

BARRIERS ENCOUNTERED BY YOUNG LESBIAN AND BISEXUAL WOMEN IN  
ACCESSING HEALTH CARE SERVICES: THE CASE OF TURKEY

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## **ABSTRACT**

### **BARRIERS ENCOUNTERED BY YOUNG LESBIAN AND BISEXUAL WOMEN IN ACCESSING HEALTH CARE SERVICES: THE CASE OF TURKEY**

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The purpose of this study is to explore the barriers encountered by bisexual and lesbian women in accessing health care services and, more specifically, sexual and reproductive health care services. The research also explores if bisexual and lesbian women can live their sexual orientation safely and freely (as an indicator of their psychological well-being), which health care services they need concerning sexual and reproductive health, which factors they consider while choosing their health care providers, and the information sources they rely on while seeking health care deriving from document-based analysis and 22 semi-structured interviews with young (aged between 18-30) lesbian and bisexual women. The study analyses the cognitive, structural, and financial barriers while accessing health care services in general and, more specifically, sexual and reproductive health care services. Findings suggest that lesbian and bisexual women do not live their sexual orientation open, safe, and freely. Also, they do not regard themselves as healthy due to different dimensions of health. Unless it is a minor health problem, women do not prefer to go to their family physicians, and nearly none prefer family physicians for receiving sexual and reproductive health services. The most common concern while seeking sexual and reproductive is discrimination.

**Keywords:** Health Care Access, Discrimination, Lesbian, Bisexual, Turkey

## ÖZ

### GENÇ LEZBİYEN VE BİSEKSÜEL KADINLARIN SAĞLIK HİZMETLERİNE ERİŞİRKEN YAŞADIĞI ENGELLER: TÜRKİYE ÖRNEĞİ

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Bu çalışmanın amacı genç lezbiyen ve biseksüel kadınların sağlık hizmetlerine ve daha belirgin olarak cinsel sağlık ve üreme sağlığı hizmetlerine erişirken yaşadıkları engelleri araştırmaktır. Bu çalışma ayrıca biseksüel ve lezbiyen kadınların cinsel yönelimlerini özgürce yaşayıp yaşayamadıklarını (psikolojik iyi olma hallerinin bir göstergesi olarak), cinsel sağlık ve üreme sağlığına ilişkin hangi hizmetlere gereksinim duyduklarını, sağlık hizmeti sunucularını seçerken hangi faktörleri göz önünde bulundurduklarını ve sağlık hizmetine ulaşırken hangi bilgi kaynaklarını değerlendirdiklerini araştırır. Dökümana dayalı analiz ve genç (18-30 yaş arası) lezbiyen ve biseksüel kadınlarla yapılan 22 yarı yapılandırılmış mülakattan yola çıkarak bu çalışma, sağlık hizmetlerine erişirken karşılaşılan bilişsel, yapısal ve finansal engelleri analiz eder. Bulgular, lezbiyen ve biseksüel kadınların cinsel yönelimlerini açık, güvenli ve özgürce yaşayamadıklarını gösterir. Ayrıca, farklı boyutları ile kendilerini sağlıklı olarak değerlendirmemekte oldukları. Aile hekimlerine yalnızca küçük bir sağlık sorunu olması halinde başvurmakta, cinsel sağlık ve üreme sağlığı hizmeti almak için neredeyse hiçbir kadın aile hekimine başvurmamaktadır. Cinsel sağlık ve üreme sağlığı hizmetlerine ulaşacakken yaşanan en büyük endişe ayrımcılıktır.

**Anahtar Kelimeler:** Sađlık Hizmetlerine Eriřim, Ayrımcılık, Lezbiyen, Biseksüel, Türkiye

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# CHAPTER 1

## INTRODUCTION

LGBTI+, the abbreviation of lesbian, gay, bisexual, transgender, intersex, and + stands for the other identities, such as asexual and queer. This abbreviation involves different gender identities and sexual orientations in a cisheterosexual system, which is defined by Spade as follows.

An all-encompassing term representing the complex web of systems of normative gender and sexuality. The legal and social apparatuses that enforce norms by distributing rewards and punishments based on adherence to the establish norms (cited in West 2015).

In such a system, persons who identify themselves other than the norm which is cisgender and heterosexual, it is inevitable that these persons face with challenges in different areas of their lives. Although the situation of LGBTI+ persons in the world is different from each other, they also face challenges while enjoying their human rights, accessing the labor market, healthcare services, and education. In some countries such as Afghanistan, Sudan, and Saudi Arabia, homosexuality is criminalized (Human Dignity Trust 2019). However, in other countries in which homosexuality or homosexual behavior is not criminalized, there are many other problems LGBTI+ persons experience. Turkey is one of the countries where no legislation bans homosexuality, but still, LGBTI+ persons living in Turkey face many issues. ILGA Europe, an umbrella organization that brings together organizations, advocates LGBTI+ rights in Europe and Central Asia ([ilga-europe.org](http://ilga-europe.org)), draw rainbow maps each year to indicate the situation of LGBTI+s in each country by evaluating legislation and policies about LGBTI persons in each state.

According to Rainbow Map, Turkey ranked 48 of 49 countries in 2019 (<https://www.rainbow-europe.org/>). Existence of non-discrimination

legislation about education, health, employment, and goods & services based on sexual orientation, gender identity, sex characteristics, civil rights regarding family law, legislation about hate crime and hate speech, legal gender recognition, and the transition process, organizing in civil society and asylum-seeking are the criteria applied while evaluating the countries. In Turkey, there is not any legal protection against hate crime and hate speech, to discrimination in employment, education, and health based on sexual orientation and gender identity. When we look at the transgender murders committed in Turkey, according to Trans Murder Monitoring, between 2008 and June 2016, the number of murders is 43 (<https://transrespect.org>) Moreover, Ankara Governorate banned all LGBTI+ activities and meetings in November 2017 indefinitely in terms of public order, public health, and security matters. After the struggles and legal applications of LGBTI+ rights organizations, the court lifted the ban.

Meanwhile, another ban was imposed in Ankara. In May 2019, the pride which was announced to be held for the ninth time in METU, was banned by the University President. Activists were taken into custody by the police on the same day and after these criminal lawsuits were filed against them (kaosgl.org). Given all of the facts above, as a country, Turkey provides less than a safe and free environment for LGBTI+ persons.

As it is mentioned above, access to education, employment, and health is challenging for LGBTI+ persons who live in Turkey. When a person has more than one identity, which is biased in the society they live in, they can face discrimination or experience barriers while accessing these services even more. Gender is an essential factor while accessing healthcare services and sexual and reproductive healthcare services in particular. A woman who is lesbian or bisexual will face barriers more than a heterosexual woman in a heterosexist system. It is significant to explore to what extent gender and sexual orientation have an impact on accessing healthcare services. However, since I have not made a case study that enables me to explore the differences between the barriers that heterosexual women and lesbian and bisexual women. Such comparative studies are ample grounds for further grounds.

Since I find it significant for myself as a bisexual woman and for other lesbian and bisexual women, I focused on the health care service needs of lesbian and bisexual women and their experiences in Turkey.

### **1.1. Research Questions**

There is a dearth of research in Turkey about barriers encountered by young lesbian and bisexual women in accessing health care services, and specifically sexual and reproductive health care services. In an attempt to contribute towards closing this gap, this research aims to explore barriers encountered by bisexual and lesbian women in accessing health care services in general and sexual and reproductive services in particular. The study also examines if bisexual and lesbian women can live their sexual orientation safely and freely (as an indicator of their psychological well-being), what barriers they encounter while accessing health care services, which health care services they need concerning sexual and reproductive health, and which factors they consider while choosing their health care providers.

### **1.2. Arguments**

I argue that young cisgender lesbian and bisexual women cannot access sexual and reproductive healthcare services adequately due to several reasons. The most important amongst these are the cognitive barriers that are related to discrimination based on sexual orientation. Equally important are the structural barriers, which are the inadequate number of lesbian and bisexual inclusive healthcare institutions and healthcare personnel who do not have sufficient competency about sexual and reproductive issues of LGBTI+ population. This is significant because this research was carried out in the urban capital city of Turkey, which is compared with the rest of the country is relatively rich in terms of health care resources.

### **1.3. Significance**

My interest in this research was spurred by my own experiences as a bisexual woman. In a country where patriarchal values are internalized, being, and living as a woman who does not live following these values is tough. Moreover, as an LGB individual in Turkey, a country which is claimed that 99% of the citizens are Muslim, and although the regime is secular, the values of Islam are internalized as a culture. Therefore, as the Quran is believed to have banned homosexuality, although there are opposite views and postmodern and queer Muslims exist, it is so unlikely to live as an open LB individual. Woman identity and LB identity together result in confronting multiple discrimination.

When attempting to access healthcare services, women are exposed to discrimination, homophobia/biphobia as well as heterosexist regulations engrained within healthcare institutions. After several unpleasant experiences in hospitals and other healthcare providers, I researched the issue at the international level and in Turkey. Unfortunately, I have found such a limited and small-scale resources. There are one or two studies about accessing public services by LGBTI+ individuals in Turkey. Women and especially bisexual and lesbian women are the most underrepresented identities in these restricted studies. As this period overlapped with my thesis topic selection, I decided to study this topic to reveal the experiences of lesbian and bisexual women and expose health care rights violations.

My research was inspired by two studies conducted by Volkan Yılmaz and İpek Göçmen I believe that this study will pave the way for future studies as it will represent the invisible individuals in society. Moreover, I suppose that the outcomes of the study will provide additional information for policymakers, non-governmental organizations, and individuals. It is empowering to know that your voice is being heard, and your experiences are made visible. In terms of policymakers, as a vital right, healthcare services have to be provided to every citizen without any discrimination (UN/EU Agreement). When the obstacles are revealed, the policies will be made, these will be considered, and the barriers may be abolished. Regarding the NGOs, the advocacy activity will indicate the basis of their advocacy

and force the policymakers by making campaigns and create public opinion. In brief, people will find out what they will ask and advocate.

#### **1.4. Structure of the Thesis**

This thesis consists of five chapters. In the second chapter, I conceptualize the barriers to healthcare access. Then, I review research conducted on LGBTI+s access to health care services across different countries. This is a rich and interdisciplinary field with discussions and perspectives contributed by academics of diverse backgrounds, including medicine, nursery, social service, sociology, psychology, political science, and social policy. The problems that are experienced by LGBTI+s at the international level while accessing healthcare services are also elaborated. Then, I refer to the limited number of studies and research [that reveal the situation of LGBTI+s in Turkey. Also, the concepts used throughout the research, such as heterosexism, are introduced from the works of different scholars. Lastly, the scholars' recommendations to improve access to healthcare by LGBTI+s are presented. These are the recommendations again from various scholars from different branches, but they are similar to each other such as recognizing the needs of the LGBTI+s, creating awareness among LGBTI+s, including LGBTI+ issues within the education for the medical personnel, training them regarding these issues, and enacting anti-discrimination legislation.

Chapter 3 is the method chapter, where I elaborate on the study design and approach, participant recruitment, the development of interview questions demographics survey, and the limitations of the study.

In Chapter 4, research findings are discussed. The obstacles that lesbian and bisexual women experience while accessing healthcare services and specifically sexual and reproductive healthcare services and their experiences while accessing these services are discussed. Lastly, in the Conclusion chapter, research findings are reiterated.

## **CHAPTER 2**

### **LITERATURE**

Access to healthcare services by LGBTI+s and the barriers they experience while seeking healthcare services are multidimensional issues. Scholars with different backgrounds from clinical sciences, such as medicine, nursery, and social sciences such as social service, sociology, psychology, political science, and social policy studies, contribute to the debate. I will refer to this research conducted both at the international and national levels. Most of the available research on the issue is related to LGBTI+ individuals as a whole. In this research, I focus on a specific group within this whole, cis lesbian and bisexual women. I will, therefore, filter existing literature to specify points about lesbian and bisexual women.

What follows below is a brief overview of the definitions of concepts such as heterosexism and homophobia that are used throughout the research.

#### **2.1. Definitions**

Being a woman per se causes being exposed to discrimination in society and public services due to many reasons. In a patriarchal society such as the one in Turkey, the internalized patriarchal values show up in medicine and healthcare services too. While getting our bodies to know is so tough for us since it is a private issue and cannot be discussed among our social spheres, asking physicians for help while struggling to explain our problems is far more tough for us, as women. When the LGBTI+ identity is added to woman identity, things become much more complicated.

In this study, the concept of cisgender women is used to refer to those individuals whose gender conforms with the gender assigned to them at their birth. So, the

study will involve cisgender lesbian and bisexual women. Transgender women are excluded from the study due to the multiplicity variables involved, which cannot be tackled within the restricted scope of this study. One should admit at the outset that this is a choice that may reinforce cissexism which is defined as the sexism which asserts that transgender persons' gender identities are less legitimate comparing to cisgender persons and discriminative attitudes and acts based on that belief (Serano 2013) "It may also be challenged because it reduces the concept of "woman" to having breasts or having vulva. Nevertheless, it was a choice that had to be adopted to confine research to manageable dimensions.

Other relevant concepts I use in my research are in order. Lesbian refers to a woman who is attracted to other women. Bisexuals relate to persons who are attracted to their gender and another gender/genders (not merely attracted to both men and women as widely assumed), and in the context of this study, bisexual women are women who are attracted to women and another gender. I have an age limitation because young people are more fragile as a group; therefore, this study involves lesbian and bisexual women aged between 18-30.

The research will focus on sexual and reproductive health services as such services have significance for lesbian and bisexual women. Another issue of importance for this group of individuals is known to be mental health services, but as this is a field that requires greater specialized knowledge, it will be left outside the scope of this research.

## **2.2. Heterosexism and Homophobia**

Both homophobia/biphobia and heterosexism are concepts used to describe the value systems encountered and relationships developed by the LGBTI+ persons and the societies or communities surrounding them. I will use the term "heterosexism" while explaining the situation in Turkey. Julie Fish, in their book "Heterosexism in Health and Social Care," states that the origins of the term "homophobia" have its roots in psychology. Psychology uses this term as if it is individual psychopathology (Kitzinger, stated in Fish, 2006, p.5). Comparing



homophobia and heterosexism, Fish (2006) claims that they are contradictory terms since homophobia is a personal thing with political effects. Fish states that "(...) Heterosexism refers to the privileging of heterosexuality over homosexuality, and its assumed normality" (p.7) While homophobia/biphobia refers to individual acts and actions, heterosexism as a term defines the privilege of heterosexuals over homosexuals in the society as a whole (Fish, 2006). The term homophobia does not refer to power, and it causes separation of discriminatory acts and theories of oppression that are experienced by lesbians and gay men (Ben-Ari, 2001 cited in Fish, 2006). Homophobia term has no power to struggle to change the existing system since it emphasizes discrimination rather than the system itself (Fish 2006) Therefore, while heterosexism refers to the current system that regards heterosexuality as the norm and the other orientations as deviant and outside the norm, homophobia can be defined as the personal feelings against homosexual individuals and homosexual behavior.

Besides sexual orientation, gender is significant, too, since it affects access to healthcare services. Health care experiences of men and women differ. As Pollard and Hyatt(1999) indicate "With the term 'gender,' we refer to a much broader range of variation in how people in societies all over the world understand the social and cultural roles, values and behaviors of men and boys, girls and women" Lorber, a social anthropologist states, gender 'creates different risks and protections for physical illnesses, produces different behavior when ill, elicits different responses in health care personnel, affects the social worth of patients, and influences priorities of treatment, research, and financing' (quoted in Pollard & Hyatt, 1999) Therefore, although sexual orientation has an impact on health of the individuals /persons, gender of the individual matters, too since an individual who identifies as gay man will have different experiences compared to an individual who identifies as lesbian women on different grounds although both of them identify as non-heterosexual.

### **2.3. Levels of Health Care Services and Barriers to Healthcare Access**

While analyzing health care access in this research, I will explore the experiences of lesbian and bisexual women at all levels of health care provision, including the primary health care services organized as “Family Health Centers,” secondary health care services, such as public and private hospitals and tertiary health care services such as public and private university hospitals, training and research hospitals.

As I will explore the barriers encountered by bisexual and lesbian women while accessing health care services, it is essential to conceptualize barriers to health care access.

Carillo et al. (2011) identify three health care barriers that result in health care disparities. These are financial, structural, and cognitive barriers. They explain these barriers as follows "(...)Financial-cost of care and health insurance status barriers; Structural—including institutional and organizational barriers; Cognitive—knowledge and communication barriers." They also assert that each of these barriers may reinforce other barriers (2011). Being uninsured or underinsured constitute financial barriers in vulnerable populations (Carrillo JE, Treviño FM, Betancourt JR, et al., 2001 qtd. in Carillo et al., 2011) Structural barriers concern availability of healthcare system, and these two types of barriers may be added to cognitive barriers and affect health care (Carrillo et al., 2011). Multiple locations for tests and specialists, waiting times, lack of transport to healthcare facilities constitute examples of structural barriers while financial barriers are related to insurance status. Cognitive barriers may be exemplified as follows: communication barriers, awareness of prevention facts, awareness of health resources and so on (Carrillo et al., 2011)

In another article, titled "Patient-centred access to health care: Conceptualising access at the interface of health systems and populations" which is written by Levesque, Russell, and Harris (2013) identifies five dimensions of health care

accessibility: These are 1) Approachability; 2) Acceptability; 3) Availability and accommodation; 4) Affordability; 5) Appropriateness. These dimensions associated abilities such as 1) Ability to perceive; 2) Ability to seek; 3) Ability to reach; 4) Ability to pay; and 5) Ability to engage. (Levesque, Russell, and Harriss, 2013). Approachability is defined as people is informed that the service exists, they can reach this service, and it will affect the health status of this person. The approachability of the services may change due to transparency, providing information about the services and treatment and outreach activities. Cultural and social factors that affect whether the individuals accept the health care points acceptability (p.5) Availability figures that if the health care services can be reached. The physical availability and its availability at the time are both within the scope of the concept. Financial dimension is defined as affordability and refers to the economic capacity of the individuals who will access the healthcare service (p.6). Lastly, appropriateness refers to the compatibility between services and needs of the persons. (Frenk, 1992; Krishnan, 2000 quoted in Levesque et al., 2013 p.6) Moreover, this compatibility has different dimensions including reaching the adequate quality of services and the capacity of the patient to engage with the decision-making process (Levesque et al., 2013)

While conceptualizing "barriers to health care services," I use Carrillo et al. definition mentioned above. Dimensions and abilities identified by Levesque et al. will also be used to inform my analysis.

## **2.4. LGBTI+s and Health Care: An International Review**

Discussing the barriers in health care services for LGBT individuals Albuquerque et al. (2016). refers to "homophobia in healthcare." They show that the conduct and the approaches of healthcare professionals that deny the existence of LGBT individuals or identify their sexual orientation as sickness cause LGBT patients not to reveal their sexual orientation. As a result, LGBT patients' needs and desires are not met by health care services (Albuquerque et al., 2016). Another issue revealed is that there are adverse outcomes of the implications of homosexuality in self-care and access to healthcare services. With this, they refer to inadequate knowledge

of the health of homosexuals, lack of health knowledge sources of homosexuals, results of not disclosing their sexual identities to the healthcare professional, and so on. They refer to the low rate of the pap smear tests applied to LGBT patients due to the myth that homosexual women cannot be infected with sexually transmitted infections (Albuquerque et al., 2016). The latter matter is asserted as the deficit in the vocational education of medical students. The surveys conducted in different countries indicate that high rates of homophobia become a significant barrier for LGBT patients' access to health care services (Albuquerque et al., 2016).

Boehmer (2002) shows that the experiences and needs of LGBT individuals are not emphasized in public health research. Boehmer (2002) reviews the journal articles and analyzes researchers' perceptions and approaches to LGBT populations. The results are dramatic. Only 0.1% of all articles in Medline between the years 1980-1999 include LGBT individuals in their samples. Moreover, most of these restricted numbers of articles are about HIV and AIDS, mental disorders, and cancer (Boehmer, 2002). Within the LGBT population, gay men are the most widely-represented with 80%. Lesbian, bisexual, and transgender individuals are hugely underrepresented; together, they are mentioned only in 46% of the research (Boehmer, 2002). Only 207 out of 1492 articles focus on the approaches of healthcare professionals, the relationship between them and LGBT patients, and the needs of LGBT populations. Boehmer reveals the gender gap within the research since most of the article's target at gay and bisexual men with a rate of 80% and 39%. However, they also highlight that 56% of these studies focus on STIs. When Sexually Transmitted Infections (STI) related articles are excluded, that gap is significantly reduced (2002). When LGBTI+ populations are included in studies, they are mostly involved in the studies about STIs.

Analyzing the data gained from three small studies conducted in England, Formby (2011) focuses on sex and relationship education, sexual health and lesbians, gays, and bisexuals. In the first project, young people aged between 13 to 20 have completed questionnaires about sexual health education as well as three focus group interviews, which are conducted with 32 young people, and one of the groups was chosen from a voluntary sector LGBT support center. The second and third

project includes participants who are not heterosexuals (the second project involves men, and the third project consists of women and surveys are applied. They refer to four themes about LGBs and their experiences concerning sexual health and sexual health education, which are invisibility and marginalization, conceptualizations and understandings of sexual health, influences on sexual activity, and access to services (2011). The participants declare that LGB is not mentioned in sex education, and safe sex practices are focused on heterosexual sex (Formby, 2011). In terms of sexual health, sexual health education is criticized due to its medical and disease-prevention approach by contrast with the World Health Organization's holistic approach (Formby, 2011). This approach may also explain why LGBT health is excluded from most but the HIV/AIDS research. About factors that influence sexual activity, research shows that lesbian women, in particular, conceptualize safe sex differently, and they believe risks are lower in women to women sex. Regarding another aspect of safe sex, Also, one male participants' statements are remarkable in this regard. "It's awkward; it can be awkward . . . you don't know how they're gonna take it [mentioning safer sex]" (Formby, 2011). It appears that unless the perception of safe sex as an embarrassing issue is not changed among young LGBs, the practices are not likely to be settled. Finally, Formby (2011) reveals that compared with gay men, sources of sexual health information are very limited, and safer sex supplies are not accessible for lesbian and bisexual women. They also note that most women do not reveal or seek sexual health information due to their previous negative experiences.

Hafeez et al. (2017) focus on the healthcare disparities among LGBT youth in their article "Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: a Literature Review." They argue that LGBT youth is more likely to be infected with sexually transmitted infections for a variety of reasons, such as the lack of education on safe sex practices, ineffective use of condoms, and testing and perceptions of acquiring STIs. They state that there is an increased risk of breast, ovarian, and endometrial cancers among lesbians and bisexual women due to several reasons. Hafeez et al. (2017) also note that when LGBT individuals do not

reveal their sexual orientation or gender identity, the health care service they receive becomes inadequate.

Dobinson et al. (2005) conducted a study that focuses on bisexuals. They formed five focus groups and forty-three individual semi-structured interviews in a sample of sixty-two participants. Their research found that bisexuals did not feel they belonged to either gay or straight worlds. They are double closeted since they are afraid of discrimination from the LGBT community as Travers and O'Brien state that bisexuals feel that they are not understood by their lesbian and gay peers, which are not bisexual inclusive (cited in Dobinson et al. 2005). About health services, the participants reported that youth services are not bisexual inclusive, and unfortunately, in LGBT groups/services, another-sex partner is hard to be mentioned (Dobinson et al., 2005). The issues for bisexual young individuals include pregnancy and STI's too. As in the previous articles, bisexuals state that they do not reveal their sexual identity due to many reasons, and they are less likely to reveal their identity than gays and lesbians (Dobinson et al., 2005). A significant reason behind this possibly the invisibility of bisexuals in both the straight and LGBTI+ worlds and monosexism which is defined as "a form of oppression that promotes exclusive heterosexual, lesbian, or gay behaviors as the only legitimate concepts of sexual orientation, inhibits the thriving of nonmonosexual students and fogs real understanding of nonmonosexuality (Rust, 2000 as cited in Dolan, 2013)

In their article "Lesbian, gay, bisexual, and transgender (LGBT) health services in the United States: Origins, evolution, and contemporary landscape", Martos, Wilson, & Meyer (2017) focus on the historical background and recent situation of LGBT health services in the USA. They refer to LGBT Community Health centers in which HIV/STI services and counseling services are provided. In 1969, an LGBT Community Center was established in Los Angeles. Yet, the removal of homosexuality and identification of transsexuality as an illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM), had an impact on the LGBT community and transgender people were excluded by LGB persons. As a result, the number of resources, including health care services for transgender people, was decreased. (Martos et al., 2017). Today, neither homosexuality nor

transsexuality is defined as an illness, but still, health issues of LGB people and trans individuals are far more different than each other. When examining the LGBT health movement, the HIV/AIDS epidemic is a turning point. There were meetings about HIV research, healthcare, treatment, and so on in the several activists and advocacy groups such as ACT UP. However, beyond HIV, no fund was provided to other health issues regarding LGBT population (Martos et al., 2017). (Martos et al. (2017) conclude that the LGBT Health Centers mostly provide wellness programs and services (72%), HIV/STI services (65%), and counseling services (52%) and the least available services are psychiatric and pharmacy services (7,3% and 16,8%). Moreover, the LGBT Health Services are not sufficient, and access to the centers is difficult. Also, they have to be more sensitive to ethnic and racial groups, socioeconomic, and other status (Martos et al., 2017). Martos et al. (2017) claim that LGBT health centers will be needed, although the recognition of LGBT issues increases in society and healthcare.

Another study from the USA is conducted by Mayer et al. in 2008: "Sexual and Gender Minority Health: What We Know and What Needs to Be Done." Mayer et al. (2008) claim that population-based surveys have to be applied to identify the unique needs of LGBT individuals, Besides HIV/AIDS, cancer is riskier for some LGBT populations due to several reasons. Lesbians and bisexual women's cervical cancer risk and risk of HPV infection are higher than their heterosexual counterparts because they may not do their routine testing due to their discomfort (Mayer et al., 2008). Four barriers to health care by LGBT are identified: not disclosing the sexual orientation/gender identity by the LGBT patient, insufficient number of competent providers informed about LGBT issues and medical care, structural barriers, and lack of culturally appropriate prevention services (Mayer et al., 2008)

Movements and advocacy activities have different paths in different contexts. Müller et al. (2017) reveal the situation in South Africa concerning LGBT Healthcare. They claim that sexual orientation and gender identity are social determinants of health, and they lead to disparities. Although the South African constitution guarantees non-discrimination and access to healthcare, the discrimination continues. The LGBT population is exposed to sexual orientation and gender identity-based

discrimination and prejudice from all healthcare personnel. They gathered and analyzed data (gained from the participants) based on four key factors defined in the General Comment 14 of “United Nations International Covenant on Economic, Social and Cultural Rights”: availability, accessibility, acceptability, and quality of care. “Sexual orientation is explicitly written in Paragraph 18, but South Africa has not ratified it (Müller et al, 2017)

In terms of availability of supply and service, there are long waiting times, in relation to LGBT specific services, there is no queer protection kit, and there is not any health information targeted at LGBTs. There are no LGBT-specific health services available in the public sector. The information is provided by NGOs instead of clinics (Müller et al., 2017). The situation resembles the one here in Turkey where the associations working in the field provide sexual health information and cooperate with local authorities (municipalities) to offer such services. The health services are not accessible in South Africa to LGBT people. Even the providers refuse to give service. Accessibility is approached in several ways, which are non-discrimination, physical accessibility, economic accessibility, and information accessibility. In terms of acceptability, confidentiality is an issue. The healthcare professionals harass LGBT individuals verbally, religious judgments are directed to them (Müller et al., 2017). Lastly, the services are not of high quality because there is a lack of information about LGBT health issues (...) The most common complaint directed by the participants is the lack of information on filing a complaint and the patients' rights (Müller et al., 2017)

General practitioners have a significant role in providing health services, especially protective health services to LGBT populations. Stott (2013) discusses the case in Ireland in their article “The training needs of general practitioners in the exploration of sexual health matters and providing sexual healthcare to lesbian, gay and bisexual patients.” They assert that since general practitioners feel unprepared to deal with LGB sexual health, they cannot take a comprehensive sexual history. Therefore, the relationship between the patient and the doctor is not established (Stott, 2013). They then identify the barriers recognized for LGB patients as follows: sensitivity of the subject, the barriers for general practitioners' impact on LGB



patients, patient barriers, practitioner and patient relationship barriers, and cultural/societal barriers. From the general practitioners' perspective, it is a sensitive subject, general practitioners' barriers such as lack of experience and knowledge, the relationship between the general practitioner and patient, and cultural barriers. Medical students assert a lack of experience and knowledge about sexual health in relation to LGB people in particular. In addition to 60% of the participants stating that they are unaware of the health issues of LGB people, 50% of the participants report that they are not trained on how to communicate with nonheterosexual patients. (Stott, 2013).

## **2.5. LGBTI+s and Health Care: Situation in Turkey**

Now, I will present an overview of the literature on LGBT+ access to health care services in Turkey. Fishman (2013), in their article Turkey and LGBT rights: A Historical and Global Perspective. It is an article written in 2013 after Gezi Resistance. They mention the AKP's silence about LGBTs, except Selma Aliye Kavaf, who indicated that homosexuality is an illness. Yet, Fishman (2013) claims that the reason why Selma Aliye Kavaf lost their position as the minister is that Erdoğan did not want to lose liberal votes. Therefore, they regard this act as a silent recognition of the needs of LGBTs, although it is still a taboo for the echelon of AKP. They indicate that Europeans and European media examine LGBT issues through the "orientalist lens." The context changes the course of proceeding about how the movement and the advocacy activity takes place. In our context, NGOs and activists have the most significant role in changing how LGBTs are perceived (Fishman, 2013). Fishman (2013) states that pressure from other organizations and the U.S. concerning LGBT issues may trigger past the fear of western intervention. Therefore, it will not have a positive impact. Changing the opinions on LGBT issues may be realized by domestic activism and EU reforms.

In their master's thesis, Yesiltepe (2015) explores if LGBT individuals experience discrimination based on their sexual orientation or gender identity in healthcare providers and by healthcare personnel. Yeşiltepe surveyed sixty-three LGBTI+ individuals who are recruited with the assistance by Siyah Pembe Üçgen İzmir

Association which works in the field of LGBTI+ rights (2015). Ten over 44 persons declare that they are exposed to discrimination while getting healthcare services, and the doctors primarily do the discriminatory acts. 18 over 63 participants mention receiving healthcare services in inconvenient conditions. Moreover, they seek to explore to what extent the patients are familiar with the “Patient Rights Regulation” and read it. Researchers found that 79% of the participants have not read the regulation. It is so significant whether the participants/patients have read the Regulation since Article 5 Paragraph c of the Regulation regulates anti-discrimination by stating that “The differences of the patients concerning race, language, religion and sect, political opinion, philosophical belief, and economic and social status and other differences are not considered while providing healthcare services” (Hasta Hakları Yönetmeliği, 1998) Knowing that there is such an article will result in that the patients claim their right to be treated equally and not discriminated because of their identity.

Another article by Ekitli and Çam (2017) focuses on difficulties experienced by nurses about LGBTI+ patients in Turkey “A Review on an Area which We Have Difficulty During Maintenance Period.” They discuss how medicine relates to LGBTI+ issues and argue that homosexuality has been defined as an illness and medicalized after it was decriminalized (Ekitli & Çam, 2017). Although in 1973 it was removed from the DSM by the American Psychiatry Association and in 1990 the World Health Organization (WHO) declared that homosexuality is not an illness anymore, it is still perceived as an illness by many people, governments, organizations, and so on. Moreover, they assert that LGBTI+ people confront negative attitudes, LGBTI+ phobia, and many prejudices while receiving healthcare. Healthcare professionals also do not know how to handle the LGBTI+ issue (Ekitli & Çam, 2017). Luckily, nurses are much more positive towards this issue, according to Ekitli and Çam. However, since nursery walks arm in arm with religion throughout history, many prejudices exist among nurses, too (Ekitli & Çam, 2017). In terms of nursery training and practice, the heteronormative approach has an impact on nurses. Therefore, LGBTI+ patients cannot receive adequate and humane services from the nurses (Ekitli & Çam, 2017)

Yasemin Yıldırım and Duygu Vefikuluçay Yılmaz, in their article “Gender Identity or Discrimination Based Sexual Orientation in Turkey and Reflections on Health” assert that healthcare field is a field that reinforces gender roles and gender differences (2017). While explaining the situation in Turkey, they use the terms “heterosexism” and “heteronormativity.” Heterosexism is defined as the belief that heterosexuality is the normal state and refers to the totality of the stereotypes, subjective attitudes, and discriminatory acts that are against other gender identity definitions. Heteronormativity is the beliefs, norms, and policies that claim people are composed of heterosexual women and heterosexual men and every relationship between genders may happen between “opposite” sexes (Yıldırım & Vefikuluçay Yılmaz, 2017).

In terms of medicine, there are special needs of lesbian and bisexual women as follows: sexual health, cervix health, and reproductive health. Gynecology is a branch in which lesbian and bisexual women are exposed to discrimination. Therefore, they do not have routine examinations (Yıldırım & Vefikuluçay Yılmaz, 2017). Moreover, they have a lack of confidence in the healthcare personnel that their confidentiality is provided (Yıldırım & Vefikuluçay Yılmaz, 2017). Also, a study of Eydi et al. is stated which concludes that the most violated rights of LGBT individuals are right of equity, right to be respected, and right of privacy (Yıldırım & Vefikuluçay Yılmaz, 2017). These results are derived from the studies in Turkey, which are really few.

“Denied Citizens of Turkey” is an article by Volkan Yılmaz and İpek Göçmen. They use the “false universalism” concept of Lister and identify three features relating to the situation of LGBTs in Turkey. Institutional ignorance, medical treatment denial, and individuals’ aversion to seeking medical help are the main issues in relation to LGBT health. They conduct a study in which 14 focus group interviews conducted with 139 LGBT individuals in ten provinces of Turkey from January 2014 to June 2014 (Yılmaz & Göçmen, 2016). Institutional ignorance refers to the medical personnel and their inadequate knowledge regarding LGBTI issues. It results in prejudices and reduces trust in healthcare services (Yılmaz & Göçmen, 2016). Medical treatment denial refers to the refusal by healthcare personnel to provide

services to LGBT individuals due to the fact that they do not interpret the condition of LGBT individuals as legitimate. Lastly, LGBT individuals do not wish to seek medical help because they do not want to confront discrimination, and the knowledge of the doctors is weak (Yılmaz & Göçmen, 2016). They make a significant point that “heterosexist universalism” does not recognize LGBT individuals as citizens in Turkey (Yılmaz & Göçmen, 2016).

Lastly, Yılmaz, Göçmen, and Atlay, in their article “Health for All,” focus on nearly the same issues with the previous article. In addition to them, the health insurance is discussed due to the unrecognition of homosexual marriages legally (Yılmaz, Göçmen, & Atlay, 2014). The reproductive health approach excludes lesbian and bisexual women who are in same-sex relationships (Yılmaz et al., 2014). Several barriers to LGBT individuals’ access to healthcare services are discussed in the article which are the fears of LGBT patients such as confidentiality, being exposed to discrimination, and the lack of knowledge of healthcare professionals about LGBT issues due to inadequate curriculum in medicine schools (Yılmaz et al., 2014)

As we have seen in this review, although LGBT+ health and the barriers while accessing healthcare services is a current issue in international literature, it is still an understudied area in Turkey. Certain studies such as Volkan Yılmaz, İpek Göçmen are inspiring, but lesbian and bisexual women are underrepresented in these studies. Even Yasemin Yıldırım et al. do not focus on women in LGBT populations. I will evaluate the situation of lesbian and bisexual women by considering both woman identity and LGBT+ identity so that the effects of each will be presented.

## **2.6. Policy Recommendations of the Existing Studies**

There are many policy suggestions and recommendations in most of the studies which are mostly similar to each other. Yeşiltepe recommends that the specific needs of the LGBT+ patients have to be recognized, the awareness of the LGBT+ individuals should be increased, the reporting of the violations have to be made by

the chamber of the medicines, and legal assistance have to be provided to these individuals (2015). Albuquerque suggests that LGBT issues, the communication patterns, the most common illnesses, etc. should be included in the education of healthcare professionals (2016). Moreover, they have to be trained so that they do not hold discriminatory attitudes (Albuquerque, 2016). Boehmer (2002), a public health researcher, reveals such a significant fact that the rate of the STI focused articles constitute a significant part of the studies indicate that the biomedical paradigm guides public health research. They suggest that the relationship between public health has to be evolved to that being an LGBT individual should be regarded as a category that has an impact on each health experiences (Boehmer, 2002). Specific to bisexuals, Dobinson et al. indicate that bispecific services and bispecific education are needed. Therefore, inclusive, safe, and accessible services, new services, training for healthcare providers, and research focusing on bisexuals are needed (Dobinson et al., 2008). Çam and Ekitli (2016) suggest a five stepped systematic approach in the nursery so that LGBTI+ patients receive adequate healthcare. Protection, prevention, canceling, banning, and guaranteeing. Protection defines protecting the individuals from homophobic and transphobic violence and reporting the cases. Prevention is to investigate servants for their maltreating and filing law cases. Canceling projects to abolish all legislation that considers homosexuality as a crime. Banning is to ban discrimination based on sexual orientation and gender identity. Lastly, guaranteeing means to guarantee the right to speech and the right to organize (Çam & Ekitli, 2016). Mayer et al. highlight the good communication between the patient and the provider and the need for the training for the providers and the other stuff (2008). Müller(2017) suggests following the guidelines of the Association of American Medical Colleges and knowledge must be built, and development courses and training have to be provided (2017). Stott recommends specific training for doctors and medical students in the fields of sexual health, LGB health, and communication. Also, a symbol to indicate that the clinical is LGB friendly should be put (Müller, 2017). Lastly, the medical curriculum has to be evaluated and developed because sexual health and sexuality topics are inadequate (Müller, 2017). Yılmaz and Göçmen make recommendations like the other researchers. They recommend effective anti-discrimination legislation and mechanisms, and they oppose false universalism,

and instead of it, “differentiated universalism” should be accepted and applied. Therefore, LGBT inclusive and human rights-based approach will be implicit in social policies (Yılmaz & Göçmen, 2016).

## **CHAPTER 3**

### **METHODOLOGY**

In this study, I used a qualitative method to reveal the detailed personal experiences of cisgender lesbian and bisexual women while accessing sexual and reproductive healthcare services. In line with the qualitative nature of the study, I adopted an emergent research design. This design adopts a circular as opposed to a linear approach to survey research. Data collection and analysis procedures can evolve throughout the research project in response to what learned in the field (Morgan, 2012). Morgan (2012) asserts that “Within the broader framework of qualitative research, emergent design procedures are closely associated with the broad goal of induction because success in generating theories and hypotheses often depends on flexible use of research methods.”

I combined a document-based analysis with semi-structured interviews to explore my research questions. I reviewed studies from different disciplines and read articles as well as reports of institutions and organizations. These provided an insight into the subject so that I can proceed. Then I conducted semi-structured interviews with 22 women to explore my research questions. Interviews were not entirely structured so as not to prevent them from telling other experiences that can reveal other facts. I encouraged them to express their hesitations and worries and probed with open-ended questions wherever possible.

Before initiating the interviews at a large scale, I tried the interview questions in pilot interviews, where I asked my questions to a friend of mine to ensure that questions transferred the intended meanings. I made some modifications to some questions that required some further clarification.

### **3.1. Recruitment of Interviewees and Data Collection**

Three criteria were used while reaching out to the people that participated in the study.

- Aged between 18-30,
- Identifying as lesbian or bisexual,
- Being a cisgender woman.

I made a poster that I shared with the community and relevant organizations. Since I have been an LGBTI+ activist, I have access to LGBTI+ networks much more accessible than a regular person. I shared my study with the university clubs based in Ankara via email; I requested from others to share my research so I can reach the interviewees, I asked my acquaintances that I previously discussed my thesis. Also, I shared my poster via Twitter and on my facebook account.

I reached twenty-two interviewees who consisted of eight bisexuals, nine lesbians, one pansexual, one polysexual, one homoflexible, one queer, and one woman who has not declared her sexual orientation. While 19 of the interviewees are from Ankara, 3 of the interviewees live in İstanbul. I did not seek to balance sexual orientations. However, they were balanced at the end of the process by chance.

We have selected the places to do interviews together with the interviewees. The interviews lasted between fifteen minutes to an hour. Before each interview, I explained to the participants my study and asked them to sign voluntary participation and consent forms. After that, I asked if they allowed me to record the interviews. Then, I asked interviewees to fill the demographic survey to collect information. I have recorded all the interviews since all of the interviewees gave consent. All of the interviews were face to face since I believe that being in the same place while talking about sensitive issues make the interviewees and me much more comfortable.



### **3.2. Personal Experience**

I was excited and nervous before the first interview. After the first one went well, I became more comfortable while conducting the interviews. However, the interviews took so much time and required more effort than I expected. It is not only physical exhaustion but mentally since each interviewee tells me their hesitations, worries, and sometimes negative experiences.

Also, several interviewees were concerned about the interview since they are not open to their families, workplaces, friends, etc. I ensured them about their confidentiality and privacy rights and explained the measures I took to that effect. I told that only I would listen to the recordings and transcribe them, and their data will be safely stored.

### **3.3. Data Analysis**

I transcribed each recording by hand. The process took longer than I expected. After I completed the transcriptions, I deidentified the information that can give away the identities of the interviewees, and I shared the transcriptions with my supervisor. We both read the transcriptions separately and separately coded the themes that emerged in response to each question. We then corroborated each other's coding. We formed categories that covered all themes and responses that emerged in response to the questions. Then I built tables, which my supervisor reviewed and corrected. While following these steps, I turned back nearly all the time to find out if I miss any word or comment and to prevent any misunderstandings. After completing these tables, I start to analyze the data also by providing quotations of the interviewees. Again, at this point, I turned back to the main transcriptions to make sure that I understood the context correctly.

### **3.4. Limitations**

I can only reach participants mostly living in Ankara. Only three of the participants live in İstanbul. As İstanbul and Ankara are metropolitan and the two largest cities

in Turkey, this study cannot be generalized since healthcare services in these cities are much more widespread and more comfortable to access compared to other cities in Turkey.

Also, the inclusion of only cisgender women in this study precluded trans women. This choice may be regarded as trans-exclusionary since it does not include trans women's experiences while accessing sexual and reproductive healthcare services.

### **3.5. Ethics Approval**

I applied to the Middle East Technical University Human Research Ethics Committee after preparing the interview questions with the assistance of my advisor. I submitted the relevant documents, including the Voluntary Participation Form and Announcement Text, as well as the Application Form. The approval is provided without the need for any amendments. As soon as it was provided, I started to make announcements in order to reach the interviewees.

## **CHAPTER 4**

### **ANALYSIS**

In this chapter, I will explore several issues. First, I ask women their perceptions of their health. Then I explore their access to healthcare services in general with specific reference to structural, cognitive, and financial barriers they encounter in primary and secondary healthcare services. This is followed by an analysis of access to sexual and reproductive healthcare services again with reference to structural, cognitive, and financial barriers encountered at primary and secondary healthcare services. Then, the factors women consider while choosing sexual and reproductive healthcare providers are discussed. Finally, the sources of information that women refer to about sexual and reproductive health are presented.

#### **4.1. Perceptions of Own Health by Young Lesbian and Bisexual Women**

As a start-up question, interviewees were first asked whether they feel in good health. After receiving their responses, interviewees were provided with the definition of health by the WHO and asked to reconsider their answer in the light of this definition. The definition of health by the WHO, which was read out loud to the interviewees, is: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ("Constitution," n.d.). Six of the interviewees changed their responses to this question when they were presented with the WHO definition. Several reasons were provided for the change in responses. One of the interviewees stated that they do not evaluate their health as a state of complete well-being, and five of the interviewees mentioned that they had not considered their psychological problems. The responses of the participants are presented in Table 1.

**Table 1. Perceptions about Health**

<b>Do you feel in good health?</b>	<b>Interviewee Number</b>	<b>Total</b>
I am healthy	(9) (11) (14) (15)	4
I feel healthy most of the time	(2) (6)	2
I feel unhealthy		13
Unhealthy both psychologically and physically	(8) (10) (18)	3
Unhealthy psychologically	(7) (12) (16) (19)	4
Unhealthy physically	(5) (22)	2
Healthy physically, but unhealthy psychologically	(4) (20) (21) (17)	4
Neither healthy nor unhealthy	(13)	1
Sometimes healthy sometimes unhealthy	(1)	1
Feeling currently healthier	(3)	1

Four of the interviewees indicated that they felt healthy, and two of them noted that they feel healthy most of the time. Two of the interviewees said that they feel neither healthy nor unhealthy, and one of the interviewees states that she sometimes feels healthy and sometimes unhealthy. Lastly, one of the interviewees expressed that she is feeling currently healthier since she has pulled through an illness of her.

Thirteen out of twenty-two interviewees stated that they feel unhealthy. Different reasons were given as the cause of bad health. Three of them report that they feel unhealthy, both psychologically and physically. Four of them say that they feel unhealthy psychologically, one of them state that they feel unhealthy physically, and four of them state that they feel physically healthy but psychologically unhealthy. In total, eleven of the interviewees declare they are psychologically unhealthy. The reasons behind this situation cannot be analyzed since the responses are not detailed, but, remarkably, 50% of the interviewees struggle with

psychological problems. One of the interviewees declare their concern that they have to return to their family home as follows:

Ee, it can be, psychologically. I normally live here, studied here, ee, and looking for a job in the agencies as a graphic designer. Ee, I have been applying for a long time. Since I haven't got any reply, I have to move from Ankara. Ee, I do not feel well for these reasons because Ankara is the city I found out my identity and sexual orientations and experienced many things, so I don't want to leave here (Lesbian, 24, Ankara)<sup>1</sup>

## **4.2. Access to Healthcare Services**

In this section, I asked questions to interviewees to find out to what extent they have access to healthcare services and the barriers they experience while accessing the services. As I explained in Chapter 2, I used Carrillo et al.'s definition of barriers in access to health services. Therefore, my questions inquired about interviewees' access to health care services and structural, cognitive, and financial barriers they encounter while seeking health care. I inquired about general healthcare services and sexual and reproductive healthcare services separately.

### **4.2.1. Access to General Healthcare Services**

I have evaluated the barriers that interviewees mention while accessing general healthcare services.

#### **4.2.1.1. Structural Barriers**

These barriers are related to the availability of the healthcare system, and they are institutional and organizational barriers such as transportation and childcare (Carrillo et al. 2011).

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<sup>1</sup> Ee, yani şey olarak olabilir, ruhsal olarak olabilir. Bir ee burada yaşıyorum normalde, burada da okudum ve ee yani ajanslarda iş arıyorum grafik tasarımcı olarak. Ee, henüz ya uzun süredir de başvuru yapıyorum. Henüz bir geri dönüş alamadığım için ee buradan Ankara'dan taşınmam gerekiyor. Ee, o yüzden çok iyi hissetmiyorum, çünkü Ankara kimliğimi ve yönelimimi keşfettiğim bir yer ve birçok şeyi yaşadığım bir yer, o yüzden burayı bırakmak istemiyorum.

#### 4.2.1.1.1. Primary Care Services

Interviewees were asked about their first point of contact when they have any health problems and also whether they used primary care services, such as family health centers or family physicians.

**Table 2. First Point of Contact**

<b>Who is your point of the first contact when you think you have a problem with your health?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
Family Practitioner (as point of first contact)	(1) (11) (14)	3
Do you get services from your FP?	(1) (4) (5) (6) (7) (8) (9) (10) (11) (12) (14) (15) (16) (17) (18) (20) (21) (22)	18
State hospitals	(1) (10) (11) (12) (14) (15) (16) (17) (21) (22)	10
University Hospitals	(20)	1
Private Hospitals	(1) (8) (10) (16) (17) (18) (22)	7
Private surgeries or clinics	(15)	1
Mediko	(5) (21)	2
Family	(2) (3) (7) (9) (15) (16) (17) (21) (22)	9
Close Friends	(7) (9) (16) (17) (18) (20) (22)	7
Internet	(9) (13) (18)	3
Workplace doctor	(14)	1
Pharmacist	(9)	1

Significantly, interviewees prefer to contact with their families and friends and make a search on the internet instead of applying to their health care providers when they experience a health problem. Nine of the interviewees stated that they refer to their

families, and seven of them say that they refer to their close friends when they experience a health issue. Three of the interviewees express that the internet is the point of the first contact in the event of a healthcare issue. Two of the interviewees who refer to their families state that there are doctors in their family. The other two interviewees say that after referring to their families, they apply to a doctor by their guidance.

Interviewees express some of the reasons why they do not first contact health care providers as below:

That is to say, when it is an emergency case, I go to the hospital, but other than that, I do not prefer going. Usually, due to doctors' attitudes. And obviously, hospitals are places that are open to harassment. Therefore, I try not to go if there isn't any severe issue (Bisexual,24, İstanbul)<sup>2</sup>

One interviewee indicates the reason why she does not prefer applying to doctors is that she does not like seeing a doctor. Another interviewee says that she does not apply to a healthcare provider since she has no trust in institutions.

I did not take medicine relying on my doctor because you may be affected too much when you are on drugs if you have rhythm disorder. Ee, I couldn't trust that doctor, I see doctors without fully believing them. I am always on the alert. Primarily, there is that thing in the country. The dental hospitals are the same way, oral and dental health, to tell the truth, I do not trust hospitals of this country. But I make an effort to go to state hospitals when I have to. (Lesbian, 25, İstanbul)<sup>3</sup>

Trust and safety hesitations prevent interviewees from applying to hospitals and affect their healthcare-seeking behavior.

Although not as a point of the first contact, eighteen of the interviewees stated that they receive health services from their family physicians. Four interviewees that

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<sup>2</sup> Şöyle ki, çok acil bir durum olduğunda hastaneye gidiyorum ama onun dışında gitmeyi çok tercih etmiyorum. Genellikle doktorların tavırlarından dolayı. Ve hastaneler tacize çok açık yerler açıkçası. O yüzden çok ciddi bir sorun olmadıkça gitmememeye şey yapıyorum.

<sup>3</sup> (...)Doktoruma güvenip ilaç kullanmadım çünkü ritim bozukluğunda ilaç kullandığında mesela çok fazla etkilenebiliyorsun. Ee, o doktora güvenememişim, gittiğimde hiçbir doktora tam olarak güvenmeden gidiyorum. Hep bir tetikteyim. Özellikle ülkede işte şey de var, diş hastaneleri öyle aynı şekilde, ağız ve diş sağlığı. çok da güvenmiyorum açıkçası bu ülkenin ee hastane kurumlarına. Ama mecbur kaldığımda bana en yakın devlet hastanesine gitmeye çalışıyorum.

prefer not to receive services from their family practitioners give different reasons for this choice. Two interviewees indicate that they do not get healthcare services from their family physicians since they are not in the city they reside in. One interviewee shows no reason for not applying to the family physicians, while two interviewees express, they have experienced discrimination by their family physicians. Interviewees described what they define as discrimination by the family physicians as below.

Because I saw (laughing). I have been there, and before saying anything, right after asking for information about the HPV test, the family practitioner overreacted. He said that I was not even married, how I would be infected hehehehe. So I said good luck and got out, and I don't go there any longer. I never go even when I get sick, now I have a runny nose, even now I don't go, no way. (Bisexual, 26, Ankara)<sup>4</sup>

So, the family practitioner believed that she is too young to be infected with HPV. The family practitioner reflected their own opinion on the patient and decided, without asking her patients' experience in sexual relationships, that she was too young to have a sexual encounter.

In the other case, the interviewee was exposed to discrimination by inappropriate words of the family practitioner due to her physical appearance, which does not fit with the gender norms of the family practitioner.

I have been there once and experienced homophobia. Ee, it happened this way. Normally, my family practitioner is in İzmit, and I will get a medical report since Hacettepe has a research. Ee, so I transferred my registry here and went there, stepped into the room. The woman stared at me, surprised or so, my hair was shorter at the time. Ee, then said Mr. T, am I right? I said no, Ms. T. Okay, what do you want, they said. Medical report I said. Ee, are you new, are you a new patient of me, Mr. T, she said. I corrected it as Ms. T again. And each time during our dialogue, they said Mr. T, when they use my name and I fixed it as Ms. T. After that, ee, my residency in Ankara is in Cinnah Caddesi, but actually, I transferred to Cebeci, via the internet. Therefore, I cannot make an examination, she said, but I said that the

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<sup>4</sup> Çünkü, gördüm (gülüyor) Gittim işte yani daha hiçbir şey söylemeden sadece hpv testi ile alakalı bilgi almak istediğimde bile çok büyük böyle tepkiler gösterdi. Evli bile değilmişsiniz nereden buluşacak kı hehehehe diye. Ben de kolay gelsin deyip çıktım o yüzden bir daha da gitmiyorum. Ya Hasta olduğumda bile mesela şu an işte burnum akıyor şu an onda bile gitmiyorum hiçbir şekilde gitmiyorum.



system enables me to move there, etc., I felt like these are excuses. Anyway, they sent me back without providing me a medical report, saying that I had to transfer my residency from here Mr. T. I said okay (laughing) and got out (Lesbian, 24, Ankara)<sup>5</sup>

The interviewees who get healthcare services from the family practitioner report receiving different services.

**Table 3. Services Received from Family Physician**

Which services you receive from your family physician	Interviewee Numbers	Total
Taking medical report	(5) (9) (10) (12) (15) (17) (21)	7
Prescribing drugs	(5) (10) (12) (17) (20)	5
Minor illnesses	(8) (16) (17)	3
Injection for my chronic illness	(4)	1
Regular tests and controls	(1) (6) (9)	3
Emergency cases	(6)	1

Getting medical reports and taking prescriptions for drugs are the most common services as seven of the interviewees apply to their family practitioners to obtain medical reports, and five of the interviewees ask to prescribe medicines. Three of the interviewees state that they apply when they have minor illnesses, and three interviewees apply for regular tests and controls. Least received services are injections that are received by one interviewee and application while emergency cases which are received by one interviewee. I have to mention the words of one interviewee asserting the reasons why she does not apply for any other healthcare services other than prescribing drugs.

<sup>5</sup> Gittim bir kere ve homofobiye uğradım. Ee, şöyle oldu. Normalde aile hekimim İzmit'teydi ve burada işte Hacettepe'nin bir araştırması vardı, onun için ee sağlık raporu alacaktım. Ee, o yüzden buraya aldırırım aile hekimimi ve gittim ee kapıdan içeri girdim. Kadın böyle bi baktı böyle, şaşırdı falan, o zaman saçlarım biraz daha kısaydı. Ee, sonra T Bey di mi dedi, hayır T Hanım dedim. Tamam, ne istiyorsunuz dedi. Sağlık raporu dedim. Ee, siz yeni misiniz, yeni mi hastam oldunuz T Bey dedi, tekrar T Hanım diye düzelttim. İşte ne böyle, sürekli bir diyalog halinde ve her seferinde adımlı kullandığında T Bey diyor ve ben de T hanım diye düzeltiyorum. Daha sonra zaten ee işte hani direkt Ankara'daki ikametim benim Cinnah Caddesi tarafında gözüküyor ama normalde Cebece'deki şeye aldım, internet üzerinden aldım. O yüzden burada bakamam dedi ama dedim ki sistem veriyor yani burayı falan vesaire, bahaneymiş gibi geldi bana. Neyse, sağlık raporunu vermeden beni gönderdi, adresinizi buradan aldırmanız gerekiyor T Bey diye. Peki dedim gülüyor ve çıktım.

At times I go to prescribe drugs because the healthcare center where the family practitioner is present is such an awful place. That is to say, you can only go there to get prescriptions. Therefore, I go there. (Lesbian, 25, Ankara)<sup>6</sup>

#### **4.2.1.1.2. Secondary Care Services**

Interviewees were also asked what type of healthcare providers (i.e., public vs. private, state hospitals, university hospitals, or private clinics) they preferred when they needed health services.

Ten interviewees say that they apply to state hospitals when they have a health issue, while seven of them prefer private hospitals instead. There is one interviewee who chose to apply the workplace doctor in case of a healthcare issue, one interviewee prefers referring to their pharmacist, and one interviewee mentions using to private clinics — two of the interviewees who still study in college state university medical centers. Only one interviewee refers to university hospitals as the first point of contact by claiming that they are sensitive regarding tests and other issues. In other chapters, I will discuss its reasons, whether it is relevant to getting an appointment or it is a personal choice.

Interviewees declare that they prefer accessing private hospitals in certain situations. First, I will express the comments and evaluations of private hospitals. One interviewee alleges that if the problem is related to Otorhinolaryngology or gynecology, she prefers private hospitals since she has not received good responses in her previous applications.

Two interviewees said they preferred private hospitals because of the easier access in terms of appointments. Also, another interviewee indicates that only in specific services such as MRI, she applies to private hospitals since appointments for such

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<sup>6</sup> İlaç yazdırmak için gittiğim oluyor çünkü Mamaktaki hani aile hekiminin olduğu sağlık ocağı çok berbat bir yer. Yani oraya sadece gerçekten reçete almak için gidilir. O yüzden oraya gidiyorum.

scanning cannot be provided for close dates. Another interviewee declares her reason to apply private hospitals if she needs further opinion in severe cases.

Two interviewees preferred not to apply to private hospitals, one said she found state hospitals more reliable, the other showed the higher financial costs associated with private hospitals as a reason.

Two interviewees said they prefer not to apply to state hospitals because of the difficulties involved in getting appointments. One of these also found the doctors in the public sector less concerned with patients' problems.

University health centers are mentioned as the first point of contact by two interviewees, but no specific reason is mentioned.

There is a tendency amongst interviewees to prefer private hospitals/providers when they feel their health issues are more sensitive (like psychology or sexual health), whereas they tend to be more at ease with applying to state hospitals for more general and minor ailments. Four of the interviewees state that they prefer to apply private healthcare providers while receiving psychological healthcare services. Another interviewee state that she refers to the clinical psychology unit of the college she studies. One of four interviewees emphasizes that she prefers applying to an LGBTI+ friendly doctor who works in a private healthcare provider. Again, another one of four interviewees declares that she applies a doctor by reference from a feminist network.

Three of these four interviewees who choose to apply to private healthcare providers, actually prefer to use state hospitals when they have other problems but psychological ones.

Getting appointments to apply healthcare services is another component of the accessibility. Participants who state that they have no trouble getting appointments from state hospitals and the ones who had trouble are considered balanced. However, it is understood that applying to state hospitals for specific healthcare

services such as sexual and reproductive health care constitutes an issue for some of the participants since they do not apply to state hospitals in such cases. Therefore, although it appears that getting an appointment is not a common problem when the words of the interviewees are analyzed in detail, other issues such as fear of discrimination and confidentiality concerns are revealed, and getting appointments appears as an issue.

**Table 4. Getting Appointment**

Can you easily get an appointment when you want?	Interviewee Numbers	Total
No answer	(6) (9)	2
Yes	(1) (2) (3) (5) (8) (10) (11) (12) (14) (15) (18) (19) (20) (21) (22)	15
No	(1) (3) (4) (7) (12) (13) (16) (17) (20) (22)	10

Fifteen of the interviewees declare that they can get appointments when they want, while ten of the interviewees say that they cannot get appointments as they wish. Two interviewees did not respond to this question. The words of the interviewees reveal that they encounter significant structural barriers while accessing healthcare services. Getting appointments from university hospitals is significant trouble. Accessing to MRIs and another scanning is only possible in state hospitals or university hospitals if the patients wait for a long time or apply to private hospitals by paying high prices.

**Table 5. Evaluations about Appointment**

	Interviewee Numbers	Total
No answer	(6) (9)	2
Yes		

**Table 5 (Continued)**

State hospitals	(2) (3) (5) (10) (19) (21)	6
Do not apply due to hesitations	(8)	1
Easy for me since I am a doctor	(11)	1
Easy since I apply in a Small town	(18)	1
If tests and so on do not last a long time	(14)	1
University hospitals		
Easy since family member works at that hospital	(15)	1
Sometimes possible since I have previous medical history in this hospital	(20)	1
Private hospitals	(1) (22)	2
No		
State hospitals	(1) (7) (22) (17)	4
When possible, I cannot get services at that time	(16)	1
When possible, the time for an appointment is insufficient	(4) (12)	2
University hospitals	(1) (3) (13) (22)	4
When it is an appointment except for my previous medical experience in that hospital	(20)	1

Ten interviewees declare that they can get appointments from state hospitals without any trouble, while seven interviewees state that they cannot get appointments from state hospitals. Four of ten interviewees who say they can get

appointments from state hospitals express exceptions and may not prefer applying to state hospitals owing to several reasons. Two interviewees declare that they can get appointments from university hospitals while five interviewees assert that they cannot get appointments from university hospitals. No interviewees state that they have trouble getting appointments from private hospitals, but only two interviewees say that they can get appointments from private hospitals in particular.

About university hospitals, only two interviewees express that they can get appointments.

Actually, regarding state, I no longer ee, my mother was working at ... (university hospital), so we usually go since there are acquaintances, but I can generally get for after a month (Lesbian, 26, Ankara)<sup>7</sup>

Nephrology branch that is about me, kidney branch, I have no troubles. When I call, at the utmost, I cannot get the time I want. But ee I can get that easily since I am a transplantation patient (...). For example, regarding otorhinolaryngology, I could get an appointment by explaining my situation to the woman on the phone, hocam I have an ache in my ears, I am afraid of infection, what will I do if it is progressing like I was in panic (...) (Lesbian, 25, Ankara)<sup>8</sup>

However, the interviewees who state that they can get appointments from university hospitals are privileged due to several reasons. Therefore, they may not be able to get appointments if they were ordinary people.

Two of the interviewees state that they can easily get appointments from private hospitals.

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<sup>7</sup> Ya evet aslında devlette, ben artık git e şeyde benim annem aslında... 'taydı(university hospital) da o yüzden tanıdıklar olduğu için genellikle gidiyoruz ama genelde bir ay sonraya falan randevu alabiliyorum (...)

<sup>8</sup> Nefroloji bölümü, yani benimle alakalı, böbrek bölümü, hiçbir sıkıntım olmuyor. Aradığım zaman hani taş çatlasın istemediğim, istediğim bir saate alamıyorum yani. Ama ee nakil hastası olduğum için çok rahat bir şekilde alabiliyorum (...) Kbb'ye mesela ben artık telefondaki kadına şey, durumumu falan anlatarak, hocam hani kulaklarımda ağrı var, enfeksiyondan korkuyorum, ilerliyorsa napıcam falan gibi böyle paniğe vurarak alabilmişim (...)

The comfort of the private hospitals is like, inherently, I can get an appointment to any day I want, and I can enter the room of the doctor when (meeting) time comes (...) (Bisexual, 23, Ankara)<sup>9</sup>

Seven interviewees express that they cannot get appointments from state hospitals. Three of the seven interviewees indicate additional reasons and cases. Their words are stated below.

Yes, it happened. For instance, I have experienced a minor psychological depression, a depressive period, and I wanted to apply to a psychologist, a psychiatrist. It is my first year in Ankara. Therefore, I haven't known, there is a platform on the web, I have applied, and the appointment was given for one month later, and that was so unsatisfying to me at that time, I looked for all state universities all the recommended doctors. All appointments were at least, at least, at least three weeks later, so I couldn't, I couldn't apply to the service I asked for (Bisexual, 19, Ankara)<sup>10</sup>

It is evident that the interviewee could not get the healthcare services she needed since she was not able to find an appointment, although it may be an emergency case.

Of course, you know, you can get easily from private ones, but in the state, they delay for two months, three months (...) (Lesbian, 22, Ankara)<sup>11</sup>

The appointment issue is trouble already, I always wait in front of the computer for a gap, that an appointment arises. The other day, I was sick (...) I could find an appointment. I went to the hospital at 8.15 and left at 10 to 5 (...) First, I waited for the examination for 2,5 hours. I could not enter

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<sup>9</sup> (...) Özel hastane rahatlığı şu oluyor yani doğal olarak, aradığım an işte herhangi bir güne istediğim gibi o randevuyu alabiliyorum ve gittiğim saatte yeni randevuyu aldığım saatte doktorun odasına girebiliyorum (...)

<sup>10</sup> Oldu, mesela geçtiğimiz bir ay önce psikolojik bir ufak depresyon, depresif bir süreç geçirmiştik ve böyle bir psikoolga psikiyatriye başvurmak istedim. Bu yıl benim Ankara'da ilk yılım o yüzden, ee bilmiyordum yani, devlet hastanesine internetten bir ortam varmış, başvurmuştum ve bana bir ay sonraya verdi randevuyu ve o an benim için hiç tatmin edici olmadı açıkçası, devlet üniversitelerinin çoğuna baktım hep iyi yani önerilen doktorlara. Hepsinin en fazla en az 3 hafta sonrasına vardı, o yüzden ee yapama, işte istediğim hizmete ulaşamamıştım.

<sup>11</sup> Tabi canım şey, yani, özellerde zaten alabiliyorsunuz rahatlıkla ama devlet hastanelerinde iki ay, üç ay sonraya atıyorlar (...)

the appointment time. Ee, I waited for it for 2,5 hours, then asked for tests, the results were being announced at 3, you see it was 5 when I showed my test results (...) Besides, you are getting the appointment to line up. Your appointment time doesn't matter, you go there, and they give you another number again. If you don't have an appointment, you can't get a number (Bisexual, 21, Ankara)<sup>12</sup>

Also, there is trouble getting appointments in the state. Ee, once I went 2 or 3 months ago, I started psychiatric treatment there, they gave me a drug, but I couldn't find a second appointment. My medication was about to run out, and I couldn't find the second appointment, I couldn't get it before a week the drug runs out. Therefore, I applied to private ones (...) There isn't any psychologist anyway. The psychiatrist listens for 10 minutes maximum, pushes drugs (laughing), puts you out and send you out. For that reason, to tell the truth, to my situation to be taken care off, I applied here" (Lesbian, 30, Ankara)<sup>13</sup>

That is to say, I don't think that they are accessible. In İstanbul, things happen like, and each doctor takes care of you for 4 or 5 minutes, to what extent will you express yourself there, firstly, to what extent the doctor will pay attention to you and your words, secondly. But the system operates via this. We are consistently at the state hospitals due to my mother's severe illnesses, and we are actually mistreated. You know, we go to a hospital, four days it took, took in such situations, you know the tests, the process of consulting to other doctors, anyway everybody will agree with it probably, there is a range between 12 days minimum and 18 days maximum. Of course, we are not satisfied. (Lesbian,25, İstanbul)<sup>14</sup>

Five of the interviewees indicate that they can't get appointments from university hospitals.

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<sup>12</sup>Randevu konusu da sıkıntı zaten, sürekli bilgisayar başında boşluk bekliyorum randevu çıkmasını. Hatta geçen gün gittim işte hastaydım(...)Ee, bir randevu bulabildim, 8'i çeyrek geçe gittim akşam 5'e 10 kala çıktım hastaneden (...)ilk, muayene için sıra bekledim 2,5 saat, randevu saatimde giremedim. Ee, 2,5 saat onu bekledim, sonra tahlil istedi, 3'te sonuç çıkıyordu, sonucu göstermem 5'i buldu zaten yani (...)Zaten orada sıra alabilmek için randevu alıyormuşsun. Randevu saatin hiç önemli değil, gidiyorsun orada sana tekrar sıra veriyorlar. Randevun yoksa sıra alamıyorsun.

<sup>13</sup> (...)Ayrıca yani devlette evet randevu bulma sıkıntısı da var. Ee, bir kere gittim ben 2-3 ay kadar oluyor işte psikiyatriste başladım orda, bana bir ilaç verdi ama daha sonra ikinci randevuyu bulamadım. İlacım bitmek üzereydi mesela, bitmesine bir hafta kala falan ikinci randevuyu bulamadım, alamadım. E dolayısıyla işte özele gittim (...) Psikolog imkanı zaten yok, psikiyatrist de 10 dakika dinliyor maksimum, ilacı basıyor gülüyor uyuşturuyor yazıyor yolluyor yani. Bu sebepten dolayı ben de açıkçası biraz daha fazla ilgilenilmesi için durumumla, buraya başvurdum (...)

<sup>14</sup> Yani çok fazla dediğim gibi ulaşılabilir olduğunu düşünmüyorum. Bir de şöyle bir durum oluyor İstanbul'da. Aa, her doktor seninle maksimum dört ya da beş dakika ilgilenilebilir, orada kendini ne kadar ifade edeceksin, bu bir, doktor seni ne kadar iyi dinleyecek, bu iki. