

The Difficulties for Sexual Minority Individuals: A Qualitative Study

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BACKGROUND/AIMS

Sexual health is one of the bases of physical, social and emotional health of individuals, couples, families and, therefore, societies.

MATERIAL and METHODS

This was a qualitative study which employed a in-depth interview 25 (Lezbiyen Gey Biseksüel Transgender) individuals in Turkey. Criterion sampling, one of the techniques of purposive sampling, was used as a qualitative sampling technique in the research. All participants were 18 years of age or older defined themselves as (Lezbiyen Gey Biseksüel Transgender) individuals, agreed to participate in the study, and completed all of the interview to set up the sampling. Participants were asked six open-ended questions. The interviews were, voice-recorded by the researcher. The technique of content analysis was used in data analysis. In this analysis, it was aimed to organize and interpret the qualitative data by means of specific categories and concepts. All information received from individuals were kept confidential to used as scientific data only. Before starting the study, written approval was obtained from the Scientific Ethics Committee and written consent from the participants.

RESULTS

As a result of the content analysis, nine major themes emerged: In this study, it has been determined that (Lezbiyen Gey Biseksüel Transgender) individuals have problems related to their sexual orientation or identity, they cannot express their wishes, feelings and thoughts easily, they have no freedom of life and they have to hide their sexual orientation or identity.

CONCLUSION

Challenges faced by (Lezbiyen Gey Biseksüel Transgender) people are associated with social norms, prejudice and discrimination. Nurses have a responsibility to serve as a change agent in the fight against discrimination and prejudice in society.

Keywords: Lesbian, gay, bisexual, transgender, sexual minority

INTRODUCTION

The United Nations Universal Declaration of Human Rights states that all people are born free and equal with regard to dignity and rights. Lesbian, Gay, Bisexual and Transgender (LGBT) individuals constitute a population which society has not heard and tries hard to avoid hearing. Sexual health is the basis of the physical, social and emotional health of individuals, couples, families and, therefore, societies. Respect for individuals' sexual rights and protection of these rights play a key role in offering people access to sexual healthcare without discrimination and violence and maintaining their well-being.¹ Although sexual orientation is no more seen as a disease according to the Diagnostic and Statistical Manual, there may be individuals in society who still see it as a disease.² This can cause individuals with non-normative sexual orientations to experience a range of physical, social and mental problems.³

The process of conflict with the rules and expectations which Turkish society has set up regarding them has forced LGBT people either to conform or to go against expectations.⁴ As a result of this, widespread social exclusion, both in Turkish society and in the family, is reported. Many LGBT individuals see leaving the town where they were born and grew up where their families continue to live as a solution to the problems they experience.⁵ They can also be the victims

of hate killings. The Shadow Report on Human Rights Infringements of the LGBT Community in Turkey showed that Turkey was second in the world in terms of hate killings.⁶

This process of marginalization causes people to experience feelings of anger and aggressiveness toward themselves and others, as well as helplessness, regret, and guilt. Internalized homophobia accompanying these feelings prepares the way for the serious health problems of alcohol and substance abuse, suicide, anxiety disorders and depression.⁷⁻⁹ LGBT individuals in Turkey have an approximately 2.5 times higher risk of suicide than heterosexual individuals, a 1.5 times higher risk of alcohol and substance abuse, and experience 1.5 times as much anxiety and depression.¹⁰⁻¹² In a report by the Healthy People 2020 and Medical Institute regarding LGBT individuals, the most important ways that LGBT are marginalized in terms of general health were homelessness, lesbian women making less use of cancer prevention services, a high proportion of lesbian or bisexual women being overweight or obese, and a higher risk of HIV and other sexually transmitted diseases in homosexual men who have sex with men.^{7,8} Research has shown that very few LGBT people can receive health care due to their dissatisfaction with the health care system.¹³ LGBT people can hide their sexuality from caregivers to retain their privacy or to prevent homophobic reactions.¹⁴ The feedback on their orientation is often homophobic and far removed from the necessary attitude of respect.¹⁵ Many studies have shown that homophobia is widespread among health workers.^{10,16,17} Some researchers have shown that health professionals do not work willingly with LGBT individuals, and feel helpless in this regard,¹⁸ and inadequate in terms of knowledge and equipment.¹²

Healthcare personnel need professional development to overcome these barriers. The right to receive health care is one of the inalienable rights of all individuals, and healthcare professionals must give all individuals equal care without prejudice. The social exclusion of LGBT people or preventing them from receiving care because of their different sexual orientation is unacceptable. When healthcare professionals have positive attitudes toward LGBT people, these individuals will have the opportunity to express all the difficulties they face including those concerning their sexuality. The aim of this study was to determine the difficulties accessing appropriate healthcare experienced by individuals with non-normative sexual orientations.

