LESBIAN COMMUNITY HEALTH PROFILE 2022

A BOLDER HEALTHIER BIRMINGHAM

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Community Evidence Summaries

As part of the Public Health Division's work to improve the understanding of the diverse communities of Birmingham, we are developing a series of short evidence summaries to improve awareness of these communities and their needs.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behaviour, and wider determinants of health-related issues affecting the specific community nationally and locally.
- To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community both nationally and locally.
- To collate and present this information under the ten key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2021.
- To engage with the local communities on the evidence found and any gaps.
- To promote the use of these summaries for Local Authority and wider system use for community and service development.

Executive Summary

Most existing research often does not disaggregate populations by sexual orientation; therefore, it fails to identify that the experiences of lesbians may be different to those of, for example, the bisexual population or gay men.

The Lesbian Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect lesbian communities in Birmingham.

The term 'lesbian' refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

The profile covers health topics from maternity to ageing and dying well, including health risk factors such as diabetes, CVD (cardiovascular disease); mental health and wellness; protect and detecting topics such as screening and vaccinations. Other themes such as the knowledge and understanding around health issues affecting lesbians are also drawn from qualitative studies.

In 2019, figures from the Office for National Statistics (ONS) showed that lesbians aged 16+ in the UK account for 1.6% of the total population, an increase of 0.2% from 2018. Of all females, 1.1% identified themselves within the gay/lesbian category, a lower percentage than males (2.1%). This means that there are around 375,000 who currently identify as lesbian within the UK.

The ONS estimated in 2019 that 1.2% of the population in the West Midlands region identified as gay/lesbian. However, populations are not broken down at the local or regional level by gender or sexuality and these numbers are likely to under-estimate the numbers of lesbian people within Birmingham. Estimates from 2013-2015 show that there are between 4,000 and 14,000 lesbian/gay people living in Birmingham, equating to between 0.5% to 2.0% of the adult population.

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The evidence and understanding of health inequalities faced by lesbian populations in Birmingham, West Midlands and the UK have been identified through this summary profile through various information sources. At times, data from international studies have been used where local, regional and national information is sparse.

Research shows that lesbians experience significant health inequalities compared to the wider population and face specific barriers to services and support. The key health inequalities identified by this health profile are:

- Compared to heterosexual women, there is a 38% higher chance of poor mental health (anxiety or depression) in lesbians. Around 1 in 5 lesbian and bisexual women have an eating disorder compared to 1 in 20 heterosexual women.
- Compared to heterosexual women, lesbians are more likely to have misused drugs, be regular smokers and have problems with alcohol consumption.
- The likelihood of a lesbian being obese is around 1.5 to 2 times more likely compared to a heterosexual woman.
- There are lower rates of cervical cancer screening attendance among lesbians in the West Midlands when compared nationally.
- Lesbians are more likely to report 'no trust or confidence in the doctor' than heterosexual women. It has also been expressed that lesbians face issues in accessing healthcare. This is, at times, due to homophobia from the healthcare provider.
- Stress coping strategies during the COVID-19 pandemic included binge eating and self-harming, behaviours that are already more common in lesbian communities.

More positively, lesbians are more likely than hetrosexual women to complete the government recommendations for physical activity (a minimum of 150 minutes of moderate exercise per week). Research has also suggested that lesbians are more likely to earn higher salaries and work at the highest occupation levels. A list of organisations working with the lesbian community in Birmingham can be found in Appendix 1.

Methodology

An exploratory search was undertaken by the Public Health Communities Team using a range of databases such as National Data Sources, Nomis (Office for National Statistics), and PubMed to identify information on lesbian communities for this profile. Keyword search terms and subject headings relevant to the themes were decided. All references used within this profile are outlined in the References section.

As an initial exploratory search, the following avenues were examined:

a. National Data Sources

NOMIS data: data was extracted from the 2011 census: https://www.nomisweb.co.uk/. It should be noted that the most recently available census data is from the 2001 and 2011 censuses, so any conclusions drawn from using this data or information should be made with caution.

National voluntary and community sector reports were also identified through Google Scholar and national websites. Examples of such reports which included relevant information on the lesbian community are:

Birmingham LGBT+ (https://bLGBT.org/)

LGBT+ Foundation (https://lgbt.foundation/)

Public Health England (https://www.gov.uk/government/organisations/public-health-england)

Stonewall (https://www.stonewall.org.uk/)

b. PubMed Search

In addition, a PubMed search (https://pubmed.ncbi.nlm.nih.gov/) was performed. All searches contained the keyword "lesbian(s)" and words specific to the specific topic theme. Examples of this are included in this Search Strategy (Appendix 2).

c. Grey Literature

Information sources had not been identified through a or b, further searching through Google, Google Scholar, and PubMed using topic-specific search terms was carried out. Papers relevant to the UK were included, i.e. data and information stemming from local or national reports and/or surveys.

Findings from international and national systematic reviews and large-scale epidemiological and qualitative research studies were also considered for inclusion. International research was included in thematic areas where local and national information was unavailable.

In addition, some "snowballing" was used. This refers to a technique where more relevant research articles are identified from the reference list of an initial search or published article to add to the knowledge base. Generally, searches were limited to 2000 onwards; however, older information was occasionally used where information was scarce.

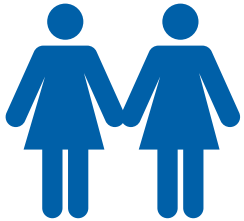
d. Data Consolidation and Analysis

The Public Health Communities Team reviewed results retrieved from the initial searches against the inclusion and exclusion criteria (see Appendix 3). The articles utilised in this document were then analysed, identified, and cross-referenced with other themes throughout the profile.

Caveats/Limitations

- Existing research often does not disaggregate findings between the specific experiences of lesbians, gay men and bisexual people, leading to only a few studies with a large enough group of lesbian participants available to analyse and compare differences with other sub-groups or the wider population.
- There are also limited studies available on lesbians and the wider determinants to health that would ideally be included within community health profiles, such as the impact that lesbians have on contributing to a green and sustainable future.
- The most published evidence is based on populations outside the UK. The findings may not be transferable to a UK context where the legislative, cultural context of being lesbian and the health system may differ.

THE TERM LESBIAN IS USED TO REFER TO A WOMAN WHO HAS A ROMANTIC AND/OR SEXUAL ORIENTATION TOWARDS WOMEN



Similar to other communities of identity, lesbian women often share

CULTURAL REFERENCES, APPEARANCE, SPACES, LITERATURE, ART AND LANGUAGE

1.1% OF WOMEN IN THE UK IDENTIFIED AS LESBIAN/ GAY IN 2019 (ONS)

1.2% OF WOMEN IN THE WEST MIDLANDS IDENTIFIED AS LESBIAN/GAY (ONS)

WOMEN WHO WERE YOUNGER AND FROM WHITE ETHNIC COMMUNITIES WERE MORE LIKELY TO SELF-IDENTIFY AS LESBIAN IN THE UK

This may reflect the historical stigma and criminalisation of same sex relationships in the UK affecting older women's perceptions of safety around coming out as lesbian and the continued discrimination in some countries which impacts on communities here

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1. Introduction

1.1 Lesbian Identity

According to Stonewall, a lesbian refers to a woman who has a romantic and/or sexual orientation towards women[1]. Alternatively, women who have a romantic and/or sexual attraction towards women might identify as gay women, sexual minority women and/or women who have sex with women. In this report, the term 'lesbian' will be used, unless otherwise specified.

The term 'lesbian' was first used in a medical dictionary in 1890 and in modern manifestations, the term commonly appears as the 'L' in the acronym LGBT (Lesbian, Gay, Bisexual and Transgender). This acronym has been widely used since the 1990s, after its adaptation from LGB (Lesbian, Gay and Bisexual) and continues to evolve to represent the diversity of identities amongst the LGBTQ+ community[2].

Like other communities of identity, lesbians often share cultural references, appearance, spaces, literature, art and language. Essential aspects of the lesbian community have been identified as: the social network of lesbians, their group identity, shared sub-cultural values and the organisations and places where lesbians can meet and interact[3]. However, participation in a community of identity is a choice, in the same way as a community of place or community of experience. Although many women benefit from a connection with lesbian communities, not all women will choose lesbian communities as their network or support system. Research has indicated that lesbian communities have stronger ties than bisexual communities, but this can often establish stronger social norms that can negatively affect lesbians' wellbeing[4].

Furthermore, interests within lesbian communities can differ amongst various age cohorts and between various ethnicities. Around the 1950s and 1960s, where lesbianism was more largely discriminated against, lesbian bars housed the largest proportion of lesbian communities and were used as sites of dominance and resistance[2]. Lesbian bars and community clubs are still a key aspect of the lesbian community. Still, in more modern times where discrimination has reduced in most parts of the world, lesbians tend to be more open with showing their sexuality and use their appearance to attain a sense of authenticity after 'coming out'[2]. However, style can change based on an individual's experience, environment, and can even attract different female partners[5].

Communities of identity are not always geographically defined. This is particularly important for lesbians, where meeting in groups may be potentially dangerous due to the stigma and discrimination against the lesbian community. Evidence has suggested that the individuals within the lesbian community desire to connect digitally with other lesbians either in their location or when planning to move or visit an area[6]. Around two-thirds of online personal advertisements from lesbians seek meaningful relationships, from friendships to life partnerships. In contrast, the remaining one third seek non-meaningful connections, ranging from tour guides to casual sexual encounters[6].

UNITED NATIONS DECLARATION ON HUMAN RIGHTS

HUMAN RIGHTS ARE FOR EVERYONE, WITHOUT EXCEPTION: lesbian, gay, bisexual, trans and intersex (LGBTI) people are just as entitled to protection, respect and fulfilment of their human rights as everyone else, including protection from discrimination, violence and torture

There are constitutional protections for lesbians in **11** COUNTRIES AROUND THE WORLD AND A FURTHER

57 HAVE BROAD PROTECTIONS IN PLACE

In 2019 same-sex sexual activity remained criminalised in 72 countries, while 11 countries still had the death penalty for same-sex activities

UK LEGISLATION

In the UK lesbians are protected against discrimination under the

EQUALITIES ACT 2010

1.2 International Context

No robust data on the global population of lesbians currently exists. The 2021 LGBT+ Pride survey estimates that, on average, globally, 3% identify as lesbian, gay or homosexual[7]. Of those identifying as lesbian, gay or homosexual, 1% of females identify as lesbian or homosexual, less likely compared to males reporting as gay or homosexual (4%).

Exploring sexual orientation across 27 countries surveyed, Brazil, Spain, Australia, Netherlands and Canada had the highest proportions of people identifying as lesbian, gay or homosexual[7]. Italy, Russia, and Hungary are among the countries with the lowest populations. It is worth noting that the global country averages are not adjusted to each country's population size and are not intended to suggest a total result.

