

Addressing Health Disparities Among Rural Midlife Lesbians: Implications for Faculty Practice and Nursing Education

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Background and Significance

Lesbians have historically lived in obscurity and isolation, especially in the Deep South where homophobia is greater than anywhere in the nation. This phenomenon affects midlife and older lesbians who grew up in the rural Deep South in the mid-twentieth century. Because of their reluctance to speak out, there is a dearth of literature about this population. Those who seek health care may encounter providers and a system unprepared to help them deal with health challenges compounded by lesbianism and internalized homophobia.

Purpose

The purpose of the study was to qualitatively explore the meaning and significance of growing up lesbian in the rural Deep South to midlife women. A secondary purpose was to explore experiences of these women with the health care delivery system.

Theoretical Framework

Erikson (1968) Eight Stages of Psychosocial Development

“Every individual has a potential negative identity ‘which his group has taught him to perceive as the ‘mark of fatal difference’ in sex role, or race, in class or religion.”
–Erikson, 1975



Method

Design: Qualitative phenomenological

Setting: LGBT affirming church in a Deep Southern State

Sample: Twelve self-identified midlife lesbians

Data interpretation: Giorgi’s method—bracketing, immersion, development of meaning units, themes, and clusters, triangulation

Participant Profile

6 in late 40s; 5 in 50s; 1 in 60s

Grew up in Alabama, Mississippi, Georgia, Louisiana, Tennessee, or South Carolina

8 Southern Baptist; 1 Missionary Baptist; 1 Methodist; 1 Episcopal; 1 Mormon

6 married to men in past; 6 never married

5 high school/GED; 5 college; 2 Master’s

Results of Data Analysis

Cluster 1: Emerging Sexuality

Emerging perception of difference
Emerging rejection of heterosexuality
Emerging infatuations with girls/women
Emerging physical attraction to girls/women

Cluster 2: The Mark of Fatal Difference

Homosexuals marked
Rejecting the marked
Marked by religion
Wearing the mark

Cluster 3: Denial of Lesbian Identity

Denial of feelings
Denial by using substances
Denial by using men
Denial through compromise

Cluster 4: Conforming to Deep Southern Mores

Conforming to rural mentality
Conforming to traditional roles
Conforming: The only alternative

Implications and Recommendations

Faculty/NP Practice

- Examine and resolve personal biases about lesbians/sexual minorities
- Develop health data entry systems that include lesbian/sexual minority options
- Advocate for nondiscrimination policies in all health care settings
- Lobby for inclusion of domestic partner insurance benefits
- Screen all lesbians for depression, substance abuse, smoking, obesity and domestic violence
- Utilize established GLMA protocols in the care of lesbian patients
- Educate staff about antidiscrimination laws and policies, and dismiss violators

Nurse Practitioner Education

- Present lesbian issues at faculty development workshops
- Integrate lesbian content beginning with orientation to NP program
- Encourage and supervise student projects about lesbian health issues, especially rural and older lesbians
- Utilize “real” lesbians in sexual history-taking simulations with NP students
- Participate in campus programs such as SafeZone and SPECTRUM
- Educate campus and community leaders about lesbian health issues
- Serve as faculty sponsor for lesbian special interest groups

Further Research in Nursing

- Investigate unique issues of lesbians from racial and ethnic minorities
- Develop evidence-based guidelines for health care of older lesbians
- Conduct research about the developmental issues on the health of rural lesbians of all ages
- Research the integration of lesbian developmental theories with nursing and other interprofessional theories
- Study the impact of religion and public policy on the lives of lesbians
- Engage in existing research projects about lesbian health disparities
- Explore inclusion of of lesbian specific QSEN and accreditation content
- Examine ways to increase social networking for rural lesbians

Conclusion

Delays in participants’ sexual identity and emotional developments occurred because of the religious, homophobic, and rurally isolated environments of their childhoods. These women tend to approach health care with caution and reluctance that may further increase the health disparities experienced by all lesbians, and especially older lesbians from rural environments.