MATERIAL and METHODS

This research was a descriptive investigation based on qualitative methods, namely in-depth interviews. In this qualitative

Main Points

- It had been determined that (Lesbian Gay Bisexual Transgender) individuals have problems related to their sexual orientation or identity in Turkey.
- It had been determined that (Lesbian Gay Bisexual Transgender) individuals have to hide their sexual orientation or identity in Turkey.
- Vulnerable groups such as LGBT individuals are faced with many visible/invisible obstacles in access to health services.

research, we collected in-depth and multidimensional information on LGBT people's experiences of life.

Setting and Participants

Research data collection was conducted between March and July 2016 via face-to-face in-depth interviews. In order to reach LGBT people, key persons were consulted and the cafés in Izmir known to be frequented by LGBT people were identified. Conversations were held with LGBT individuals in these cafés and after the aim of the research had been explained, appointments were made for formal interviews with those who agreed to take part. These interviews took place in a private room in the one University Faculty of Nursing in Turkey. The sample selection approach in our study required that the data collection process continued until the concepts and processes that could answer the research question began to repeat themselves (saturation point).¹⁹ The researchers concluded that they had gathered an adequate number of data sources when emerging concepts and processes started to repeat themselves and, at this stage, the sample consisted of 25 individuals who agreed to participate in the study.

Criterion sampling, one of the techniques of purposive sampling, was used as a qualitative sampling technique in the research. The basic criteria in sampling were determined as being 18 years of age or older, identifying as either lesbian, gay, bisexual and/or transgender agreeing to participate in the study, and taking part in the whole interview.

Instruments and Data Collection

First of all, we asked our participants to fill out the form entitled "A questionnaire on the descriptive characteristics of the LGBT participants." This instrument consisted of questions on participants' sociodemographic characteristics. The data were collected by in-depth interviews, using a semistructured interview form. The questions were elaborated according to the course of the interviews. The open-ended interview questions were organized under six headings:

1. How do you define your sexual identity?
2. What meaning does sexuality have for you and society?
3. How does your sexual identity affect your daily life? Please describe the positive and negative effects.
4. Do you think your sexual orientation affects your sexual experience? Please explain with an example.
5. How would you describe the attitudes of society to individuals with a different sexual orientation?
6. What do you think of the health services which are offered to you? How do health personnel approach you? Please explain.

A pilot application was conducted with five of the participants in order to assess the usability of the Individual In-depth Interview Form. Additionally, the researchers also consulted four experts about the process. Necessary adjustments were made to the form based on the results of this pilot study. Also, written consent was obtained from the LGBT people who were willing to participate in the study. A semistructured interview form was used in the in-depth interviews. During the interviews the participant and the researcher (one researcher) sat facing or next to each other, and the researcher recorded the interviews

using a voice recorder. The researcher also took notes on the participants' body language and changes in individual gestures while talking during the interviews. All data were kept confidential for scientific purposes. Each interview session lasted approximately 50-60 minutes. After the end of each session, the interview notes were organized by the researchers.

Ethical Considerations

Before starting the study, written approval was obtained from the Scientific Ethics Committee of Ege University (approval dated December 22, 2015, issue: 1803/792) and from the institution where the data was to be collected. We obtained written consent from all of the participants.

Data Analysis

We carried out quantity and percentage distributions according to the descriptive characteristics of the participants. All the voice recordings were listened to and transcribed into a word document by the researchers, and saved. The rough draft of the transferred data consisted of 63 pages. In the data analysis, the technique of content analysis was used.^{20,21} In the analysis, the qualitative data were loaded on to the computer, and the NVivo 10 program was utilized for computer-aided qualitative data analysis. Coding was performed according to the concepts extracted from the qualitative data. The qualitative data in the documents were read carefully, and key concepts were coded. Later on, categories were generated from these codes according to the similarities and differences between them. The qualitative data were coded on the basis of the concepts and categories with the help of the NVivo 10 program. In this analysis, we aimed to organize and interpret the qualitative data by means of specific categories and concepts. The coding of the qualitative data in the documents was performed according to the open coding technique.^{20,21} In the analysis, a total of nine major themes emerged as a result of the data analysis. The qualitative data in each category were read carefully, short notes were taken, and then key concepts were generated. The qualitative data were organized according to the list of key codes under the nine basic categories they belonged to. The data were interpreted within the framework of the nine basic categories. As a result of the content analysis, six major themes emerged. They are summarized below.