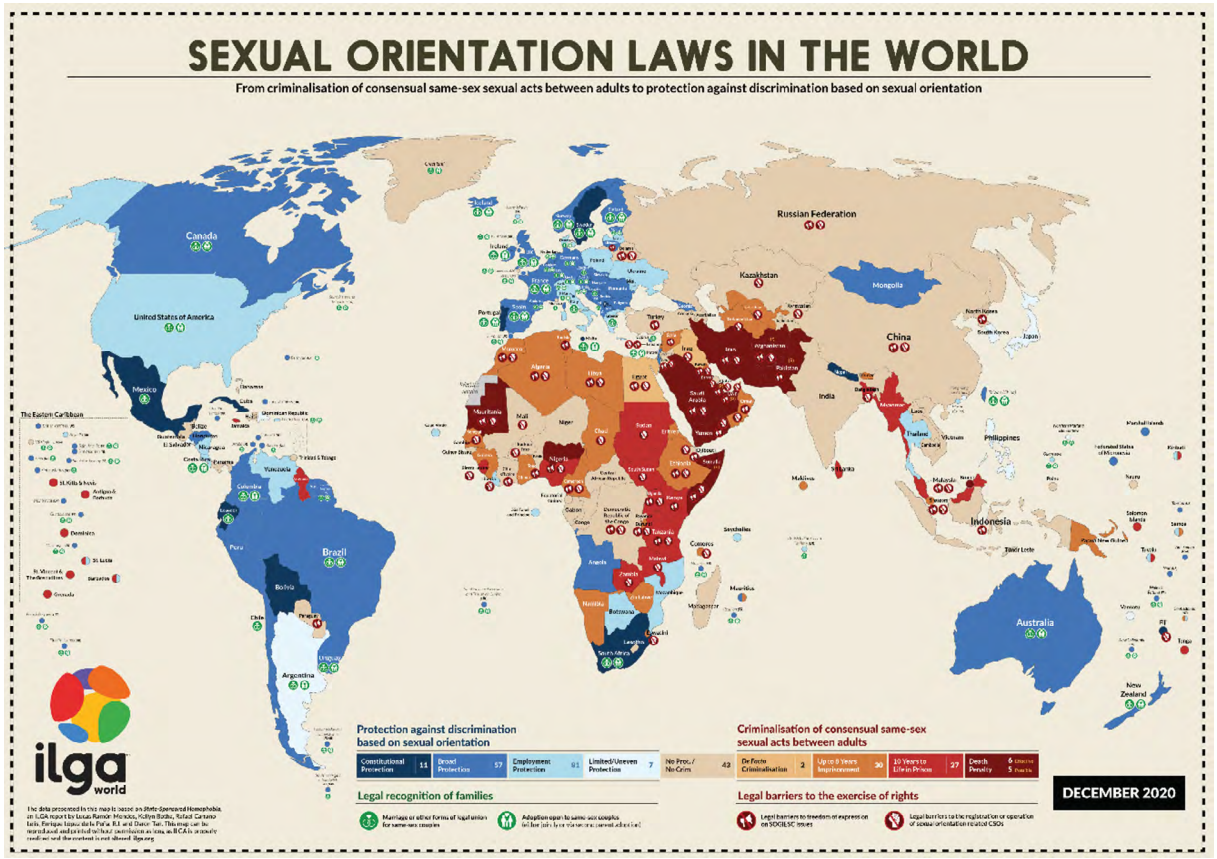
Internationally there is still a lot of tension around the freedom of sexual identity, despite the United Nations Declaration on Human Rights declaring that 'human rights are for everyone, without exception: lesbian, gay, bisexual, trans and intersex (LGBTI+) people are just as entitled to protection, respect and fulfilment of their human rights as everyone else, including protection from discrimination, violence and torture'[8].

Legislative discrimination is not restricted to penalties for same-sex activities. Many countries have laws that prohibit freedom of expression for lesbians through different instruments, such as restricting inclusion in education, prohibiting portrayal in art or media or literature, or chasing community-focused websites and apps.

The 2020 ILGA report on state-sponsored homophobia highlighted that 20 out of 54 UN Member states have legal barriers to self-expression for LGBT+ people[9]. Areas coloured brown/red (Figure 1) show countries where lesbianism is a criminal offence. In 2019, same-sex sexual activity remained criminalised in an estimated 72 countries, while 11 countries still had the death penalty for same-sex activities[10,11].The countries that enforce higher restrictions and the death penalty are primarily in the Middle East and East Africa. Against the backdrop of criminalisation, there is also significant stigma and discrimination, which leads to individuals' inability to live their lives authentically and fully. The suppression of lesbians' individuality tends to be associated with higher rates of depression and anxiety, substance misuse and increased susceptibility to infectious disease.

However, the international picture is not all negative, and many countries have been proactive in endorsing and supporting lesbian communities. Within Figure 1, blue areas highlight countries that protect and endorse same-sex relationships (full data available for download on ILGA website). As shown below, there are constitutional protections for lesbians in 11 countries worldwide, and a further 57 have broad protections in place. Same-sex marriage has been established to offer the same positive impacts on health and wellbeing as opposite-sex marriage.

Figure 1: ILGA map of sexual orientation laws around the world.



Data source: IGLA[9]

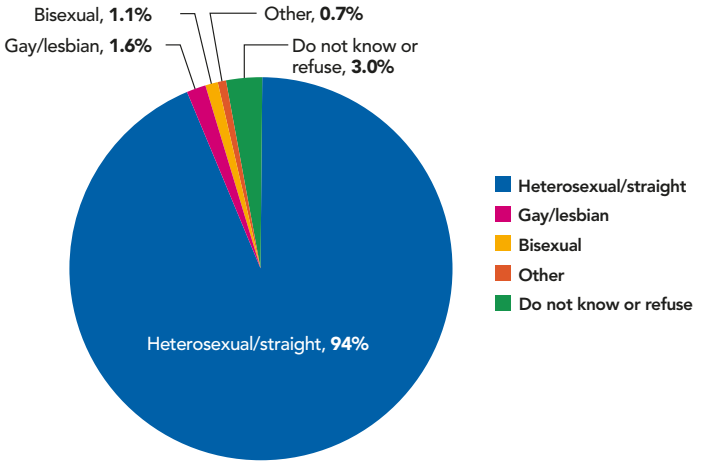
The international context for lesbians is vital because it influences many of our global citizens in Birmingham through their families, friends and cultural communities.

1.3 National Context

The number of lesbians estimated within the UK is not always consistent and can often vary based on survey respondents, categorisation of sexualities, and how lesbianism is defined. The 2011 census is limited as respondents who identified as gay or lesbian could only select a joint categorised lesbian/ gay response.

A report about improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women (LBWSW) stated that LBWSW constitute an estimated 1.9% of the female population in the United Kingdom[12]. According to the ONS, the percentage of those aged 16+ identifying as gay/lesbian in the UK was 1.6% in 2019, as seen by Figure 2, an increase from 1.4% in 2018 (see Appendix 4 for data table)[13].
Those who identified as gay/lesbian were lower in females (1.1%) than in males (2.1%). These figures would approximate that today there are around 375,000 people who identify as lesbian in the UK.

Figure 2: Estimated distribution of sexual identity: UK, 2019

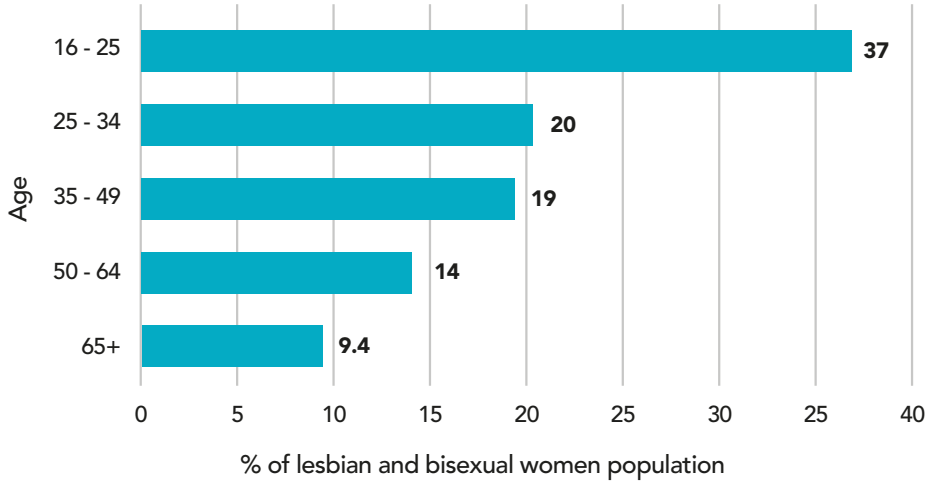


Data source: Office for National Statistics[13]

Note: proportions may not add up to 100% due to rounding

ONS data show younger people (aged 16 to 24) are most likely to identify as lesbian and bisexual, with this age group making up the highest proportion of the lesbian and bisexual population within the UK. The age distribution of lesbians and bisexuals in the UK was as follows: 16-24 (37%), 25-34 (20%), 35-49 (19%), 50-64 (14%), 65+ (9.4%)[13].This is summarised in Figure 3 below (see Appendix 5 for data table). Potential reasons for the disparity in age distribution shown is that younger people may be more likely to explore their sexuality, potentially resulting from living in a society with higher social acceptability of LGBT+ identities[13].

Figure 3: Estimated distribution of lesbian and bisexual women by age: UK, 2019



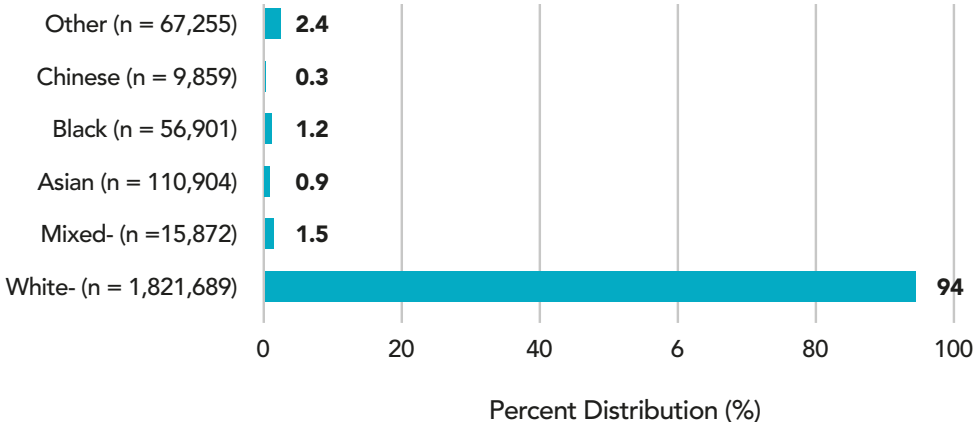
Data source: Office for National Statistics[13]

Note: proportions may not add up to 100% due to rounding

The greatest percentage of the population who identify as gay/lesbian is in London (2.9% of their population), followed by the South-West (1.9%). 1.5% of the West Midlands female population identify as gay/lesbian[13].

Exploring ethnicity/race, more than 94% of lesbians in a survey identify as White, the largest proportion of all[14]. All other ethnicities account for less than 7% each (Figure 4) (see Appendix 6 for data table).

Figure 4: Self-identified race/ethnicity among lesbians: UK, 2018



Data source: Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey[14]

Note: proportions may not add up to 100% due to rounding

The proportion of lesbians who identify as white is higher than the weighted proportion of heterosexual women who identify as white (91%) and mixed race (0.8%), whereas the percentage distribution for Asian, Black, Chinese and other ethnicities identifying as lesbian was lower than expected. The data from this study is summarised by Table 1.

Table 1: Ethnicity among lesbians compared to heterosexuals

Race/Ethnicity	Heterosexual Respondents	Lesbian Respondents	% Difference
White	91.0%	93.9%	+2.9%
Mixed	0.8%	1.5%	+0.7%
Asian	3.2%	0.9%	-2.3%
Black	2.0%	1.2%	-0.8%
Chinese	0.5%	0.3%	-0.2%
Other	2.4%	2.4%	0%
Total	~100%	~100%	N/A

Data source: Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey[14]

More research is needed to clarify whether there is a difference in distribution of sexual orientation amongst different ethnicities or if there is an under-reporting of LGBT+ identities amongst specific groups within the UK due to barriers to 'coming out'.

The main piece of legislation which affects lesbian people's lives in the UK is the Equality Act (2010)[15]. The Equality Act is a legislation that protects people against unlawful discrimination because of their sexual orientation. Under the Equality Act, lesbian people are protected from discrimination and harassment across various spaces and services. These include the workplace, public services (education, healthcare etc.), public bodies, business services, public transport, clubs, and associations.

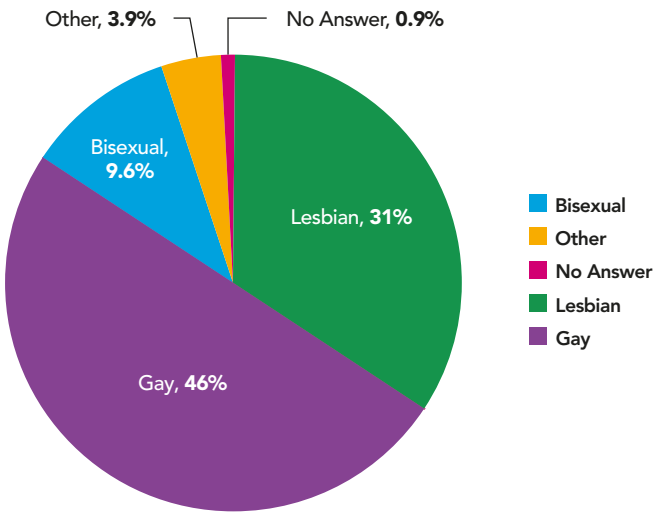
Unlike gay men, lesbians in the UK were never explicitly targeted by any discriminatory legislation. There were discussions of introducing such legislation (to become the Criminal Law Amendment Bill 1921); however, this failed to be passed through the House of Commons and House of Lords due to 'fear it would draw attention and encourage women to explore homosexuality'. There was also an assumption that only an extremely small proportion of the population identified as lesbian. However, the lack of legislation specifically against lesbianism does not detract from the discrimination and barriers faced by lesbians in overcoming other discriminatory legislations affecting all LGBT+ groups.

1.4 Birmingham Context

The ONS estimated in 2019 that 1.2% of the population in the West Midlands region identified as gay/lesbian. However, populations are not broken down at the local or regional level by gender or sexuality. Generalising the percentages for the West Midlands to Birmingham is likely to under-estimate the numbers of lesbian people within Birmingham. The distribution of gay and lesbian people is likely skewed towards urban centres. The ONS supports these estimates that show that between 4,000 and 14,000 lesbian/gay people lived in Birmingham between 2013-2015, equating to between 0.5 to 2.0% of the adult population in Birmingham at the time[13].

The GP Patient Survey is an annual survey that includes a question about sexual orientation from adults. The 2019 survey found that in those responding in the Birmingham and Solihull Clinical Commissioning Groups (CCG), 0.54% identified as lesbian/gay and female[16]. In the Black Country and West Birmingham CCG, 0.39% identified this way, lower than the national proportion (0.55%). The most recent Birmingham data estimating the number of lesbians comes from the LGBT Out and About report, which found that out of the 636 LGBT people who answered the survey questions, 31% identified as lesbian[17]. Figure 5 below summarises how the proportion of lesbians compares with other sexual minorities in Birmingham (see Appendix 7 for data table).

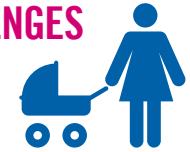
Figure 5: Proportion of lesbians compared to other sexual minority populations from a LGBT+ population: Birmingham, 2011



Data source: Birmingham LGBT[17]

Note: proportions may not add up to 100% due to rounding

LESBIAN WOMEN FACE MORE CHALLENGES IN BECOMING PARENTS THAN HETEROSEXUAL WOMEN



80%

LESS LIKELY TO HAVE EVER BEEN PREGNANT COMPARED TO HETEROSEXUAL WOMEN

However lesbian & bisexual young women have a higher risk of teenage conception than heterosexual women

IVF

Lesbian women still face barriers to accessing IVF treatment despite NICE setting out guidelines for the NHS that includes same-sex partners

THERE WERE HIGHER RATES OF POLYCYSTIC OVARY SYNDROME

CAUSING INFERTILITY IN LESBIAN WOMEN

compared to heterosexual women

WEIGHT STATUS OF SCHOOL PUPILS

In an examination of BMI trajectories from adolescence to adulthood (11 years to 34 years),

LESBIAN WOMEN HAD A NEARLY A TWO-FOLD RISK OF DEVELOPING OBESITY

after accounting, for other known risk factors

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2. Community Profile

2.1 Getting the Best Start in Life

Getting the Best Start in Life key findings:

- Lesbians face more challenges in becoming parents than heterosexual women, including stigma and discrimination within maternity and early years services.
- Lesbians were almost 80% less likely to have ever been pregnant compared to heterosexual women.
- Lesbians face barriers to IVF treatment including having issues being referred by a doctor, being too afraid to ask for IVF and thinking that they had to fund it themselves.

2.1.1 Overview

Lesbians can become parents through heterosexual intercourse, adoption and assisted conception. However, lesbians face more challenges in becoming parents than heterosexual women, including stigma and discrimination within maternity and early years services. Evidence shows that LGBT+ parents face fear, discrimination and heteronormativity within the child health field[18].

The rates of ever becoming pregnant are much lower among lesbians. One study found that lesbians were almost 80% less likely to have ever been pregnant than heterosexual women[19]. Lesbians undergoing artificial insemination were less likely to have been previously pregnant.

There is no evidence that children of lesbian parents experience different health, wellbeing, behavioural or educational outcomes than children of heterosexual parents. However, there is evidence that same-sex parents often have less social support than heterosexual counterparts, and this increases parental stress; this has been particularly noted in some ethnic communities. For example, a review that explored race and same-sex marriage found that lesbian interracial couples demonstrated challenges of hypervisibility (partners experience both homophobia and racism), while Black lesbian couples received family support individually but not together as a couple[20].

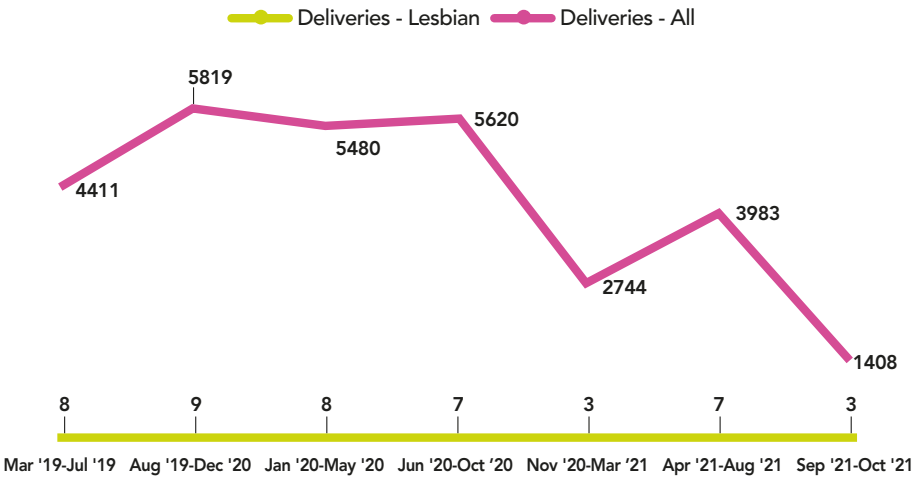
It is important to note that UK-based research has found a higher likelihood of teenage pregnancy among lesbian and bisexual adolescents than heterosexual adolescent women[19]. The pregnancy rates in lesbian adolescents were 37% higher than in heterosexual adolescents.

The Birmingham LGBT Out and About report revealed that lesbians were the least likely to have adopted (1.1%) a child, compared to gay men and bisexuals (both 1.9%) and all-trans people (4.1%)[17]. Of those who had not adopted, trans respondents were least likely to consider adoption (31%), compared to gay men (45%), lesbians (48%) and bisexual men and women (60%).

2.1.2 Infant Mortality and Live Births

A total of 29,465 babies were born in Birmingham between March 2019 and October 2021, 45 (0.2%) of which were born from lesbian mothers (Figure 6 and Appendix 8 and Appendix 9 for data table). The numbers may not be a true representative of the proportion of children born to lesbian mothers due to the inconsistency of data collection in hospitals across Birmingham and nationally.

Figure 6: Baby deliveries at the University Hospitals (UHB) and Birmingham Women and Children Hospital (BWC) between March 2019 and October 2021 (All deliveries and lesbian deliveries)



Data source: Data obtained from UHB and BWC[21]

Published evidence reveals that:

- Lesbians were more likely to undergo IVF than heterosexual women[22]. However, lesbians faced barriers to IVF treatment[17], including being referred by a doctor, being too afraid to ask for IVF, and thinking they had to fund it themselves. IVF is also associated with an increased likelihood of babies being born with low birth weight[1722].
- The majority of co-mothers' reported positive and inclusive interpersonal experiences with the maternity staff [23]. However, some co-mothers felt excluded by heterocentric organisational maternity service structures.

2.1.3 Maternal Health

A West Midlands Health Technology Assessment Collaboration Report found, that according to findings from a clinic in London between the years 2001 and 2003[24]:

- Lesbians had a higher mean ovarian volume (9.8 compared to 7.5 in heterosexual women) and a higher percentage of oligomenorrhea/ amenorrhea, acne, hirsutism, and polycystic ovary syndrome (38% versus 14%).
- Lesbians had higher rates of polycystic ovary syndrome, causing infertility, compared to heterosexual women.

There are very few studies and limited data exclusive to lesbian adolescents or children born to lesbian mothers to understand the health needs of lesbian children or those from lesbian mothers in the context of engagement with services such as childhood vaccinations, screening programmes etc.

2.1.4 Childhood Obesity

There is no evidence on same-sex parents and childhood obesity in the UK. However, there is international research into obesity in lesbian adolescents which suggests higher rates of excess weight in lesbian and bisexual cis-gender girls than heterosexual cis-gender girls. This contrasts with gay and bisexual cis-gender boys who showed lower levels or no difference than heterosexual cis-gender boys.

- Lesbian high school students were 1.9 times more likely to be overweight[25] and were 24% less likely to be physically active compared to heterosexual girls[26].
- In an examination of BMI (Body Mass Index) trajectories from adolescence to adulthood (11 years to 34 years), lesbians had a two-fold risk of developing obesity after accounting for known risk factors for obesity[26].

2.1.5 Child Poverty

There is a lack of information for child poverty rates within children of lesbian couples or mothers. According to an article by Poverty and Social Exclusion[27], lesbians are about as likely as heterosexual women to experience poverty. However, evidence suggests that lesbians are more likely to be paid more than heterosexual women. This may mean that children who lesbian mothers raise are less likely to be brought up in poverty[27].

2.1.6 Bullying

There is a lack of data regarding 'coming out' bullying experiences exclusive to lesbian adolescents. However, there is evidence that homophobic bullying, harassment and language is a major problem in education[28]. Stonewall's School Report indicates that nearly half of lesbian, gay, bi and trans pupils (45%) had been bullied for being LGBT+ at school[29]. Half 'frequently' or 'often' heard targeted homophobic language in school (52%). Students in Scotland revealed that the word "gay" being used as a negative comment was heard by 56% of people in school daily, while "lesbian" was heard being used in a negative way by 22% daily[30].

"frequently hear people using the word 'gay' as an insult, but I rarely see people being called out on saying it. I don't think people realise what they're saying a lot of the time and that it's really homophobic. I think it's because saying something is 'so gay' is seen as normal for many people."

18-year-old girl from South-East

"I have short hair, and I was told that I must be a lesbian (or lezza as they called it) because I have short hair."

12-year-old girl in secondary school - from England

Around 40% of LGBT+ youth who experienced bullying in a school environment reported skipping school due to the bullying[28]. Exploring the prevalence of bullying across England, the West Midlands had the second-highest reports (51%) after Wales (54%). South-East England had the lowest reports of bullying among lesbians and other minority sexualities (36%)[29].

2.1.7 Coming Out

Declaring an LGBT+ identity is often referred to as 'coming out'. Some may experience identity confusion leading up to and at this point, as a result of stigma attached to identifying as LGBT+, inaccurate knowledge, a lack of role models, minimal opportunity to socialise with other youth having similar feelings and a lack of acknowledgement or acceptance of their orientation. The journey to 'coming out' is often challenging, with the first steps generally taken alone, and in considerable emotional distress. More than 70% of young LGBT girls report having seriously considered taking their own life[29]. An online YouGov survey conducted between February and March 2009, found that only a half of lesbians, gay men and bisexual women within schools, colleges or universities, felt that they could be open about their sexual orientation without fear of prejudice or discrimination[31].

There is limited data available on the proportion of lesbian youth which have 'come out' to their friends and family. However one study estimated that only half of lesbian, gay and bi people (46%) could be open about their sexuality to their family[32]. With the barriers associated to 'coming out' during adolescence there is a potential that this number is higher amongst lesbian youth.

Feeling comfortable and confident 'coming out' can be influenced by the school environment. A report from 2014 found that 39% of primary school teachers did not feel that they could teach about lesbian, gay or bisexual issues and 37% did not know if they were allowed to[33]. A survey of students (674 from all key stages) from Birmingham found that 38% of people hadn't learned about the definitions of the terms lesbian, gay, bisexual and trans at school, while 62% did not learn about all types of relationships, including lesbian, gay, bisexual and trans people[34].

2.1.8 Educational Attainment

Educational attainment data is not collected on a sexuality level in the UK. As a result, it is difficult to understand the educational attainment of lesbian youth in Birmingham and nationally. Data available on LGBT+ youth as a collective cohort demonstrates experiences of homophobic bullying, lack of LGBT+ inclusion and insufficient support which could potentially hinder educational experience and attainment[28 29 35].

