

The cultural significance of women's sexual identities should guide health promotion

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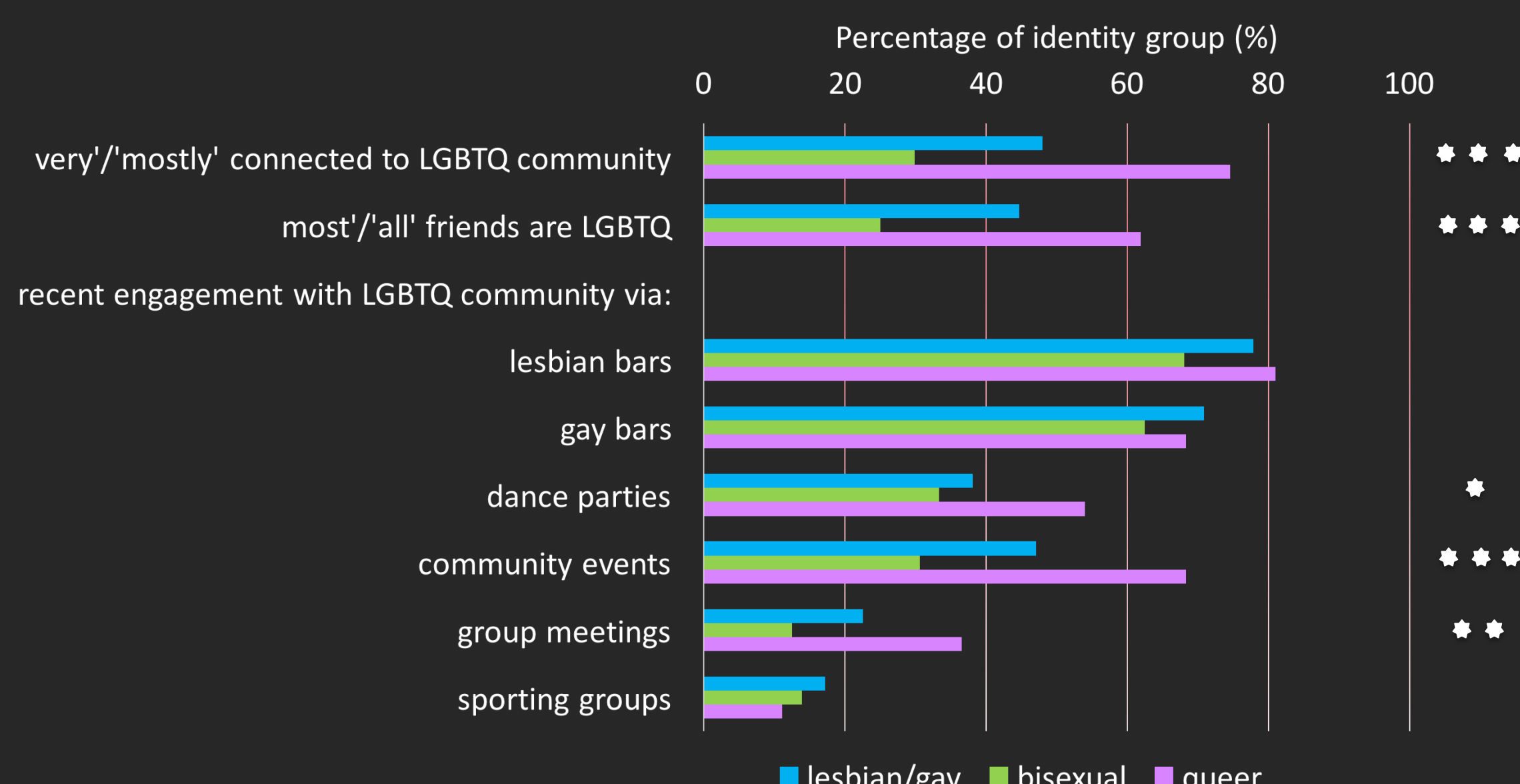
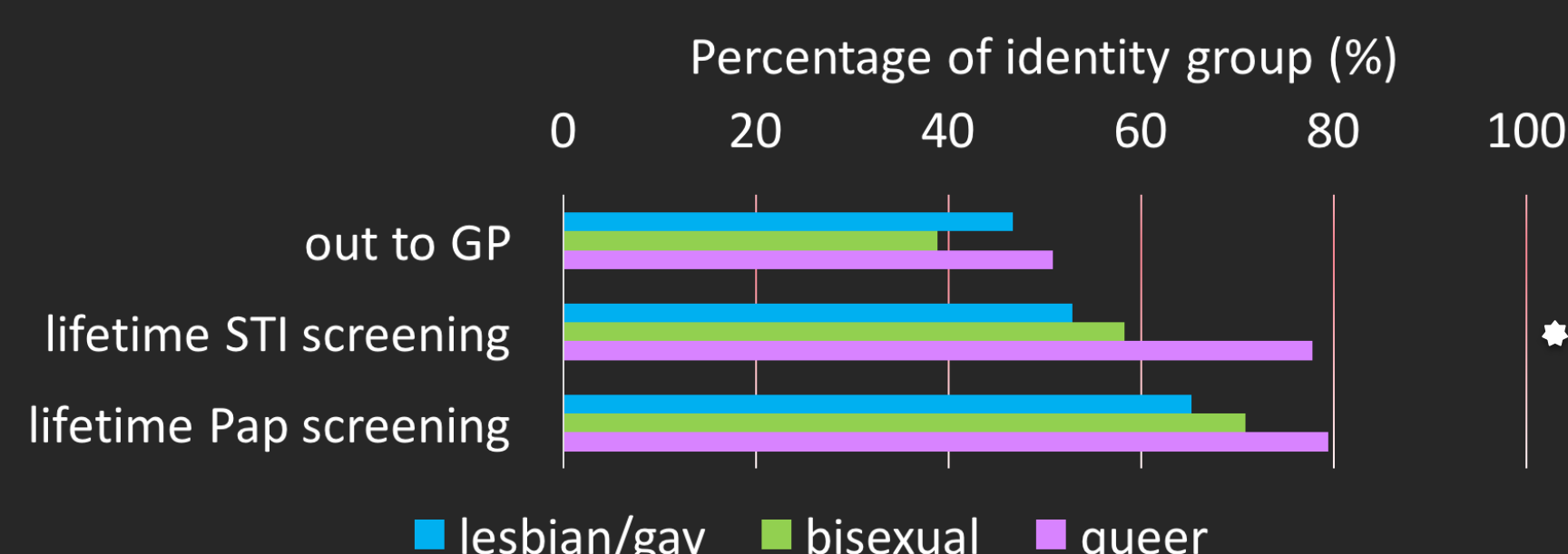
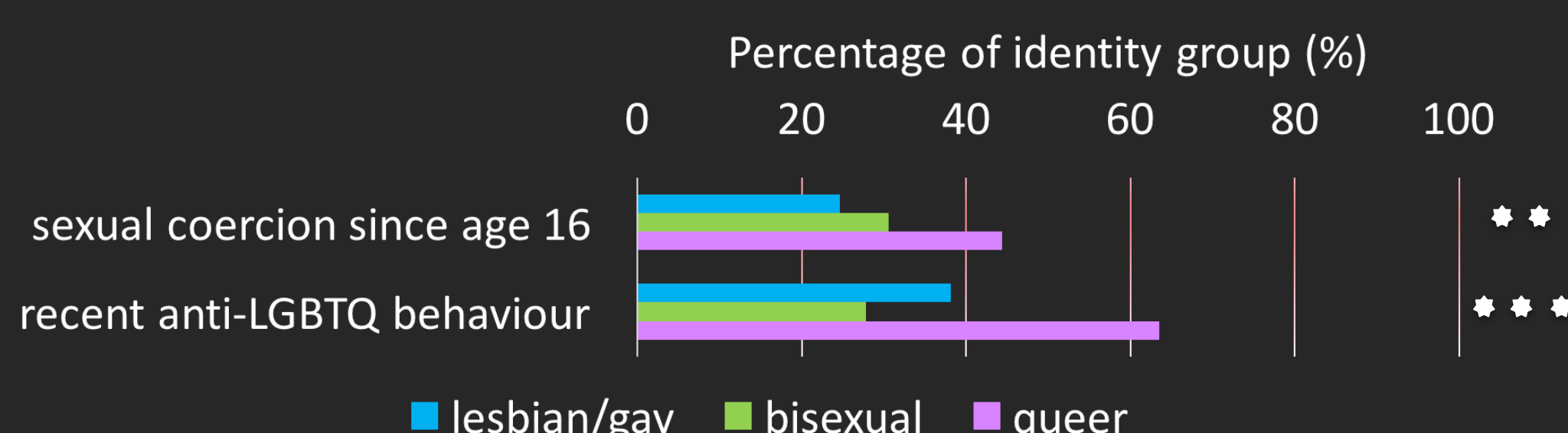
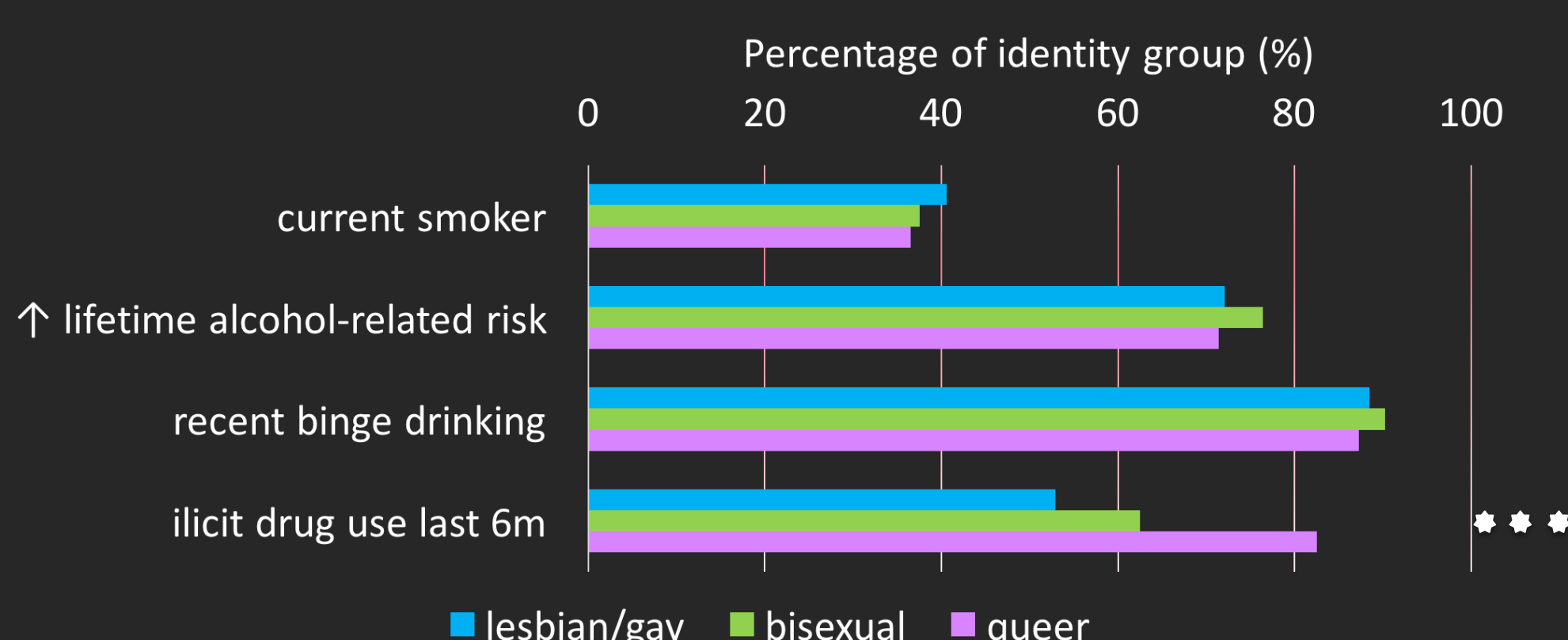
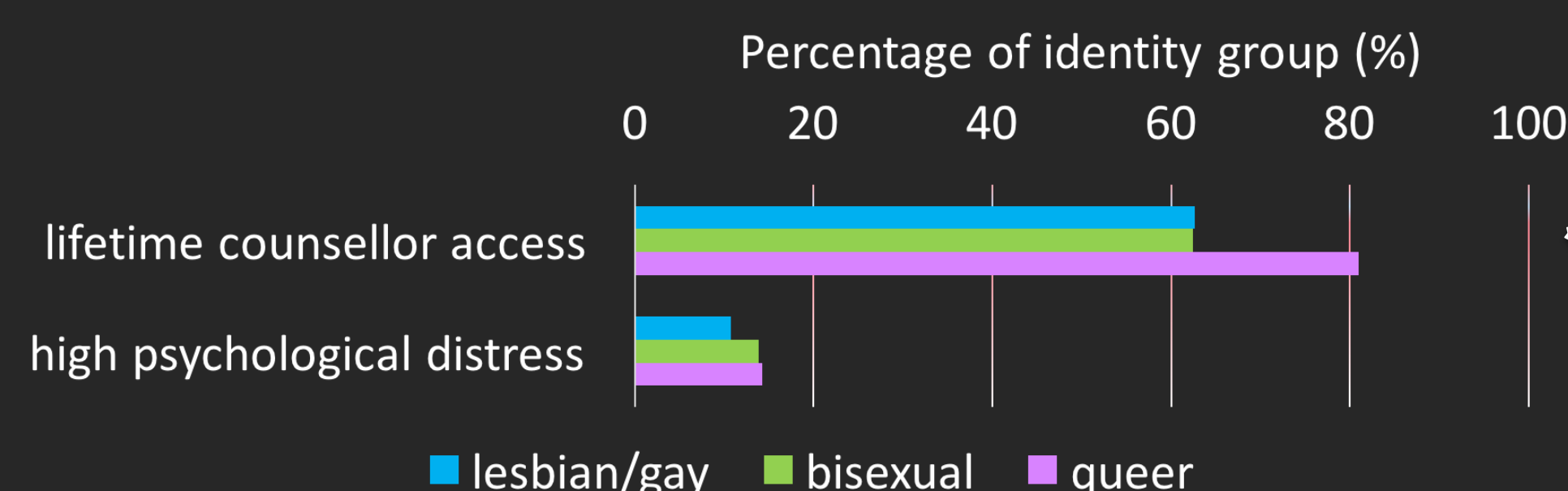
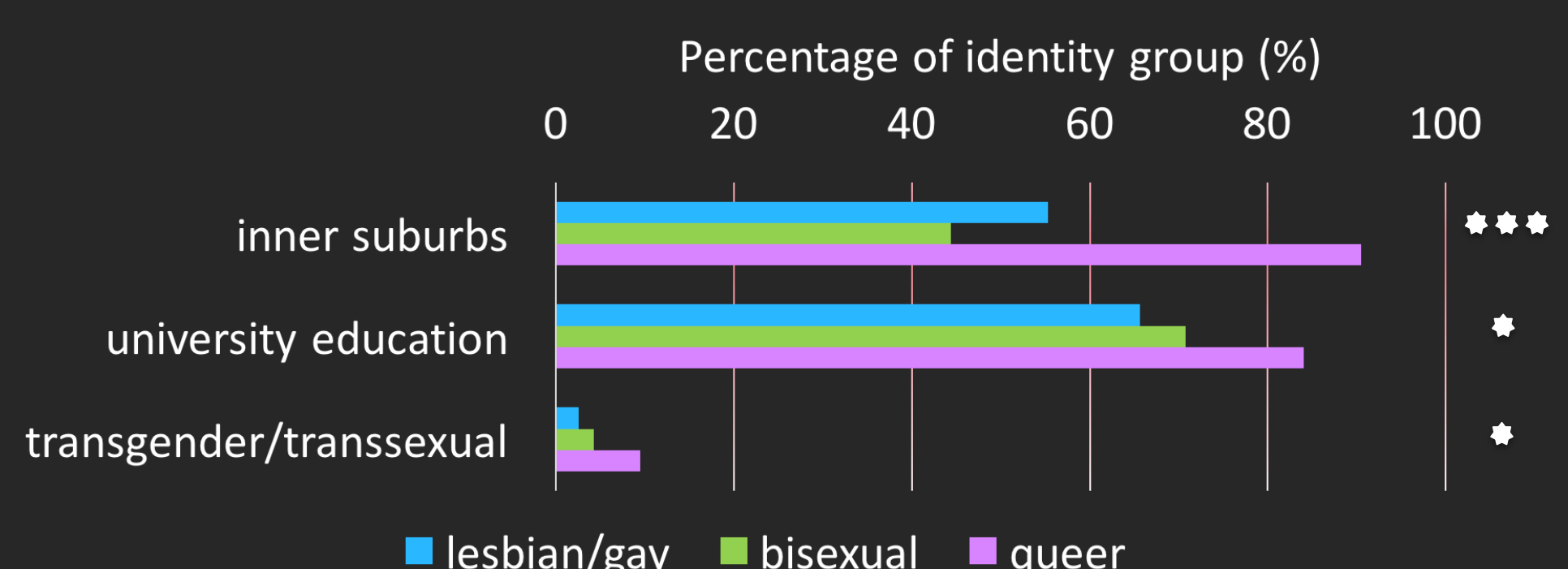
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Sexual identity groups have shared culture, ideas, or norms around behaviours that may influence health behaviours and health outcomes.

Effectively addressing risky health behaviours requires engaging with contemporary sexual identities and their local social and cultural significance.

Pooled data from SWASH 2010 and 2012, a self-complete biennial questionnaire of LBQ women's health and wellbeing, was analysed.

Data were limited to lesbian, bisexual, or queer identifying women residents of NSW, aged 17-30 years (N = 379).



*** P < .001

** P < .01

* P < .05

We found clear differences in where and how lesbian, bisexual and queer women socialise, their educational attainment, health-related behaviours and experiences of violence and discrimination.

A “rainbow umbrella” approach to the content or delivery of health promotion may not be appropriate for addressing sexual minority women.

Engaging with localised, contemporary sexual identities is paramount to developing appropriate and effective targeted public health interventions.

Q How does your organisation engage with the sexual (and gender) identities that are meaningful to local sexual minority women?

Q How does the language or focus or delivery mode of your work reflect differences within sexual minority women?

Q How could your organisation use the social and cultural significance of contemporary sexual identities to more effectively engage with sexual minority women?