RESULTS

Descriptive Characteristics of the Participants

Of the participants, 96% were single, 48% were university graduates, 86.7% were unemployed, 68% lived in urban areas and their mean age was 25.3 ± 7.5 .

Theme 1. Meaning of Sexuality for Society and for the Individual

The participants in our study defined sexuality as satisfaction felt by two individuals who love each other while a few of them defined sexuality as meeting needs without sentimentality and as the sine qua non of being human. Nearly all of the participants stated that sexuality was considered by Turkish society as a taboo subject that was forbidden or sinful to talk about. They added they lived in a society with prejudices and a lack of positive attitudes toward LGBT people. Regarding society's perception of sexuality, on participants observed that,

Our society seems to be closed against sexuality, but they do have a fantasy and passion that they cannot express

at all. They cannot have sexual experiences freely and easily, so they do these things in secret, behind closed doors. We, as a society, are hungry for sex no matter you are single or married, young or old (19 years old, single, sex worker-GS).

Theme 2. Sexual Identity

Acceptance of Sexual Identity and Self-Love: The participants expressed satisfaction with their non-normative sexual identities, and emphasized that, in spite of this difference, they were first of all people. For example, one participant said that

I do not feel upset at all just because I am homosexual. I feel happy because I am satisfied with my life because I am "gay" (26 years old, single, worker-DE).

Another participant explicitly contested the way mainstream Turkish society views sexual minorities, saying that

I am gay, not an animal or monster. I love, suffer, cry, or feel sad, too. I mean I am just like you. But I am not like you on this one thing. I do not hurt anyone just because I like my own gender (21-year-old, single, student-YS).

Challenges Regarding Sexual Identity: The participants stated that they experienced sexually transmitted diseases in the past but they were treated. Almost half of them said they were worried and anxious about catching a sexually transmitted disease. They explained that such a situation would be a serious problem with psychological, social and physical effects. The vast majority of the participants stated that they preferred safe sex, protection and routine health screenings to avoid sexually transmitted diseases.

The participants complained that they could not express their desires, feelings and thoughts freely, they did not have a free life, and they avoided problems with society by keeping things confidential and only communicating with individuals like themselves. Another problem faced by the participants was that they were exposed to abuse and rape, and they could not find jobs, so they had to work as sex workers. In addition to the diseases, one of the participants said,

The greatest problem I encountered was not being able to introduce a long-term girlfriend to society (22 years old, single, student-BT).

Suppression of Sexual Identity: The participants stated that they hide their sexual identities from their families, friends and society. They explained that they had to hide their sexual identities to find social acceptance and avoid isolation, stigma and humiliation. Regarding suppression of sexual identity, one participant said,

I have to pay attention to how I speak. I catch people's attention immediately when I talk in a feminine way. I cannot freely declare that I am gay. I cannot reveal the truth because I am worried about what my friends would think of me or that they would unfriend me on Facebook. This is because society thinks I am diseased. They are worried that I can make them gay, too (29 years old, single, unemployed-ET).

Facing Social Stigma for Sexual Identity: The LGBT people in our study stated that, since they were children, society

teased them, excluded them, nicknamed them by using offensive words, gossiped about them, and abused them verbally. They also added that their friends did not include them in games during their childhood years, their friends at school displayed humiliating attitudes and behaviors, they had trouble getting a job, and they were disturbed, harassed or fired in their work environments. One of the participants said he was exposed to violence by family when they learnt the situation, he led a prisoner's life at home without anything to eat or drink, and his family took him so-called sorcerers or amulet makers. Regarding facing social stigma, one of the participants said,

I encounter behaviors that put me in a difficult situation such as verbal abuse, taunting, threats and so on. So, be careful! They may stigmatize you just because you are talking to me (24 years old, single, healthcare personnel-FŞ).

Theme 3. Level of Satisfaction with Sexual Experiences

The participants stated that they were satisfied with their sexual lives, sexuality was the most precious gift that could be given to a person, they considered sexuality as the strongest bond between two individuals, and they enjoyed their sexual lives to repletion. Regarding their levels satisfaction with their sexual lives, one participants said,

I am pretty happy because live my life in the way I like (25 years old, single, worker-EA).

Theme 4. Criticizing and Feeling Rage Toward Society

The vast majority of the participants made criticisms of society in several aspects. These criticisms include honor killing of women, LGBT people seen as monsters, society being homophobic, hypocritical ways of experiencing sexuality, sexuality seen as a taboo to talk about, and oppression and intolerance of society.

They tend to perceive and understand sexuality with religious taboos and repressed emotions. They see it as a shameful act and sin (25 years old, single, security guard-NÇ).