2.1.9 Mental Health

There is a lack of data regarding mental health experiences exclusive to lesbian adolescents. However, some studies give indicators of mental health in LGBT+ youth. The key findings are:

- Roughly 60% of LGBT+ young people had deliberately harmed themselves at some point in their life[35].
- More than one in five LGBT+ young people had attempted to take their own life[29 36].
- Reports of depressive symptoms were higher amongst sexual-minority adolescent females (66%) than sexual-minority adolescent males (34%) and heterosexual females (52%)[36].
- Prevalence of self-harm during adolescence was also higher amongst sexual-minority adolescent females (67%) than sexual-minority adolescent males (33%) and heterosexual females (56%)[36].
- Lifetime self-harm with suicidal intent was also higher amongst sexual minority youth (14%) than heterosexual counterparts (4%). However there was no gender breakdown provided for these figures[36].

Prevalence of poor mental health is compacted when LGBT+ youth are disabled or identify as trans/non-binary[29].

2.2 Mental Wellness and Balance

Mental Wellness and Balance key findings:

- Compared to heterosexual women, lesbians had a 38% higher chance of poor mental health (anxiety or depression). Rates of longstanding psychological or emotional conditions were 12% in lesbian women vs 6.0% in heterosexual women.
- Problems with alcohol intake in lesbians from the West Midlands were higher than the regional average for adults aged 16+ (25%-37% vs 7%).
- More lesbians (79%) reported having ever used drugs compared to heterosexual women (61%).
- 39% of lesbian and bisexual women living with a disability had experienced domestic violence from a family member, partner or ex-partner since the age of 16.

2.2.1 Mental Health

There is a consistent body of evidence that demonstrates the significantly higher rates of mental health problems affecting lesbians than the general population. Compared to heterosexual women, lesbians have been shown to have higher rates of anxiety and depression, eating problems/disorders and are more likely to engage with self-harm and attempt at taking their own life.

Detailed findings from published research reveal:

- The prevalence of mental health problems in a West Midlands lesbian population was 31%-35%, and suicide attempts were between 20%-31% [37].These figures are higher than the estimated prevalence of mental health problems in the West Midlands population over 16[38].

- Compared to heterosexual women, there was a 38% higher chance of poor mental health (anxiety or depression) in lesbians. Bisexual women had a 123% higher likelihood[12 39].
- 78% of lesbian students' mental health deteriorated during the lockdown, which is higher than bisexual young people (74%), male gay teenagers (71%) and non-LGBT+ people (50%). 6 in 10 lesbians feared for their mental health daily which is higher than gay males (4 in 10)[40].
- Rates of those who have experienced anxiety in the last year: bisexual women (72%), lesbians (60%), bisexual men (56%), gay men (53%)[41].
- Rates of self-harm were higher in bisexuals (women: 28%, men: 18%) and lesbians (14%). Rates tended to be more than double those of the general population (6%) and approximately doubly as likely as gay men (7%)[42].
- Compared to heterosexual counterparts, lesbians were around 30% more likely to experience mental distress. 44% of lesbians scored the above the threshold score for clinical interview schedule compared to heterosexual women (34%)[42].
- Lesbians were more likely to have experienced depression in their lifetime compared to heterosexual women[41].
- Perceptions of those who felt like life was not worth living were highest in bisexual women (50%), followed by bisexual men (43%), lesbians (37%), gay men (32%)[41].
- Compared to bisexual men and women, lesbians had a lower risk of eating disorders, mental ill-health and lower alcohol consumption[42].
- Lesbians were nearly three times more likely than heterosexual women to have consulted a mental health professional[42].
- Lesbian women reported the following barriers to accessing mental healthcare services: wait was too long (47%), worried, anxious or embarrassed (22%), GP not supportive (14%), no convenient time (12%), GP did not know where to refer (8%) and services not close enough (7%)[43].
- 2 in 5 lesbians reported experiencing negative or mixed reactions from mental healthcare professionals. However, lesbians were on average around 7% more likely to report positive experiences of mental health services than bisexual women[43 44].

There is clear evidence that mental health disorders are more common amongst lesbians. However, there is a lack of information about why lesbians experience worse mental health outcomes and the incidence/prevalence of those sectioned for their mental health.

The stress model provides further insight into the data discussed and explains that there is a higher prevalence of mental disorders caused by excess in social stressors related to stigma and prejudice around being from the LGBT+ community. This stress model however does not depict the experience of the lesbian community alone and instead refers to the LGBT+[45].

2.2.2 Alcohol

Lesbians appear to drink alcohol more regularly compared to the general population. Compared with the general population, data from the Office for National Statistics General List Survey shows that drinking was twice as common amongst lesbians[46].

Other published research shows:

- Problems with alcohol intake in lesbians from the West Midlands were higher than the regional average for adults aged 16+ (23-37% vs 7%)[37].
- Lesbians were around two times as likely to be classified as heavy drinkers than heterosexual women[47].
- Over eight out 10 lesbians reported having drunk alcohol over the last month[46].

- Relating to the frequency of binge drinking, 2.9% of lesbians reported drinking daily or almost daily, the smallest proportion compared to those who reported drinking four or five times a week (6.5%), once or twice (21%) or at least once or twice a week (31%)[46].

Local drug and alcohol services do not collect data on sexuality. As a result, it is difficult to understand the prevalence of alcohol misuse in Birmingham and nationally, quality of service provision and lesbians' level of engagement with services.

2.2.3 Drug Use

Like other LGBT+ community groups, substance misuse is higher in lesbians compared to the general population[42]. More lesbians (79%) reported having ever used drugs compared to heterosexual women (61%). This was a similar proportion to all men (77%). When comparing those who have used drugs in the last month, 44% of lesbians stated that they had, which was higher than the proportion of heterosexual women (33%) but lower than the proportion of gay men (52%)[42].

Published literature evidence that:

- Drug use among lesbian and bisexual women, especially marijuana (33% used in the past year), was fairly common. Illicit drug use has been found to be associated with impairment and specific life problems. A significant proportion of women want but have not received professional treatment for their drug use[48].
- Lesbian, gay and bisexual people used stimulant drugs to a greater extent and used opiate drugs to a similar extent compared with people in the general population. Nearly 3 in 10 people reported having used at least one substance (excluding alcohol) in the last month[46].
- Most commonly used substances were alcohol (83%), cannabis and poppers (both 15%), cocaine (6.4%) and ecstasy (5.1%)[46].
- 38% of lesbians reported being substance dependent, a higher proportion compared to bisexual women and men (13% and 4% respectively), but a smaller proportion compared to gay men (43%)[46].
- Help-seeking behaviour positively correlated with the number of dependency indicators reported. 69% of LGBT+ people surveyed reported they would seek help, compared to 31% who reported they would "not". However, those who had sought help were more likely to access informal sources such as the internet (71%); friends, family and partners (49%), leaflets (24%) and the media (17%), rather than more formal or professional services such as the drug services (5.1%); Alcoholics Anonymous or Narcotics Anonymous (4.6%) and alcohol services (6.6%)[46].
- Barriers to seeking help for drug misuse among LGBT+ people included feelings of shame, confidentiality and wanting to deal with the problem alone[46].

Local drug and alcohol services do not collect data on a sexuality. As a result, it is difficult to understand the prevalence of drug misuse among lesbians in Birmingham and nationally, the quality of service provision and lesbians' level of engagement with services.

2.2.4 Smoking

As with drug substance use, smoking rates are higher amongst lesbians. Smoking rates of lesbians in the West Midlands varied between 42% - 55%, which is twice the average (21%) of all people aged 16+ from the West Midlands[37]. Reports from Public Health England suggest that lesbians had the second highest rates of smoking amongst people of different sexualities (lesbians = 26-30%, bisexual women = 31%, bisexual men = 26%, gay men = 23% and heterosexual women = 17%)[12 49].

Other published research reveals that:

- 45% of lesbians reported smoking cigarettes, a similar proportion to gay men (45%), but higher than heterosexual women (36%)[42].

- 31% of lesbians participating in the Integrated Household Survey in 2013 were current smokers, higher than bisexual women (22%) and heterosexual women (17%)[50].
- Lesbians were more likely to have ever smoked (61%) than their heterosexual counterparts (51%)[51].
- Lesbians were around 65% more likely to be current smokers than their heterosexual counterparts[47].

Overall, there is conclusive evidence that lesbians are more likely to be smokers than heterosexual women. However, there is limited knowledge about the effectiveness of smoking cessation services and the quality of provision of services for the lesbian community.

2.2.5 Domestic and Sexual Violence

Domestic violence is a significant issue amongst the lesbian community. The LGBT+ Out and About report revealed that in 2011, domestic abuse was high within lesbian relationships; 33% of lesbians reported experiencing domestic violence, which is lower than all bisexual (35%) and all trans (35%) people but higher than gay men (15%)[17].

Other published research revealed that:

- 39% of lesbian and bisexual women living with a disability had experienced domestic violence from a family member, partner or ex-partner since the age of 16[22 52].
- 12% of lesbian women and 13% of bisexual women reported having experienced domestic abuse from a partner in the previous year[53].
- 1 in 4 lesbian and bisexual women reported having experienced domestic violence in a relationship. In two thirds of cases, the perpetrator was a woman, and in a third of cases, a man. This is comparable to the 1 in 4 of the general population of women who have experienced domestic violence[54].
- 4 in 5 lesbians and bisexual women who had experienced domestic abuse never reported these incidents to the police. Of those who did report their experience, only 49% were happy with how the situation was dealt with by the police[54].
- Lesbians reported not knowing that they were "covered" by domestic abuse laws and were entitled to call the police when it occurred. One UK study revealed that 4 in 5 of lesbian and bisexual women who experienced domestic violence had not reported it to the police, of those who did report, only 49% were happy with how the police dealt with the alleged offence[22 52 54 55].
- A service provider described how lesbian and bisexual women might be forced into marriage with a man because their family members believed that by marrying and having a family, they would "get over it"[55].
- While some women in opposite-sex relationships may stay in the relationship and get support while their partner attends a perpetrator programme, this option is unlikely to be available to lesbian and bisexual women experiencing abuse from a female partner. The limited perpetrator programmes which are available provide services targeted only at men or would not run mixed-gender groups[55].
- Lesbian and bisexual women reported that when they had disclosed that a woman had raped them, service providers found it "difficult to envisage" a female perpetrator[55].
- 8.2% of lesbians reported having experienced sexual abuse by a partner in 2018, compared to 11% of bisexual women and 6% of heterosexual women[56].

There is evidence to suggest that domestic violence is an issue that is

prevalent in the lesbian community. However, there is a reluctance to report such events, which may be due to heterosexual narratives of domestic violence and the failure to deal with crimes appropriately and effectively.

Existing research focuses predominantly on domestic abuse within intimate relationships, with little evidence on other forms of domestic abuse, such as familial abuse.

Barriers to accessing services for domestic abuse, stalking and harassment and sexual violence services include: victims not identifying their experience as abuse, blaming themselves for their experience, a lack of awareness of services, fear of losing care of children, a lack of trust in services, poor service accessibility and living with a partner where violence is tolerated[54]. Across the UK, Black ethnic or minority-ethnic lesbian women and gay men were three and a half times more likely to have experienced unwanted sexual contact and twice as likely to have experienced sexual assault than White people[57]. There is a need for further research, mapping the availability and need for programmes for female perpetrators, considering whether the lack of availability of these programmes disproportionately affects lesbian and bisexual women.

2.2.6 Hate Crimes and Discrimination

Lesbians still receive homophobic abuse and discrimination, both at their workplace and in everyday life. The LGBT+ Out and About report from 2011 revealed that in 2011 the percentage of lesbians who experienced discrimination at work (29%) was higher than gay men (28%) and bisexual (27%) but lower than trans people (40%)[17]. Physical violence against lesbians was two and a half times less likely than against gay men[22 58].

However, within Birmingham, it has been revealed there was a lack of information on homophobic crime and information was more heavily focused on racial crimes. The Out and About report suggests that in Birmingham in 2011, around 41% of people who identify as LGBT+ had been victims of a hate crime[17]. However, the survey does not break this figure down further by sexual orientation or gender identity. National data on homophobia hate crime does not present statistics by sexual orientation.

Lesbian respondents also revealed that they had mixed responses regarding the support given to them by police when reporting homophobic crimes[17].

