc.), which was often missing from the resources reviewed, particularly those that assumed heterosexuality.

Sexual problems – Because of stereotypes about bisexual people as highly sexually knowledgeable, experienced and active, it was perceived as potentially more difficult for them to discuss problems in establishing sexual relationships or with sexual dysfunction. These were therefore potentially important omissions from the resources for a bisexual audience.

Language

Exclusive language - Participants noted that the language used in resources sometimes made unhelpful assumptions about the audience that participants found exclusive. For example, many of the MSM resources stated on the front cover that they were ‘for gay men’; even when bisexual men were alluded to in the content. Participants regarded this as exclusive from the outset, even though much of the information contained was potentially useful. Similarly, the group commenting on the WSW resources preferred either that the term ‘lesbians and bisexual women’ be used consistently throughout or the term ‘women who have sex with women’ be substituted.

Content

Absent or tokenistic representations of bisexuality – There was a perception that many of the resources either failed to refer to bisexuality at all, or if they did so, discussed the issue in tokenistic ways. For example, some of the resources aimed at MSM made passing reference to bisexual men but contained no content at all on sex with women or sexual health advice relevant to this.

⁴ Fluid-bonding is a practice to reduce sexual health risk whereby agreements are made to limit unprotected sex to known partners who are screened and free from STIs. Safer sex (or no sex) is practiced with those outside the agreement. A similar practice is sometimes referred to as ‘negotiated safety’ in the context of MSM, where this is promoted in sexual health literature as a way for gay couples to reduce the risk of STI infection when having unprotected sex. However, within the bisexual community, this may include more than two partners (of any gender) entering into the agreement.

⁵ BDSM: bondage, domination, sadism and masochism.

Safer sex and contraception advice – Participants explained that because their partners could potentially be of any gender, bisexual people needed holistic information about both safer sex and contraception in one resource. While this dual focus was often found in heterosexually oriented materials, the safer sex advice contained usually failed to accommodate same-sex partners. Conversely, in same-sex oriented resources, content on safer sex was present but content on contraception absent.

Coming out – While some of the resources (especially those aimed at MSM and WSW) addressed issues of disclosing sexual identity to others, they did not recognise the specificity of bisexual experience. It was perceived that distinct negative stereotypes prevailed about bisexual people (e.g. sexually confused, undiscriminating, unable to commit to relationships or to monogamy) so that tailored advice on challenging negative stereotypes and coming out was needed. In addition, coming out was most often featured in resources aimed at young people, which led participants to the conclusion that issues of coming out for older people had largely been overlooked.

Imagery

The resources were highly diverse in terms of imagery and some comments related to issues of individual preference and taste. However, the following more general feedback was gathered.

Resources for WSW – Participants noted that the limited number of resources aimed at WSW had a 'cartoony' graphic style or lacked visual directness (e.g. using non-human imagery such as flowers or abstract pictures). This was perceived as a gendered visual style designed to 'soften' the resources for a female audience, which was regarded as patronising. While there were no calls for 'hard-core', sexually explicit imagery, participants advocated a more adult-oriented and direct form of visual representation and design.

Resources for MSM – Participants noted that resources for MSM tended towards a more explicit form of representation in keeping with gay commercial and pornographic imagery. There were mixed views on whether this style would also appeal to bisexual men, suggesting that a range of visual styles is needed.

Authenticity and realism – Strong feedback was given that the group did not favour highly stylised, aspirational images of people in sexual health resources (e.g. model physiques). Instead, they preferred representations of 'ordinary' types of people and bodies. Diversity was especially important and the group wanted to see a wide range of representations in terms of gender, age, ethnicity, disability and other characteristics. They also preferred those resources where contact between people was portrayed (i.e. people shown touching, embracing or looking at each other). The key words of 'authenticity', 'warmth' and 'relationality' sum up the feedback on issues of representation.

Missing Issues

Partners of bisexual people – Targeted information was thought needed for the partners of bisexual people. For example, it was argued that a female partner of a bisexually active man may need accurate information about sexual health risks and practices within gay male communities in order to make informed decisions about sexual health. However, this type of complexity was not evident in the in sexual health resources reviewed.

Currency – One participant noted that some of the resources were not dated so that it was difficult to see how recent the information contained was. This was important in a context such as sexual health where new information becomes available and advice and guidance can become out of date.

Sex toys – The 'generic' or heterosexually oriented materials in particular tended not to make reference to safe use of sex toys. It was perceived that readers would have to access the resources aimed at WSW and MSM to find such information. Similarly, references to dental dams were

generally only made in the resources aimed at WSW (and to some degree MSM) but were infrequent in the 'generic' heterosexually oriented resources.