Theme 5. Dislike and Distrust of People

The participants stated that they did not like or trust other people and so they kept away from them. However, they said they trusted individuals like themselves, they did not trust healthcare providers and, therefore, they would not receive counseling. Only one of the participants stated that only female healthcare providers were less biased. Regarding dislike and distrust of people, one of the participants said,

I have not had an affair for months because I do not trust people and I have a sentimental attitude (22 years old, single, student-AU).

Theme 6. Willingness to Receive Counseling from Health Professionals

The participants indicated that they wanted to get help from experts such as doctors or nurses when they experienced health problems. Only one participant stated that he did not want to receive counseling service from a homophobic doctor or nurse. More than half of the participants said they did not need to receive counseling service because they met this need for obtaining information and counseling by searching on the Internet, reading, attending seminars and asking people like

themselves for their advice. About receiving information from another person who was informed about a specific subject, one of the participants said,

I absolutely prefer to be counseled by a healthcare professional who is informed about LGBT. And I think this is certainly what needs to be done (20 years old, single, student-HG).

DISCUSSION

This study has been content analysis, six major themes emerged. Themes are below. "Meaning of Sexuality for Society and for the Individual," "Acceptance of Sexual Identity and Self-love," "Level of Satisfaction with Sexual Experiences," "Challenges Regarding Sexual Identity," "Suppression of Sexual Identity," "Facing Social Stigma for Sexual Identity," "Criticizing and Feeling Rage toward Society," "Dislike and Distrust of People," and "Willingness to Receive Consulting from Health Professionals."

The participants in our study defined sexuality as satisfaction felt by two individuals who love each other while a few of them defined sexuality as meeting needs without sentimentality and as the sine qua non of being human.

The participants stated that they were satisfied with their sexual lives, sexuality was the most precious gift that could be given to a person, they considered sexuality as the strongest bond between two individuals, and they enjoyed their sexual lives to repletion. Expression of sexuality is extremely important for people throughout their lives. Sexuality is one of the basic human needs that starts with birth and lasts until death. In fact, research showed that sexuality is a basic need.^{22,23}

The participants stated that sexuality was considered by society as a taboo subject that was forbidden or sinful to talk about. They added they lived in a society with prejudices and society did not have positive attitude toward individuals with different sexual orientations. In studies conducted in Turkey by Yılmaz and Özaltın²³ and Yılmaz,²² sexuality was found to be a subject that could not be discussed, as a closed box and as a taboo.

Islam is the main religion in Turkey. Islam, like other monotheistic religions, regards homosexuality as a sin and forbids it. In Turkey, a country where Muslims are the majority, many LGBT people are faced with isolation from society, offenses, jokes, swearing and mobbing in the workplace.⁵ This result is consistent with the literature.

The participants stated that they accepted the situation of having a different sexual identity, they were satisfied with their sexual orientation, they liked who they are as themselves, and they expressed themselves better this way. On the other hand, one out of every four participants in the study said that they could not accept the situation of having a different sexual identity, they could not deal with the situation or face themselves, and they got upset because of this situation.

Evidence showed that some lesbian and gay individuals pretended to be heterosexual in order to avoid discrimination and many transsexual individuals hid their sexual past so as to find social acceptance.²⁴ The majority of the participants in our study accepted the situation of having a different sexual

orientation. This might be attributed to İzmir's perception as "the most modern/liberal" city in Turkey in terms of atmosphere²⁵ and to the positive attitude of community here. In this sense, the findings in our study are in line with the literature. Finding social acceptance without prejudice in the place where they live is one of the most natural human rights for individuals with different sexual orientations like any other individual.

The participants in our study stated that they could not freely express their wishes, feelings and thoughts, and they had to hide their sexual orientations. What is more, they indicated that they did not have problems only when they communicated with people like themselves in society. Also, they were exposed to abuse and rape, and they could not find jobs, so they had to work as sex workers. Nearly half of the participants said they did not like or trust other people and so they kept away from them. This might be due to general problems experienced by LGBT people or their failure to find social acceptance. Brennan et al.²⁶ reported increased stress levels among LGBT people associated with hiding their sexual identity. LGBT people can be exposed verbal attacks in public, discrimination, physical abuse, expulsion from their homes, exclusion from their friend circles, dismissal from work and interpersonal violence in direct relation to their sexual orientations.³ LGBT people also experience internalized homophobia related to their sexual orientations.²⁷ Research showed that 17.6% of heterosexual students faced a sexual assault whereas this ratio was 30.6% for lesbian students.²⁸ According to Ybarra et al.'s,²⁹ 82% of LGBT youth were verbally mocked because of their sexual identity while 38% were physically abused at school. In this sense, our results are consistent with literature results. Individuals need to be accepted by others. Being accepted by others makes it easier for individuals to accept themselves. Chamberlain and Haaga³⁰ suggested that those individuals that unconditionally accepted who they are had lower levels of depression and anxiety, and they were happier and they had higher levels of overall wellbeing. In light of this, those individuals who avoid opening up for fear of oppression and discrimination and rejection by others could have poor mental health. Accordingly, these people can be expected to exhibit a negative outlook in terms of psychological health.