Other published research suggests that:

- Lesbians were more likely to have experienced a hate crime in the last year due to their sexual orientation (21%) than gay men (19%), bisexual men (16%) and bisexual women (14%)[59].
- Around 40% of lesbians did not feel comfortable walking down the street while holding their partners hand; this was lower than for gay men (58%) but higher than for bisexual men and women (29% and 16% respectively)[59].
- Lesbians were more likely to experience discrimination in shops and stores (16%) than people of other sexual orientations (bisexual men 16%, gay men 8%, bisexual women 7%)[59].
- Within their local LGBT community, 9% of lesbians reported having faced discrimination or poor treatment. This was higher than among gay men (4%), but lower than among bisexual women (27%) and bisexual men (18%)[53].

There is a need for further research and mapping of experiences of hate crimes and discrimination by specific sexual orientation. The majority of studies focus on describing LGBT+ experiences as one homogenous group. It would also be useful to gain insight into the measures that lesbians would like taken at workplaces and in society to remove homophobia and homophobic hate crimes.

EATING DISORDERS

Around 1 in 5 lesbian and bisexual women had an eating disorder compared to 1 in 20 heterosexual women

HEALTHY BODYWEIGHT

#1	Bisexual women	62%
#2	Heterosexual women	54%
#3	Lesbian women	49%

OBESITY

Likelihood of a lesbian woman being obese was around

1.5-2x MORE LIKELY THAN A HETEROSEXUAL WOMAN

DIET

Lesbians were more likely than heterosexuals to have ever eaten red meat in the previous year.

Lesbians were more likely to have reported a history of weight cycling (losing 10 pounds more than once) than heterosexual women (43% vs 34%)

A BOLDER HEALTHIER BIRMINGHAM

2.3 Healthy and Affordable Food

Healthy and Affordable Food key findings:

- Around 1 in 5 lesbian and bisexual women had an eating disorder compared to 1 in 20 heterosexual women.
- Lesbians were more likely to have reported a history of weight cycling (losing 10 pounds more than once) than heterosexual women (43% vs 34%).
- Fewer lesbians (49%) were at a healthy bodyweight (a Body Mass Index between 18.5 and 25.0) compared to heterosexual women (54%) and bisexual women (62%).
- Overall, research indicates that the likelihood of a lesbian woman being obese was around 1.5 to 2 times higher than a heterosexual woman.

2.3.1 Diet

Published evidence suggests that lesbians are more at risk of developing eating disorders, significantly influencing their dietary intake. Around 1 in 5 lesbian and bisexual women had been diagnosed with an eating disorder compared to 1 in 20 heterosexual women[12 22 52]. Research from the West Midlands estimates this may be slightly lower, with between 5%-16% of lesbians reporting an eating disorder[37]. Bulimia and anorexia were the two most common eating disorders amongst lesbian and bisexual women. Of those experiencing an eating disorder, 51% suffered from bulimia, while 34% experienced anorexia[52 60].

The UK Prescription for Change Survey found that 19% of lesbian women and 31% of bisexual women had an eating disorder. Of the women who had an eating disorder, 51% of lesbians and 56% of bisexual women had bulimia, while 34% of lesbians and 31% of bisexual women had anorexia[52].

Although there are limited studies which compare lesbians and women of sexual minorities to heterosexual populations, evidence from these studies suggests that:

- Lesbians were less likely than heterosexual women to have eaten red meat in the previous year[51].
- There were no differences in low fat, fat or vegetarian diet rates between lesbians and the heterosexual control group[51].
- Lesbians were more likely to have reported a history of weight cycling (losing 10 pounds more than once) than the heterosexual control group (43% vs 34%)[51].

There is limited evidence to understand the knowledge of healthy eating and portions among lesbian populations. The small number of studies lesbian eating habits inhibits strong conclusions. Additionally, of the few studies on this topic, data from lesbian and bisexual women were often combined.

2.3.2 Obesity

Conclusively, it is highlighted that rates of obesity are higher amongst lesbians than their heterosexual counterparts. The Active People Survey showed that fewer lesbians (49%) were at healthy body weight (a Body Mass Index between 18.5 and 25.0) compared to heterosexual women (54%) and bisexual women (62%)[61]. More lesbians (45%) were shown to be obese or overweight than heterosexual women (41%)[12 61]. Overall, research shows the likelihood of a lesbian being obese was around 1.5 to 2 times higher compared to a heterosexual woman[47 62 63].

One study analysed cardiovascular disease risk factors amongst lesbians aged 40 and over, using their heterosexual sisters as comparators[51]. The study found that lesbians had a higher mean score for waist/hip ratio (lesbians = 0.82; their sisters = 0.80) and a higher number of those with a waist measurement of >35 inches (37% vs 26%) compared to their sisters. 53% of lesbians had a BMI that was too high or too low, compared to 42% of their sisters. These factors increase the risk of developing cardiovascular disease and other illnesses/ diseases such as cancers and diabetes.

There is a lack of information on the dietary knowledge of lesbians and explanations as to why lesbians are more likely to have higher body weight.

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2.4 Active at Every Age and Ability

Active at Every Age and Ability key findings:

- 60% of lesbians were considered to be physically active, which is higher than their heterosexual counterparts at 51%, but lower than bisexual women at 70%.
- 20% of lesbians were physically inactive which is lower than 21% in bisexual women and 32% in heterosexual women.

Government recommendations for physical activity state that individuals should complete a minimum of 150 minutes of physical activity per week at moderate intensity or 75 minutes of physical activity per week at vigorous intensity[64]. According to these guidelines, research shows 60% of lesbians were considered to be physically active (>150 minutes of moderate activity per week), which was higher than physical activity among heterosexual women (51%) but lower than bisexual women (70%)[61]. Rates of physical inactivity (<30 minutes moderate per week) were lower in lesbians (21%) than bisexual women (21%) and heterosexual women (32%)[12 61]. Other research has shown lesbians were 34% more likely to partake in physical activity compared to heterosexual women[47].

Other published research shows:

- 39% of lesbian and bisexual women said that they exercised on most days which is higher than the 28% of women polled from the Health Survey for England[12 22 65].
- The rates of those partaking in more than 75 minutes of vigorous physical activity per week was lower amongst lesbians (28%), compared to gay men (35%), bisexuals (32%) and trans people (30%)[66].

- Lesbian and bisexual women aged 40 and over were more likely to report exercising weekly than their heterosexual sisters. However, there was no difference in the number of times per week exercised, length of exercise or exercise vigour between lesbians and their sisters[51].
- Lesbians were more likely to own their bicycles than gay men or bisexual men or women. Cycling is the most popular form of transport amongst lesbian[65].
- The LGBT+ group most likely to have a personal trainer were gay men (27%). For lesbian/gay women it was almost one in five (19%), bisexual people, it was one in six (17%), and trans people, one in nine (11%)[65].
- Looking at the figures for the two largest groups, lesbian/gay women (38%) more likely to have active-type jobs than gay men (23%)[65].

Overall, there is evidence to suggest that lesbians are more active than their heterosexual counterparts. Still, there is a lack of research to investigate the popular types of activity amongst lesbians. There is also a need to investigate the facilitators and barriers which influence physical activity amongst lesbians.

LEVEL OF QUALIFICATION

There is weak evidence that lesbian women

ARE MORE LIKELY TO BE EDUCATED TO A HIGHER LEVEL COMPARED TO HETEROSEXUAL WOMEN

7.1% Within the UK, lesbian women were paid 7.1% more than heterosexual women

Women in same-sex households were more likely to be in the highest occupation level (professional, administration or managerial employees) **59%**

COMPARED TO HETEROSEXUAL WOMEN 37%

25% OF LESBIANS REPORTED 'FAIR TO POOR HEALTH'

a higher proportion compared to heterosexual women (21%)

NEUROLOGICAL CONDITIONS

THERE WAS A HIGHER RATE OF SELF-REPORTED PREVALENCE OF LONG-TERM NEUROLOGICAL CONDITIONS IN LESBIANS **2.9%**

COMPARED TO HETEROSEXUAL WOMEN 1.9%

A BOLDER HEALTHIER BIRMINGHAM

2.5 Working and Learning Well

Working and Learning Well key findings:

- Within the UK, lesbians were paid 7.1% more than heterosexual women.
- Women in same-sex households were more likely to be in the highest occupation level (professional, administration or managerial employees) (59%) compared to heterosexual women (37%).
- 26% of lesbians reported living in the 5th most deprived areas, a higher proportion compared with heterosexual women (18%), similar to bisexual women (28%) and gay men (29%).
- Lesbians were around 50% more likely to report their health as fair/poor compared to their heterosexual counterparts.
- There was a higher rate of self-reported prevalence of long-term neurological conditions in lesbians (2.9%) compared to heterosexual women (1.9%).

2.5.1 Education

Overall, there was a lack of local and national information about the educational attainment of children who identify as lesbian or children brought up with lesbian mothers. The Out and About report provides some insight into education levels amongst the LGBT+ population within Birmingham. Of survey respondents, 67% of lesbians cited their highest level of qualification as 'Degree or Equivalent'. This is higher than the trans (39%) and gay (61%) survey respondents but lower than bisexual respondents (71%)[17]. However due to the small sample size of the survey, these findings should be interpreted with caution. An online YouGov survey by the Equality and Human Rights Commission conducted between February and March 2009, found 50% of lesbians had qualifications of NVQ4 (Higher Education Certificate/BTEC) and above, which is higher than 28% of heterosexual men and women[31].

International published research evidenced that:

- In the Netherlands, children raised by same-sex parents from birth performed better at primary and secondary school than children raised by different-sex parents from birth[67].
- In the United States, the likelihood of not being highly educated was 62% lower in lesbians compared to heterosexual women[68].

2.5.2 Economic Activity

There is weak evidence of inequality of employment outcomes by sexual orientation, although, most evidence points towards employment rates, occupational levels and earnings for LGB people being higher than that of heterosexual people. A study investigating women's pay from western countries found that lesbians were paid 7.1% more on average than heterosexual women within the UK[69]. National survey results of lesbians living in same-sex households had higher weekly earnings (£437 a week in 2004/05) compared to £293 in women in heterosexual households. However, differences in weekly earnings were not shown when characteristics such as education were controlled for[28]. Other speculations surrounding discrepancies in pay may be attributed to lesbians being more likely to pursue a career instead of becoming a mother[69]. However, this stereotyping must be taken with caution, and further research is needed.

Other published research evidences that:

- Lesbians were 8.2 percentage points more likely to be working full-time than otherwise similar heterosexual women[70].
- Compared to other LGBT+ communities in Birmingham, lesbians had employment rates of 16%, compared to gay (10%), trans (26%) and bisexual (16%) people[17].
- Women in same-sex households were more likely to be in the highest occupation level (professional, administration or managerial employees) (59%) compared to heterosexual women (37%)[28 71].
- Findings from responses from third-year undergraduates show that lesbians had around 5% less chance of being interviewed, and the interviews are for jobs that typically pay 1.2% less than heterosexual females[69].

The census in 2011 did not analyse employment rates amongst different sexualities. Therefore, national information about the percentage of lesbians in employment is inconsistent and dependent on the measurements used within the study.

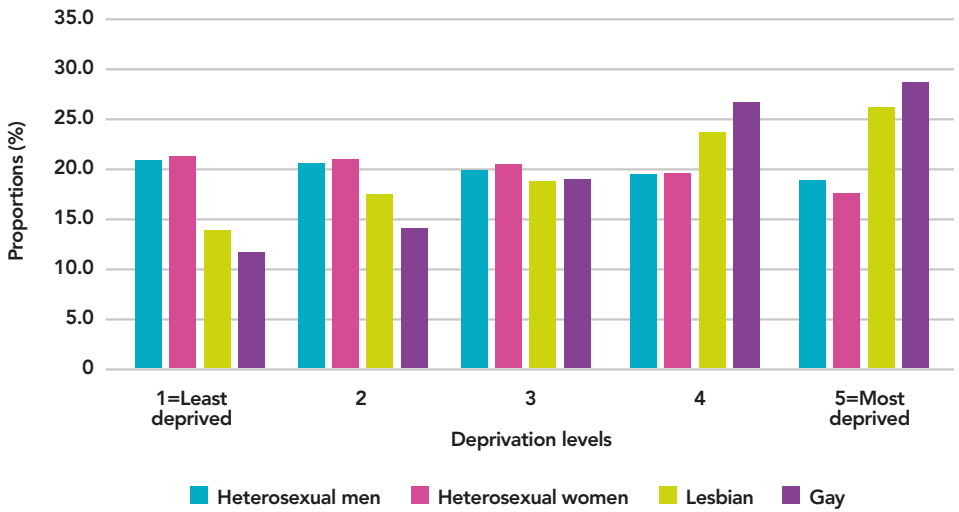
2.5.3 Housing

Deprivation is defined as people not having or being prevented from accessing something they want or need. People living in deprived areas are more likely to suffer from poorer mental health outcomes, drug and tobacco use, alcohol dependency, and lower education and employment rates.