Consent issues – Issues of sexual abuse/exploitation and underage sex were thought to have been given inadequate attention. Where these were addressed, they tended to be included in the youth oriented resources. It was noted that older people might also need information about these issues.

Fertility and pregnancy – One woman's experience was illustrative in this respect. She noted that the resources were almost entirely devoted to preventing STIs by the use of condoms. As a bisexual woman seeking to become pregnant, condom use was not a viable option. Therefore, the major recommended risk reduction strategy to protect sexual health proposed in the materials was irrelevant to her situation.

The Best Resource Reviewed

We also asked the group to consider whether they could identify a resource that was closest to their ideal in order to identify positive aspects. There was a surprising level of agreement; the resource that received the strongest endorsement was 'People Over 50 – Relationships and Sexual Health', produced by the FPA.⁶ While it was noted that its appeal to youth would be necessarily limited, factors that appeared to be linked to its endorsement by the group included:

- Clear, simple content.
- Relevance to both men and women.
- Diverse and 'authentic' portrayals of people in intimate and loving poses.
- Wide-ranging content including both sexual health and relationship issues.

The 'Perfect' Resource

The group was also asked to discuss what the perfect sexual health resource would look like. This gave important insights into what additional factors the group would find appealing and useful in a sexual health resource. According to the group, the perfect resource would:

- Celebrate bisexuality and acknowledge its legitimacy as an identity and form of sexual expression, questioning and challenging stereotypes and assumptions.
- Be specifically tailored and targeted to bisexual people, reflecting the experience and values of the bisexual community.
- Include and celebrate the wide diversity of sexual practices enjoyed by bisexual people.
- Be simple and direct in tone and content without being patronising.
- Reference the risks and pleasures of sexual activities without putting gendered and sexual identity labels upon them (e.g. discuss anal sex but not label this 'sex between men'.)
- Use imagery carefully to portray bisexual people and convey warmth, love, intimacy, connectedness, passion and authenticity (not deriving from commercial and pornographic depictions of sexuality).
- Be diverse and inclusive in terms of gender, ethnicity, sexual identity, age and disability.
- Be cognisant of context (i.e. appropriate for the range of contexts where it might be encountered from the sex club to the GPs surgery).
- Be available online and in an interactive format.
- Be accessible to all bisexual people including young bisexual people commencing their sex lives.

Access To Information

Although, the workshop focused on the local sexual health materials available, broader issues about access to sexual health information emerged. Because there were no materials directed

⁶ See <http://www.fpa.org.uk> for further details.

specifically to them, participants reported that they 'pieced together' sexual health information from a variety of sources. This was reportedly problematic when information was contradictory so that participants were left wondering which source was accurate.

Participants also reported that the extra effort they were forced to go to relative to others who received targeted information was irritating and exclusive. It was suggested that the lack of targeted information mistakenly conveyed the impression that bisexual people were not at significant sexual health risk or were not worthy of resources being dedicated to protect their sexual health. Ideally, participants wanted a coherent and accurate sexual health information 'one-stop-shop' targeted to their needs and experiences as bisexual people.

When we asked for recommended sources of information, www.scarleteen.com for teenagers and people in their 20s and www.uua.org/re/owl/, a sexual health education programme developed by the US Universalist Unitarian church were cited. It was striking that none of the participants cited any of the well-established online sexual health sites originating in the UK.

Conclusions

In reviewing this consultation, it is important to acknowledge some of the limitations of the process. For example, only one group of 25 people were consulted and review of the materials by other groups may have yielded different responses. In addition, although a wide range of materials was selected for review, it is possible that the inclusion of excluded materials may also have affected responses. However, the consultation was a useful exercise in identifying broad themes relating to perceptions about the range of sexual health materials available locally.

The consultation confirms the findings of Count Me In Too about the shortcomings identified.⁷ The exercise was unable to find any sexual health resources that had been written specifically for bisexual people (WSW were also particularly poorly served). Where bisexual people were referred to in resources, this was perceived as cursory and tokenistic, failing to properly address the range of issues of concern for bisexual people.

When asked to review the language, content and imagery, the group was able to identify ways in which the materials used exclusive terms and failed to reflect the sex and relationship practices found within the bisexual community and its cultural/sexual mores.

Participants called for targeted educational materials to respond to their need for comprehensive and holistic information as people whose sexual partners may be of any gender. This needed also to recognise and respond to the specific challenges that bisexual people face in terms of negative sexual stereotyping.

When asked, the group was easily able to identify what they wanted from a sexual health resource for bisexual people: positive and celebratory of bisexuality, uncomplicated and direct content and language, inclusive of diversity with realistic, warm, loving images of people who appeared connected and intimate were some of the features identified.

Fundamentally, the problems and shortcomings identified stemmed from a model of sexual relations and sexual health promotion where bisexuality was largely invisible, excluding bisexual people and making it more difficult for them to access information and maintain good sexual health. This is a health inequality, which the NHS and Councils (with their new public health functions) have a duty to address.⁸

⁷ Browne, K. & Lim, J. (2008) Count Me In Too: Bi People (Academic Report). Brighton: Spectrum.

⁸ Department of Health (2010) Equity and Excellence: Liberating the NHS. London: Department of Health.

Recommendations

This consultation has identified the need for development of locally available sexual health resources for bisexual people and the direction that this might take. It is hoped that the following recommendations might act as a guide for action.

1. NHS Sussex and BHCC should commission a dedicated sexual health resource for local bisexual people.
2. In addition to sexual health experts, bisexual people should be directly and meaningfully involved in its development, design and production. The expertise of Brighton Bothways should be sought to inform this work.
3. Consideration should be given to providing the resource in a range of formats to include online and print.
4. The process should be subject to review and evaluation to identify what can be learned about the cooperative development of sexual health materials for particularly underserved groups.

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Appendix 1: Sexual Health Resources Reviewed

Table 1: Sex and Relationships

Title	Date	Publisher	Contributor	Type
Thinking about sex?		Brighton and Hove City Council		Leaflet
Love, sex relationships	2005	FPA	FPA	Booklet
101 ways to show someone you love them without having sex		SWISH	SWISH NHS	Flyer
How to be an amazing lover without having full sex	2010	BISHUK	BISHUK	Flyer
Should I have sex?	2010	BISH Training Bishtraining.co.uk	BISH Training	Flyer
How to have sex	2010	BISH training	BISH Training	Flyer
Dear Doctor Love	2011	BISHUK BishUK.com	BISHUK	Flyer
People over 50. Relationships and sexual health	2010	FPA	FPA	Booklet

Table 2: Physical sexual health

Title	Date	Publisher	Contributor	Type
Your sexual health - where to go for help and advice	2007	FPA	FPA Dept. of Health	Booklet
Condoms and safer sex		NHS	NHS Brighton and Hove City Council	Leaflet
Three questions about sex		Brighton and Hove NHS	Brighton and Hove NHS SWISH	Poster
Contraception. Sex without making babies	2010	BISH Training bishtraining.wordpress.com	BISH Training	Flyer
Your choice. A fresh look at contraception	2009	Talk choice Talkchoice.co.uk	Talk choice	Booklet
How to use condoms	2010	BISH training	BISH Training	Flyer
Advice about contraception		NHS	NHS Brighton and Hove City Council	Leaflet
Cervical screening. Have you had yours yet?		NHS	NHS	Flyer
Women... if in doubt check it out	2008	NHS	NHS	Booklet
Female sexual body parts	2010	BISHUK www.bishUK.com	BISHUK	Flyer
Have you		SWISH	SWISH	Flyer

talked about sex and condoms with your partner?			C Card NHS Trust Connexions Brighton and Hove City Council	
Man sexual health manual	2010	Haynes www.haynes.co.uk	Men's health forum (MHF) IPPF FPA	Booklet
Men... if in doubt check it out!	2009	Albion in the community	Football foundation, Dept. of Health, Men's Health Forum	Booklet

Table 3: Men who have sex with men

Title	Date	Publisher	Contributors	Type
Upgrade your life	2010	GMFA	GMFA	Booklet
Cruise		THT	THT	Flyer
Better sex for gay men	2010	GMFA	GMFA	Booklet
Hardcell		Hardcell (THT)	Hardcell	Flyer
Herpes. Get it checked. Get it treated	2007	THT	THT	Flyer
Lets talk about sex	2009	GMFA	GMFA	Booklet
The manual – 5 th edition	2009	THT	THT	Booklet
When I find a boyfriend, can I ditch the condoms?		GMFA	GMFA	Flyer
Good sexual health – a pocket guide	2009	GMFA	GMFA	Booklet

Table 4: Women who have sex with women

Title	Date	Publisher	Contributors	Type
Sex advice for women who have sex with women		SWISH Brighton and Hove City NHS Unisex.org.uk		Flyer
Sex, love and coming out		Allsorts	Allsorts	Flyer
Lesbians did you know? You do need a cervical screen		NHS	NHS	Flyer
Love your inner lesbian – smear tests		Stonewall	Stonewall	Poster