The participants stated that they hide their sexual identities from their families, friends and society. Apart from other cultural and ideological values, the individual's family and friends have negative prejudices and stereotypes against LGBT people. In some cases, these prejudices and stereotypes can be internalized by the individual. This situation causes the individual to experience a variety of internal conflicts during recognition and acceptance stages of sexual orientation. These internal conflicts then hinder the development of the individual's identity. Even if the individual accepts his or her identity, he or she may have problems in the process of opening up to others.³¹ Brennan et al.²⁶ found that LGBT people aged 70 years or older hide their sexual identities from family and community. Evidence showed that health needs of older LGBT people were still ignored and they were subjected to discriminatory practices.³¹ About three-fourths of the LGBT people in our study stated that, since they were children, society teased them, excluded them, nicknamed them by using offensive words, gossiped about them, and abused them verbally. They also added that they were exposed to discrimination in the street, at school, at work and at home since their childhood

years. Research showed that individuals with different sexual orientations are exposed to discrimination and stigma. The same study conducted with a group of LGBT people in a rural area in the United States, Whitehead et al.³ found that those individuals faced three types of stigma: Internalized Stigma, Enacted Stigma and Anticipated Stigma. Evidence showed that four of every five LGBT people suffered verbal abuse at school because of their sexual identity and 38% were exposed to physical abuse.²⁹ While a certain tolerance for nonheterosexual sexual orientation in some societies, it is perceived as low in prestige and unhealthy in some other societies. This prejudiced attitudes and discriminatory behaviors are still a major issue for some communities today.⁵ Our results are in line with the literature in this regard.

The participants stated that they experienced sexually transmitted diseases in the past while almost half of them said they were worried and anxious about catching a sexually transmitted disease. They explained that such a situation would be a serious and frightening problem with psychological, social and physical effects. Research showed that homosexual individuals had a high risk of catching sexually transmitted diseases.¹⁰ Throughout their lives LGBT people are faced with social, emotional and psychological difficulties in addition to the physical effects of HIV/AIDS. These individuals are faced with situations that prevent them from maintaining and developing their wellbeing and seeking healthcare.⁷

The participants made criticisms of society in several aspects. These criticisms were usually about society being homophobic, oppressive and intolerant. The meaning attached to sexuality in adolescence is characterized by heterosexist norms in society. Heterosexism leads to glorification of heterosexual relationships and stigma and vilification of same-sex relationships.³² Feeling alienated from their families because of their different sexual orientations, LGBT people turn to trust their friends' support rather than their family members' support.³³ Research showed that nurses' support is particularly critical for those LGBT people who were alienated from their families and did not have partners.³⁴

The participants wanted to get help from doctors or nurses when they had sexual problems. However, more than half of the participants did not need to receive counseling service because they met this need for obtaining information and counseling by searching on the Internet, reading, attending seminars and asking people like themselves for their advice. Although access to healthcare services is recognized as a human right, particularly vulnerable groups such as LGBT individuals are faced with many visible/invisible obstacles in access to these services. Seeing homosexuality as a disease seems to be a thing in the past, the issue of homophobic attitude of healthcare professionals is yet to be resolved. This perspective prevents health service to be given in a fair and impartial manner and leads to problems in both medical and social aspects.

In a study conducted in the San Francisco Bay Area showed that 80% of nurses did not receive training on LGBT.¹⁰ Education about LGBT should start in school curricula, but preparations for it are not adequate yet.³⁵ Healthcare personnel providing care to different/vulnerable groups should be free of

prejudices, sufficient and competent. Alpert et al.³⁶ found that a group of mostly white cisgender women was concerned with doctors' assumptions and negative attitudes after the women disclosed their sexual orientations. Nurses and doctors should have sufficient knowledge and ability in giving care and counseling for LGBT people. Research showed that information about LGBT individuals in nursing education was insufficient,^{10,35} necessary education should be launched at school,³³ and nurses have difficulty in giving care to these individuals.¹⁰

Ethics Committee Approval: Ethical committee approval was received from the Ege University (approval dated December 22, 2015, issue: 1803/792).

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

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