# 10.B. Workshop: Factors influencing sexual orientation based disparities in physical health across Europe

Organised by: EUPHA proposed section on Sexual and gender minority health and Austrian Public Health Institute
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Reduction of health disparities is a fundamental goal of public health research and practice. Today many governmental public health agencies call for policy and intervention programs addressing specific needs of lesbian, gay, bisexual, and transgender (LGBT) individuals. Still, the public health consequences of discrimination towards LGBT individuals have only recently been a topic of investigation and current knowledge in the area is limited. Recent findings points to a much higher prevalence of certain health conditions among LGBT people that calls for the urgent attention of public health researchers and professionals.

This workshop will give examples of studies of health differences and discrimination based on sexual orientation and gender identity, with representation from various fields of inquiry and parts of Europe. Richard Bränström from the Karolinska Institutet (Sweden) presents results that demonstrate that the fundamental cause theory (which posits that in societal conditions of unequal power and resources, members of higher status groups experience better health because of their disproportionate access to health-protective factors

compared with lower-status individuals) might be relevant to explaining sexual orientation health disparities. Results illustrating factors relevant to understanding sexual orientation specific health risk exposure among gay/bisexual men are presented by Karel Bondel (Belgium) and Kristina Ingemarsdotter Persson (Sweden). From a different perspective, Igor Grabovac (Croatia), will present findings of LGB discrimination as a work environment issue.

The situation for LGBT individuals varies greatly across Europe. The level of acceptance for minority sexual orientations differs greatly by country, and in many countries, LGBT people are also subject to legal discrimination concerning basic civil rights, e.g. regarding recognition of same-sex unions. The wide differences in LGBT acceptance and differences in institutional discrimination make cross-European studies particularly suitable for the exploration of the consequences of structural discrimination on health. Our workshop aims to facilitate such initiatives.

**Key messages:**

- Resent research evidence show that both gay/bisexual men and lesbian/bisexual women have higher prevalence of illness compared with heterosexuals for high-preventable diseases
- Sexual minority specific studies demonstrate that factors such as sexual competence and cross-European travel patterns are of importance in the outline of preventive activities targeted at this group

## Sexual orientation disparities in preventable disease: A fundamental cause perspective

**Richard Bränström**

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**Background**

To determine whether the fundamental cause theory (which posits that in societal conditions of unequal power and resources, members of higher status groups experience better health because of their disproportionate access to health-protective factors compared with lower-status individuals) might be relevant to explaining sexual orientation health disparities.

**Methods**

We used morbidity data for the years 2001–2011 from the Stockholm Public Health cohort, a representative general population-based study in Sweden. A total of 66 604 (92.0%) individuals identified as heterosexual, 848 (1.2%) as homosexual, and 806 (1.1%) as bisexual. To test fundamental cause theory we classified diseases in terms of preventability potential (low vs high).

**Results**

There were no sexual orientation differences in morbidity due to low-preventable diseases. In contrast, Gay/bisexual men (adjusted odds ratio [AOR]|=|1.48; 95% confidence interval [CI]: 1.13, 1.93) and lesbian/bisexual women (AOR|=|1.64; 95% CI: 1.28, 2.10) had a greater risk of high-preventable morbidity than heterosexual men and women, respectively. These differences were sustained in analyses adjusted for covariates.

**Conclusions**

Both gay/bisexual men and lesbian/bisexual women showed higher prevalence of illness compared with heterosexuals for high-preventable morbidity.

## Sexual competence as an indicator of sexual health, results from SIALON II, a European multi-country bio-behavioral survey among men who have sex with men

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**Background**

Public health policies for MSM still focus heavily on the prevention of transmission of HIV and other STIs. The WHO proposes a shift towards policies integrating a holistic view on sexuality. New sexual health indicators, such as sexual competency, should be validated, assessing their utility to design, monitor and evaluate interventions to increase sexual well-being among MSM, including decreased risk behaviour.

**Methods**

Sialon II is a multi-centre biological and behavioural cross-sectional survey carried out among MSM across 13 European countries. This analysis includes data from four countries (Italy, Lithuania, Romania, and Slovakia) with a total of 1,305 participants, recruited through respondent-driven sampling. Sexual competency is measured as a composite of sexual satisfaction, safety and autonomy as set forward by WHO. We will evaluate the associations of both sexual competence as a composite variable and its components with sexual behaviour, sociodemographics and HIV/STI prevalence.

**Results**

We hypothesize that the construct of sexual competency is internally consistent. Sexual competence is negatively associated with sexual risk behaviours and HIV and STI prevalence. It is furthermore positively associated with access to HIV/STI services and with a congruent sexual identity.

**Conclusions**

When confirmed, we can conclude that sexual competence is a sexual health indicator that can be helpful in the design of targeted prevention strategies and interventions to decrease STI/HIV infection and increase the well being of MSM. More studies should integrate sexual competence to complement our findings.

**Key messages:**

- Sexual health indicators outside the biomedical realm suggest that investing in holistic sexual health programming will improve the well-being of MSM
- New indicators of sexual health are not merely a means to prevent transmission of STI/HIV, but should be an equally important health promotion goal in themselves

## Sexual risk behavior and risk perception among Swedish men who have sex with men in Berlin

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**Background**

Berlin is a common vacation destination for Swedish men who have sex with med (MSM) and individuals newly diagnosed with HIV. The aim of the study was to gain deeper understanding of risk perception and sexual behavior among Swedish MSM travelling to Berlin.

**Methods**
In-depth interviews were conducted with 15 cis MSM (25-46 years old) recruited via chain referral between January and April 2016, and data was analyzed with content analysis.
**Results**
A variety of factors contribute to Swedish MSM going to Berlin. For some, sex is the main reason for choosing to travel to Berlin. Berlin is perceived as a 'sexual and homosexual city' providing venues where MSM do not have to care about reputation, status, and gossip as is the case at home. Darkrooms, sex clubs, and mobile apps facilitate new sexual experiences and more sexual partners than when being in Sweden. Notably, the practice of chemsex and drugs is associated with the Berlin party scene. The participants describe either a static or dynamic risk reduction approach, sometimes beyond condom usage including reversed sero-sorting and PrEP. These strategies consist of a complex matrix of knowledge, attitude, ethics, ideology, and level of ambition and willingness to compromise between pleasure and risk. All participants had been tested for HIV and STIs. The majority had been diagnosed with STIs.
**Conclusions**
The Swedish MSM travelling to Berlin and interviewed in this study constitute a highly sexually active group of MSM who experience and enjoy multiple partners and/or high-risk sexual behavior. Berlin provides a space for sexual liberation and norm breaking behavior but also increased vulnerability with contexts that facilitate HIV/STI transmission.

**Key messages:**

- This study suggests that Swedish MSM travelling to Berlin constitute a high-risk behavior subgroup of MSM at risk of HIV/STI
- Healthcare professionals should be alert to identify this group in order to tailor preventive measures to their needs

## Are patients ready for lesbian, gay and bisexual family physicians - A Croatian study

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**Background**
Discrimination and harassment of lesbian, gay and bisexual (LGB) physicians from their colleagues and superiors have been reported. However there is little knowledge about the patients' attitudes and discrimination toward physicians.
**Methods**
A cross sectional Internet survey was conducted in urban Croatian regions. The participants were asked to answer questions regarding their socio-demographic status, the Attitudes Towards Lesbians and Gay Men Scale (ATLG), and whether they would refuse to see a LGB physician and, if so, why.
**Results**
Of the 1004 participants, 8.8% said they would refuse a male gay/bisexual physician while 7.9% would refuse a female lesbian/bisexual physician, and 7.3% would refuse both. The two most common reasons for discriminating were: ''disaccord with political or religious beliefs'' and ''fear of being sexually harassed''. A logistic regression model showed that male sex, higher ATLG score and older age were associated with more refusals of male gay/bisexual physicians. Also, older age and higher ATLG score were associated with more refusals of female lesbian/bisexual physicians, while personal contact with LGB people was associated with fewer refusals of both groups. The observed prevalence of discrimination is significant.
**Conclusions**
The results suggest that discrimination and prejudice attitudes towards LGB physicians are widespread in Croatia, and are based on emotional reasons and stereotypical beliefs. Educational efforts should be directed towards changing misconceptions about LGB people.

## Is work disability more common among same-sex than different-sex married people?

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**Background**
Research has shown that sexual minority individuals have much higher risk of somatic and psychiatric morbidity as compared to heterosexual individuals. However, it has so far been unclear if this elevated level of poor health co-occurs with higher rates of work disability.
**Methods**
Using Sweden's extensive and high quality nation-wide registers, we compared prevalence of work disability (sickness absence and/or disability pension), between same-sex and different-sex married women and men for two years, 1998 and 2008, and calculated odds ratios (OR) with 95% confidence intervals (CI) while adjusting for several confounders.
**Results**
Higher risk of at least one day of work disability was found among same-sex married women in both 1998 (OR: 1.48, 95% CI: 1.19-1.84) and 2008 (OR: 1.30, 95% CI: 1.15-1.47), as compared to different-sex married women. Same-sex married women also had higher risk of work disability for >90 days 1998 (OR: 1.59, 95% CI: 1.19-2.13) and 2008 (OR: 1.48, 95% CI: 1.31-1.66). Also, same-sex married men had higher risks, however, not somewhat lower in 2008, of at least one day of work disability (OR: 1.63, 95% CI: 1.45-1.83) and >90 days in 2008 (OR: 1.99, 95% CI: 1.74-2.28), as compared to different-sex married men.
**Conclusions**
This study provides novel results, demonstrating that the previously identified health disparity based on sexual orientation is also reflected in elevated levels of work disability among sexual minority women and men. This finding calls for research to identify the underlying mechanisms leading to this health disparity, and tailored prevention strategies both in clinical settings and on a broader societal level to remedy this health disadvantage.