In a 2015 UK national survey on health and health care experiences, sexual minorities in England reported the following:

- People from minority sexualities were more likely to live in deprived areas than heterosexual men and women. 26% of lesbians reported living in the 5th most deprived areas, a higher proportion compared with heterosexual women (18%), similar to bisexual women (28%) and gay men (29%)[14].
- People from sexual minorities were also less likely to live in the least deprived areas. 14% of lesbians reported living in the least deprived areas, a similar proportion to gay men (12%) and a significantly smaller proportion compared to 21% of heterosexual women (Figure 7) (see Appendix 10 for data table)[14].

Figure 7: Deprivation among lesbian, gay and heterosexual men and women: England, 2009 - 2010



Data source: Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey[14]

2.5.4 General Health

A report about improving the health and wellbeing of LBWSW, stated the following:

- There is consistent evidence from both peer-review publications and grey literature that, in general, lesbian and bisexual women reported worse general health across the life course than their heterosexual counterparts, and more lesbians reported worse general health than bisexual women[12 27].
- There is mixed evidence around the perceived health of lesbians. Lesbians were around 50% more likely to report their health as fair/poor than their heterosexual counterparts[72]. 25% of lesbians reported 'fair to poor health', a smaller proportion compared to bisexual women (32%), but a considerable proportion compared to heterosexual women (21%)[14]. When comparing the percentages of those in good health versus those not in good health (Table 2 below), gay/lesbian respondents had the lowest percentage of those not in good health[72]. However, this may be due to the categorised lesbian and gay response category[22].

Table 2: Comparing perceived health status of LGBT+ groups: April 2010 - March 2021

Sexual Orientation	% in Good Health	% Not in Good Health
Heterosexual	79	21
LGB (Combined G/L&B)	78	22
Gay/Lesbian	80	20
Bisexual	74	26
Other	73	27

Source: ONS[72]

Overall, the evidence would suggest that lesbians are more likely to report their health as fair or poor, but this is not conclusive. There also needs to be a greater understanding of why lesbians perceive their health to be fair or poor.

2.5.5 Long-standing Health Impairment, Illness or Disability

A report about improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women stated the following:

- The self-reported prevalence of arthritis or long-term joint problems was 21%, higher than heterosexual women (19%), but lower than bisexual women (24%)[12].
- The self-reported prevalence of long-term back problems was 14%, which is higher than heterosexual women (11%), similar to bisexual women (15%)[12].
- There was a higher self-reported prevalence of long-term neurological conditions in lesbians (2.9% compared to heterosexual women = 1.9%). The rates were higher in bisexual women (3.6%)[12].

There is limited evidence to understand the prevalence rates of general health impairment or ill-health compared to the general population.

CERVICAL CANCER SCREENING

The regular attendance for cervical screening for lesbian women in the West Midlands was between **48-55%**

LOWER THAN THE AVERAGE RATES OF SCREENING IN THE GENERAL POPULATION (82% OF WOMEN 25-64)

LESBIANS WERE LESS LIKELY

to report that they were satisfied with the cancer care they received from a regular provider than a heterosexual woman

SEXUAL HEALTH

% OF POPULATION WHO HAVE NEVER VISITED A SEXUAL HEALTH CLINIC

78% Lesbians

53% All Bisexuals

27% Gay Men

21% of lesbians with HPV had no sexual contact with men, dispelling myths that HPV is only passed through sex with men

A BOLDER HEALTHIER BIRMINGHAM

2.6 Protect and Detect

Protect and Detect key findings:

- Lesbians were less likely to have Pap smears than heterosexual women, despite having similar rates of cervical abnormality. The regular attendance for cervical screening for lesbians between 25-64 years in the West Midlands was between 48% - 55%, much lower compared with the general population (82%).
- 37% of lesbians, compared to 69% of heterosexual women, thought that appropriate attitudes of healthcare professionals contributed to a good experience of breast screening.
- Ovarian, lung, and colorectal cancer screening rates have been virtually unexplored in lesbian populations.
- Lesbians were less likely to report that they were satisfied with the cancer care they received from a regular provider than heterosexual women.
- Lesbian were less likely to visit a sexual health clinic; 78% reported never visiting the sexual health clinic, a higher proportion compared to trans people (75%), bisexuals (53%) and gay men (27%).

2.6.1 Cancer screening

Evidence suggests that attendance rates for cancer screening among lesbians are significantly lower than among heterosexual women[74]. Possible explanations for lower attendance may be due to lesbians being misinformed due to their sexual orientation; 35% of LGBT+ women reported they did not think they needed a test because of their sexuality, 38% did not think it was important, and 61% had been told by a health professional, family or friends that a test was unnecessary due to their sexual orientation[75].

From the published research, there is evidence that:

- The attendance for cervical screening for lesbians in the West Midlands was between 48% - 55%[37]. This is lower than the average screening rates in the general population in the West Midlands, where 82% of eligible women aged 25-64 have had a screening test[37]. Of a sample of LGBT+ women who had never been for a cervical screening test, one in five had been told by a health professional that they are not at risk, and 1 in 50 had been refused a test based on their sexual orientation. 91% of respondents knew that cervical screening was necessary, 5% thought it was not needed and 4% responded that they did not know[74 75].
- Lesbians were less likely to have Pap smears than heterosexual women, despite having similar cervical abnormality rates. One in fifty, equivalent to 37,000 lesbian and bisexual women in 2008, were refused a smear test even though they requested one[75 76].
- The rates of breast self-examination among lesbian women in the West Midlands were between 40% - 51%[37]. 80% of lesbians over 50 have had a breast screening test, the same as all women in the general population[74]. 80% of heterosexual women over 40 reported they would go to the doctor within a week of finding a lump, a higher proportion than lesbians (75%) and bisexual women (68%)[74]. 37% of lesbians, compared to 69% of heterosexual women, thought that appropriate attitudes of healthcare professionals contributed to a good experience of breast screening[52 74].
- 89% of LGBT+ people in Birmingham reported checking for lumps (breasts and testicles), and figures were similar across L, G, B and T groups[17].
- Ovarian, lung, and colorectal cancer screening rates have been virtually unexplored in lesbian populations[77].
- Barriers to accessing screening for LGBT women are consistent across studies: a reluctance to disclose sexual orientation to health care workers; fear of discrimination; and negative experiences of heterosexist through heteronormative questioning or assumptions of sexual orientation and some health professionals' wrong perception that lesbians do not require screening[75]. It has been found that approximately 50% of eligible LGBT women avoided attending screening.
- Heterosexual women were more likely to report satisfaction with their cancer care from a regular provider than lesbians. 38% of respondents have found screening staff to be actively supportive, understanding and helpful, whereas (57%) have found the staff helpful but lacking in knowledge of lesbian and bisexual women.12% have found staff unhelpful and lacking in knowledge[79].

Overall, there is clear and conclusive evidence that cancer screening needs in lesbian populations are not currently being met due to misinformation, a lack of service provision knowledge on sexuality and homophobia towards lesbianism. This has resulted in cancer screening rates for many types of cancer being significantly lower in lesbians compared to heterosexual women.

2.6.2 Vaccination Programmes

There is a lack of available vaccine data for lesbian populations.

2.6.3 Sexual Health

Lesbians are less likely to use sexual health clinics than gay men, bisexual men, and trans people. According to the LGBT+ Out and About Report, 78% of lesbians[17] in 2011 indicated that they had never visited a sexual health clinic, which was higher than all trans people (75%), all bisexuals (53%) and gay men (27%). The Government Equalities Office National LGBT+ Survey reported that in 2017, lesbians were 70% less likely to access sexual health services compared to bisexual women[43].

Other published research evidence that:

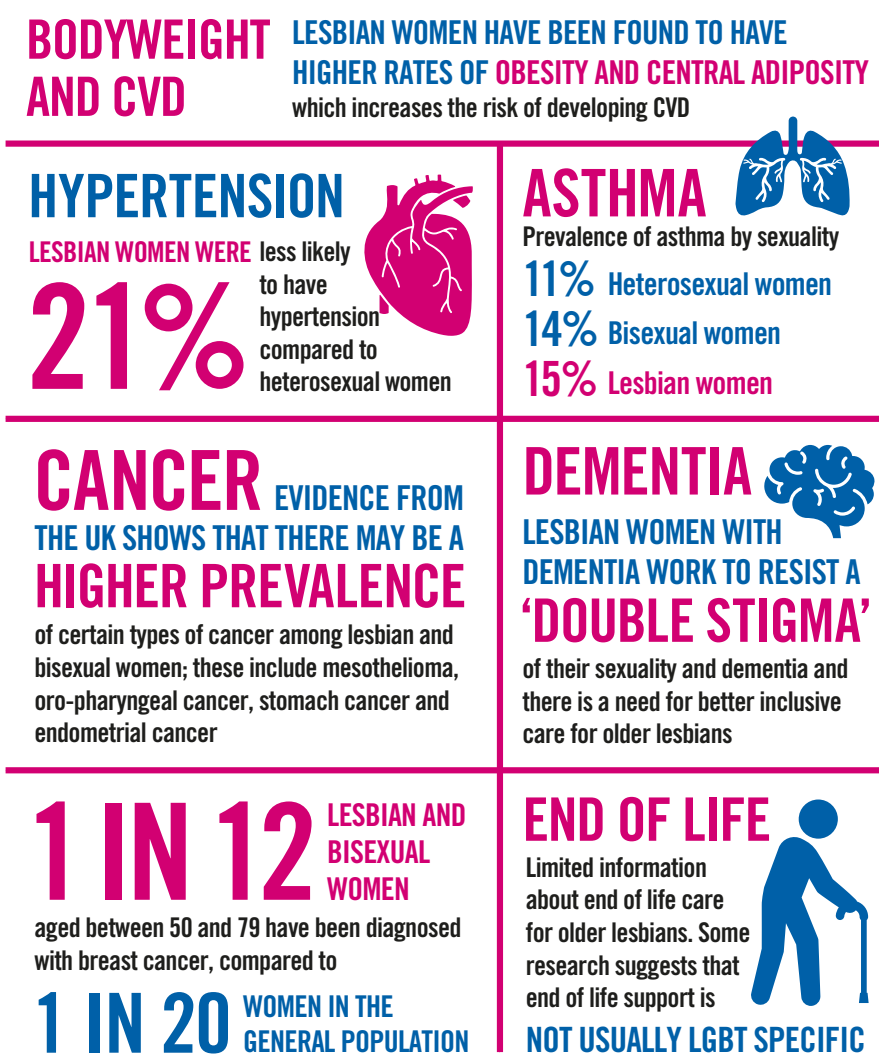
- Ethnic minority lesbians were more likely to access services than ethnic minority bisexual women[17].
- 1% of lesbians reported to be living with HIV (Human Immunodeficiency Virus), a lower proportion compared to heterosexual women (2%) and gay men (5%)[42].
- 21% of lesbians with cervical human papilloma virus (HPV) had no sexual contact with men, dispelling myths that HPV is only passed through sex with men[76]. NHS Scotland has improved messaging around HPV transmission, stating that HPV is spread through skin to skin, intimate contact was important for some lesbians. This helped to establish further importance for lesbians to take part in the cervical screening programme[80].
- A survey that featured a large representation of lesbians (68%) revealed that the main concern of sexual contact was cancer (69%), followed by the risk of 'other' sexually transmitted infections (43%) and HIV and AIDS (25%). The main reasons for having sex were: an emotional relationship with their sexual partner(s) (71%); the sex itself (36%); safety, comfort and security (6.4%); and freedom of expression (3.3%)[81].
- Two surveys which investigated if people were happy with their sex life revealed those who answered "Yes" to be the following: Survey 1 (lesbian sample = 68%) = 71%, Survey 2 (lesbian sample = 56%) = 61%. Unhappiness with a sex life was higher in bisexuals (50%) compared to lesbians (35%)[81].

Table 3: The percentage of the sample wanting more information about health services (lesbian sample = 68%)

Which of the following sexual health services would you like more information about (%)? (n = 486, lesbian = 67.5%, multiple answers possible)	wanting more information (%)
Breast examination	57
Cervical cancer screening	53
Relationship counselling	30
Fertility, pregnancy and insemination	24
Screening for STI's	22
HIV Testing	16
Dating services	9

Source: Sigma Research[81]

Table 3 shows the percentage of LGBT people wanting information about screening, sexual health and relationship services; 68% of the sample identified as lesbians. There is limited evidence to understand lesbians' experience of the quality of service provision and support from family and the wider community.



2.7 Ageing Well and Dying Well

Ageing Well and Dying Well key findings:

- Lesbians have been found to have higher rates of obesity and central adiposity which increases the risk of developing CVD.
- Lesbians had higher rates of asthma than heterosexual women (15% vs 11%) and bisexual women (14%).
- Lesbians were 21% less likely to have hypertension compared to heterosexual women.
- Evidence from the UK shows that there may be a higher prevalence of certain types of cancer among lesbian and bisexual women; these include mesothelioma, oro-pharyngeal cancer, stomach cancer and endometrial cancer.
- Lesbians with dementia worked to resist a 'double stigma' of their sexuality and dementia.
- Lesbians flagged issues in accessing and using healthcare services when the practitioner has beliefs on same-sex marriage or relationships.
- 14% of LGB women surveyed had been refused or discouraged from having a test by a health professional because of their sexual orientation.

2.7.1 Diabetes

There is a lack of available local and national information on the rates of diabetes amongst lesbians. Limited global evidence presents mixed findings. A systematic review of international studies found no difference in rates of diabetes comparing lesbians and heterosexual women[82]. However, lesbians were 30% more likely to be diabetic than their heterosexual counterparts in a sample from the North-West USA[72 82].

Overall, there is a requirement for further research which investigates the prevalence of diabetes amongst the lesbian community. There is also a need to explore the quality-of-service provision for lesbian diabetic patients, the knowledge on the prevention and management of diabetes, and the ability of lesbians to regulate their blood glucose levels.

2.7.2 Cardiovascular Disease (CVD)

As outlined in the obesity section, lesbians have been found to have higher rates of obesity and central adiposity (fat stored around the torso), which increases the risk of developing CVD[51].

From the published research:

- There was no difference in rates of CVD comparing lesbian and heterosexual women[82].
- There was inconclusive/weak evidence for lesbians having a marginally higher risk of developing cardiovascular disease than heterosexual counterparts (0.60% higher risk). The risk of developing CVD was intensified by education status and BMI[83].
- Compared to their heterosexual counterparts, lesbians had lower rates of heart attacks (adjusted odds ratio (AOR) = 0.62)[47].

There is limited conclusive evidence concerning CVD prevalence among lesbians in the UK.

2.7.3 COPD (Chronic Obstructive Pulmonary Disorder) and Other Respiratory Health

Research shows lesbians had higher asthma prevalence rates than heterosexual women (15% vs 11%) and bisexual women (14%). Lesbians were around 40% - 70% more likely to have asthma compared to heterosexual women[12 82 84].

There is a lack of information detailing chronic obstructive pulmonary disease (COPD) rates amongst lesbians, with no available data to understand the prevalence/incidence and other themes such as the knowledge and management of the illness and service provision for lesbians.

2.7.4 Hypertension

There was mixed evidence around the incidence and prevalence of hypertension when comparing lesbian and heterosexual women. However, it is conclusive that lesbians are not more at risk of developing hypertension, and this is likely due to higher rates of physical activity and lower rates of smoking.

From the published evidence:

- There was no difference in rates of hypertension comparing lesbians with heterosexual women[82].
- Lesbians were 21% less likely to have hypertension compared to heterosexual women. This increased to 40% when variables of race/ethnicity, age, education, victimisation and discrimination, smoking status, binge eating, drug use and physical activity[85].
- There was no difference between rates of hypertension and high cholesterol when comparing lesbians to heterosexual counterparts[72].

Mixed findings for hypertension may be because of various lesbian sample groups used within surveys and different blood pressure measurement techniques. There needs to be a greater understanding of the prevalence/ incidence of hypertension amongst lesbians and their keenness to use services.

2.7.5 Cancer

Emerging evidence suggests that sexual and gender minority (SGM) people are at a higher risk for breast, cervical, endometrial, HPV-related, and lung cancers and poor cancer outcomes. The risk is exacerbated by behavioural risk factors and health care system factors such as negative health care interactions with providers. More research suggests that a lack of clear guidelines for cancer screening in sexual and gender minority patients negatively impacts cancer screening uptake[86].

Specific to the lesbian community, from the published evidence:

- Cervical cancer affects lesbians, but uptake of screening is patchy, and lesbians are less likely to take up cancer screening[44].
- Compared to heterosexual women, evidence from the UK shows that there may be a higher prevalence of certain types of cancer among lesbian and bisexual women; these include mesothelioma, oro-pharyngeal cancer, stomach cancer and endometrial cancer[12 87].
- Across all cancers in the UK, there was no difference in the prevalence of cancer in the last five years in lesbian and bisexual women compared to heterosexuals, reflecting results from international research[12 88 89]. Research from Denmark showed women in same-sex relationships had cancer risks similar to all Danish women[90].
- Lesbians had a significantly higher 5-year and lifetime risk for developing breast cancer[91 92]. This is likely due to lesbians having a higher prevalence of risk factors for breast cancer. Research by Stonewall indicated that one in twelve lesbian and bisexual women aged between 50 and 79 had been diagnosed with breast cancer, compared to one in twenty women in general[52 89].
- Like gay, bisexual and transgender populations, lesbians in the UK found their needs were not met by healthcare. Lesbian cisgender female patients reported uncomfortable in breast cancer support groups and cited a focus on traditional gender stereotypes of being a "girly-girl", "pink and fluffy"[93].
- Evidence related to cancer among lesbians in the UK is patchy because the National Cancer Intelligence Network does not collect relevant data on sexual orientation. Consequently, the prevalence and distribution of cancer among lesbians are unclear.

2.7.6 Dementia

Interviews of gay and lesbian people with dementia indicated that people experienced a 'double stigma' of their sexuality and dementia. It has been found that many residential care settings feature heteronormative communities[94], and so, lesbians with dementia may not feel part of the residential community. Therefore, improved care in dementia services is needed, focusing on inclusive training that appreciates the way(s) that sexuality and dementia intersect, helping to improve the care for older lesbian patients[95 96]. The training for social workers would be most robust if informed and facilitated with a strong-evidence base[97].

2.7.7 End of Life

There is limited information about end of life care for older lesbians. However, research has suggested that care homes often have support groups (the majority of which are not LGBT+ specific), which LGBT+ people may feel uncomfortable attending due to references to their family[98]. Someone who identifies as LGBT+ may feel uncomfortable or fearful when discussing their personal life, including the same-sex partner and/or an unsupportive family. In general, discussion around sexuality amongst older people remains taboo[98]. This may lead to feelings of isolation and loneliness amongst elderly lesbian residents in care settings.

LESBIAN WOMEN WERE MORE LIKELY TO REPORT

NO TRUST OR CONFIDENCE IN THE DOCTOR

and were less likely than a heterosexual woman to have visited the GP in the last 3 months

DISCRIMINATION

1 IN 10 said that a healthcare worker ignored them when they did 'come out'

AND ONLY THREE IN TEN SAID THAT HEALTHCARE WORKERS DID NOT MAKE INAPPROPRIATE COMMENTS WHEN THEY CAME OUT

LESBIAN WOMEN HAVE CITED AN ISSUE IN ACCESSING AND USING HEALTHCARE SERVICES WHEN THE PRACTITIONER HAS BELIEFS ON SAME-SEX MARRIAGE OR RELATIONSHIPS

NEGATIVE EXPERIENCES

50%

OF LESBIAN WOMEN HAVE HAD NEGATIVE EXPERIENCES IN THE HEALTH SECTOR IN THE LAST YEAR

2.8 Closing the Gap

Closing the Gap key findings:

- Research from the United States has indicated that lesbian and heterosexual women have similar rates of experiencing poverty. This is higher amongst bisexual women, who were 85% more likely to be below the poverty level.
- Lesbians have cited an issue in accessing and using healthcare services when the practitioner has beliefs on same-sex marriage or relationships.

Research from the United States has indicated that lesbian and heterosexual women have similar rates of experiencing poverty. This is higher amongst bisexual women who were 85% more likely to be below the poverty level[68].

2.8.1 Life Expectancy and Healthy Life Expectancy

The only available evidence detailing the life expectancy of lesbians came from Denmark. For women who married their same-sex partners between 1989 and 2004, the risk of mortality was 34% higher than the general female population[99].

2.8.2 Access to Health and Social Care Services

Overall, findings show that lesbians are less likely to seek healthcare treatment due to negative experiences with healthcare professionals. A report by Stonewall in 2008 indicated that 50% of lesbians had had negative experiences in the health sector in the last year, even though it is unlawful to discriminate against lesbian and bisexual women[52].

Other published research provides evidence that:

- 5.3% of lesbians in the UK reported lower levels of trust, greater dissatisfaction with consultants and poorer communication experiences with healthcare professionals. This was a similar proportion to bisexual women (5.3%), but a much larger proportion than their heterosexual counterparts (3.9%)[44].
- Lesbians have cited an issue in accessing and using healthcare services when the practitioner has beliefs on same-sex marriage or relationships.14% of LGBT+ women surveyed had been refused or discouraged from having a test by a health professional because of their sexual orientation[24 75].
- Some health care workers admitted to being homophobic and embarrassed when an LGBT+ sexual orientation is disclosed[75]. As a result, some LGBT+ women are deterred from attending screening because of a reluctance to 'come out' or fear being forced to 'come out' and face homophobic attitudes. Only one in ten LGBT+ women had received information from health care workers relevant to their sexual orientation. Healthcare providers often lack specific knowledge of LGBT+ women's needs and are unable to provide appropriate health information[75].
- Around 40% of lesbian and bisexual women reported that healthcare practitioners have assumed they were heterosexual and provided advice that was not relevant[52].
- A meta-analysis of 30 studies found that, lesbians cited barriers in 'coming out' to healthcare professionals as relevancy, health status, overall 'outness' and their relationship status[100].
- Lesbian women were 312% more likely than bisexual women to disclose their sexual orientation to healthcare staff[43]. Older lesbians (aged 55+) and younger lesbian women (aged 16-24) were less likely to disclose their sexual orientation to a healthcare provider than women between the ages of 25 and 54 (43% and 27% less likely respectively)[43]. Ethnicity did not influence their likelihood to disclose.
- One in ten lesbian and bisexual women said that a healthcare worker ignored them when they did 'come out'[52]. Seven in ten lesbian and bisexual women said that healthcare workers make inappropriate comments when they 'came out'. Just one in ten lesbian and bisexual women felt that their partner was welcome during a consultation.
- Lesbians were more likely to report unfair treatment by healthcare staff (17%), compared to bisexual men (11%), gay men (9%) and bisexual women (8%), as well as inappropriate curiosity by healthcare staff (30% lesbians vs. 23% bisexual women, 17% bisexual men and 17% gay men)[41].
- Compared to people of other sexualities, lesbians more often reported a lack of understanding by healthcare staff (34% vs. 21% bisexual women 19% gay men and 15% bisexual men)[41].
- Lesbians were more likely to report 'no trust or confidence in the doctor' were are roughly 19% less likely than a heterosexual woman to have visited the GP in the last three months (Table 4, below)[14 44].

Table 4: Data from the General Practice Survey (GPPS) GP use and trust: England, 2009-2010

	Lesbian	Bisexual	Heterosexual
Self-reported 'no trust or confidence in the doctor' (%)	5.3	5.3	3.9
Adjusted odds ratio of visiting GP in previous 3 months	0.81	0.89	1.0

Source: English GPPS[14]

2.9 Mitigating the Legacy of COVID-19

Mitigating the Legacy of COVID-19 key findings:

- Within a sample of school students, lesbians were more likely than any other group to say that their health was negatively affected by COVID-19 (lesbians = 78%, bisexuals = 74%, gay men = 71%, non-LGBTQ+ = 49%).
- 87% of lesbian school students said they were "lonely and separated from the people they're closest to" during the pandemic.
- There was a lack of available evidence to investigate the rates of illness, hospitalisation and mortality, and the severity of illness due to COVID-19 in the lesbian community.

The mental health of lesbians during the pandemic suffered disproportionately compared to other members of the community[101]. Within a sample of school students, lesbians were more likely than any other group to say that their health was negatively affected by COVID-19 (lesbians = 78%, gay men = 71%, bisexuals = 74%, non-LGBTQ+ = 49%)[40 102].

From the published research:

- 30% of lesbians thought their physical health had got worse during the pandemic, 26% thought it had improved[101].
- 49% - 77% of lesbians said their mental health had worsened during the pandemic. Around 50% stated that they had accessed services in the previous 12 months, while 12% tried to but were unsuccessful[101 103 104].

- Some people were worried that they had lost social networks during the pandemic and may not recover[40]. 87% of lesbian school students said they were "lonely and separated from the people they're closest to" during the pandemic.
- During the pandemic, older lesbians who were had experienced family/ social estrangement were unable to access services or friendly company during isolation[105].
- Some lesbian, gay, bisexual and/or trans people felt like their sexuality had a significant impact on their experience of COVID-19, including fears of discrimination[101].
- Specific concerns relating to the pandemic/lockdowns: unable to see friends (63%), worried about the health of friends and family (51%), concerned about decreased wellbeing (48%)[40].
- Research demonstrates that during the COVID pandemic, the coping mechanisms in response to stress adopted by some lesbians was unhealthy, such as binge eating and self-harming[106].

A lack of research was available investigating the illness, severity, rates of hospitalisations and risk of mortality due to COVID-19 in the LGBT+ community. A lack of research is a significant concern, especially when considering pre-existing health inequities within LGBT+ populations[107].

3. Conclusion

A comprehensive community health profile, that would allow for an understanding of the UK lesbian population and their health needs, requires a robust and valid evidence base on which to draw.

When studying the lesbian population, a particular challenge is that they have not historically been included in population-based data collection. Therefore, there is limited national and local data to allow a robust understanding of this population and a reliable assessment of their public health needs. In many areas there is no specific literature at all. In other areas the available data is limited and prone to methodological drawbacks.

The lack of inclusion of sexual orientation and gender identity in routine data collection means few studies have a large enough sample of lesbians to analyse and compare lesbians with other comparator groups. This, therefore, limits the ability to understand and compare the impact of multiple health outcomes and needs in this community. The disparities in health outcomes between this community and the general population will help us understand the inequalities that need to be addressed and the service requirements for better accommodation of care and support.

The findings of this profile highlight that lesbians have a higher prevalence of several modifiable and multifactorial risk factors such as breast cancer, obesity, and mental health outcomes. This information coincides with international literature and evidence on the lesbian community.

4. Appendices

Appendix 1: List of organisations

Organisation	National/Local	Contact
Birmingham LGBT	Local	hello@blgbt.org
Stonewall	National	https://www.stonewall.org.uk/contact-us
Rainbow Bridge LGBTQ Networking Group	Local	RainbowBridgeLGBTQ@gmail.com
Journey Asylum Seekers Group	Local	philhoar@btinternet.com
Craft and Chronicles	Local	craftandchronicles@gmail.com
Rainbow Spirit	Local	https://bLGBT.org/events/
Ageing Better LGBT+ Housing Group	Local	mariahughes@bLGBT.org

Appendix 2: Key word searches

Getting the best start in life	Mental wellness and balance	Healthy and affordable food	Active at every age and ability	Working and learning well
General: "Lesbian" OR "same-sex parents" OR "Lesbian mothers" AND "children" OR "young people" OR "youth" OR "child" OR "babies" OR "childhood" OR "infants" Specific: "Lesbian" OR "same-sex parents" AND "vaccination" OR "vaccine" OR "measles" OR "obesity" OR "health check" OR "maternity care" OR "maternal" OR "home" "breastfeeding" OR "visits" OR "bullying" OR "fostering" OR "care" OR "social care" OR "linguistic deprivation" OR "child poverty."	General: "Lesbian" AND "mental health" OR "mental" OR "wellbeing" OR "wellness." Specific: "Lesbian" AND "mental illness" OR "depression" OR "suicide" OR "anxiety" OR "eating disorder" AND "prevalence" OR "service" OR "access" OR "balance" OR "engagement" OR "hospital admission" "shame" OR "stigma" OR "stress" OR "racial harassment" OR "disability" OR "alcohol" OR "drinking" OR "abstention" OR "drinking frequency" OR "drinking intensity" OR "alcohol problem" OR "alcohol support" OR "alcohol consumption" OR "substance abuse" OR "addiction" OR "tobacco" OR "cannabis" OR "recreational drugs" OR "drugs" OR "smoking" OR drug use."	General: "Lesbian" AND "food" OR "diet" OR "obesity" OR "meat" OR "vegetarian." Specific: "Lesbian" AND "common food" OR "festival food" OR "dietary laws" OR "food practices" OR "traditional food" OR "obesity" OR "physical activity" OR "overweight" OR "BMI" OR "weight" OR "waist-height ratio."	General: "Lesbian" AND "physical activity" OR "activity" OR "exercise." Specific "Lesbian" AND "vigorous exercise" OR "moderate exercise" OR "walking" OR "running" OR "sports" OR "cardiovascular" OR "elderly exercise" OR "health promotion."	General: "Lesbian" AND "working" OR "education" OR "housing" OR "deprivation" OR "living" OR "economic activity" OR "general health" OR "health" OR "illness" OR "disability" OR "long term disability" OR "long-standing health." Specific: "Lesbian" AND "apprenticeships" OR "Level 1,2,3,4 qualifications" OR "degree" OR "NEET" OR "secondary school" OR "primary school" OR "full-time education" OR "profession" OR "career choice" OR "household income" OR "homeownership" OR "Bad health" OR "learning disability" OR "hearing impairment" OR "communication impairment" OR "domestic violence" OR "abuse."

Appendix 2: Key word searches *continued*

Protect and Detect	Ageing well and dying well	Closing the gaps	Contributing to a green and sustainable future	Mitigate the legacy of COVID
General: "Lesbian" AND "protect" OR "detect" OR "cancer screening" OR "cancer" OR "screening" OR "screening uptake" OR "vaccination" OR "sexual health." Specific: "Lesbian" and "HIV" OR "STI" OR "sex education" OR "HPV" OR "transmission" OR "vaccine" OR "colonoscopy" OR "cervical cancer" OR "cancer detection" OR "sexual health services" OR "gum clinic."	General: "Lesbian" AND "diabetes" OR "ageing" OR "dying" OR "cardiovascular disease" OR "cancer" OR "dementia" OR "end of life." Specific: "Lesbian" AND "type 2 diabetes" OR "type 1 diabetes" OR "dietary practices" OR "psychosocial factors" OR "depression" OR "CHD" OR "heart disease" OR "negative support" OR "social networks" OR Chronic Obstructive Pulmonary Disease" OR "respiratory" OR "cancer risk" OR "oral cancer" OR "lung cancer" OR "Alzheimer's" OR "Dementia" "stigma" OR "death" OR "end of life care" OR "advance care planning."	General: "Lesbian" AND "deprivation" OR "life expectancy" OR "homeownership" OR "male vs female" OR "wage." Specific: "Lesbian" AND "deprived areas" OR "healthy life expectancy" OR "health."	General: "Lesbian" AND "sustainability" OR "green future" OR "sustainable" OR "environment." Specific: "Lesbian" AND "recycling" OR "environmentally friendly" OR "tree planting" OR "sustainable development" OR "energy consumption."	General: "Lesbian" and "COVID" OR "COVID impacts" OR "COVID legacy" OR "vaccination uptake" OR "infections" OR "COVID Deaths." Specific: "Lesbian" AND "mortality rate" OR "religious deaths" OR "willingness to vaccine."

Appendix 3: Inclusion and exclusion criteria

Age group	Language	Publication type	Availability	Time limit
Any age groups	English Language	Pieces of peer-reviewed and high-quality grey literature academic or scientific literature, whether a journal article, report or documents relating to the specified health and wider determinants issues among lesbians in the UK Publications exclusive to people who are lesbian Publications with at least 50% lesbian population sample representation	Full-text articles include DOI/HTML links	Published literature from the year 2000

Appendix 4: Sexual orientation in the UK population, 2019
UK population proportions by sexual identity 2019

Sexuality	% of Population
Heterosexual/straight	93.70%
Gay/lesbian	1.60%
Bisexual	1.10%
Other	0.70%
Do not know/refuse	3.00%

Appendix 5: Estimated distribution of lesbian and bisexual women by age: UK, 2019

Age	% of lesbian and bisexual women population
16-25	36.9
25-34	20.3
25-49	19.4
50-64	14
65+	9.4

Appendix 6: Estimated distribution of lesbians by self-identified race/ethnicity: UK, 2018

Ethnicity	% Distribution of lesbians
White	93.9
Mixed	1.5
Asian	0.9
Black	1.2
Chinese	0.3
Other	2.4

Appendix 7: Proportion of lesbians compared to other sexual minority populations from a LGBT+ population: Birmingham, 2011

Sexuality	% LGBT+ population of Birmingham
Gay	45.90%
Lesbian	31.10%
Bisexual	9.60%
Other	3.90%
No Answer	0.90%

Appendix 8: Deliveries among lesbian women at BWC and UHC: 2019-2021

Delivery Month	Deliveries among lesbian mothers - BWC	Total Deliveries BWC	% of Lesbian Women Delivering at BWC
Mar-19	2	736	0.3%
May-19	0	736	0.0%
Jun-19	0	652	0.0%
Aug-19	2	710	0.3%
Oct-19	3	731	0.4%
Nov-19	0	649	0.0%
Dec-19	0	688	0.0%
Jan-20	1	732	0.1%
Feb-20	0	628	0.0%
Mar-20	1	695	0.1%
Apr-20	2	665	0.3%
Jun-20	0	648	0.0%
Aug-20	2	649	0.3%
Sep-20	2	649	0.3%
Oct-20	1	677	0.1%
Nov-20	1	629	0.2%
Mar-21	0	686	0.0%
Apr-21	2	635	0.3%
Jun-21	1	629	0.2%
Jul-21	0	632	0.0%
Oct-21	3	642	0.5%

Delivery Month	Deliveries among lesbian mothers - UHB	Total Deliveries UHB	% of Lesbian Women Delivering at UHB
Mar-19	1	741	0.1%
May-19	2	801	0.2%
Jun-19	3	745	0.4%
Aug-19	2	798	0.3%
Oct-19	0	755	0.0%
Nov-19	1	733	0.1%
Dec-19	1	755	0.1%
Jan-20	0	712	0.0%
Feb-20	2	626	0.3%
Mar-20	2	703	0.3%
Apr-20	0	719	0.0%
Jun-20	2	711	0.3%
Aug-20	0	767	0.0%
Sep-20	0	758	0.0%
Oct-20	0	761	0.0%
Nov-20	1	720	0.1%
Mar-21	1	709	0.1%
Apr-21	0	653	0.0%
Jun-21	0	698	0.0%
Jul-21	4	736	0.5%
Oct-21	0	766	0.0%

Appendix 9: Baby deliveries at the University Hospitals (UHB) and Birmingham Women and Children Hospital (BWC) between March 2019 and October 2020 (All deliveries and lesbian deliveries)

Date	All Deliveries	Deliveries - Lesbian
Mar-Jul 19	4411	8
Aug-Dec 19	5819	9
Jan-May 20	5480	8
Jun-Oct 20	5620	7
Nov-Mar 21	2744	3
Apr-Sep 21	3983	7
Sept-Oct 21	1408	3

Appendix 10: Estimated proportions of lesbian, gay and heterosexual men and women by deprivation quintiles: 2009-2010

Deprivation Level	Heterosexual Men	Heterosexual Women	Lesbian Women	Gay Men
1= Least Deprived	21%	21.30%	13.90%	11.60%
2	20.60%	21%	17.50%	14%
3	20.10%	20.50%	18.80%	19%
4	19.50%	19.60%	23.70%	26.70%
5= Most Deprived	18.90%	17.60%	26.20%	28.80%

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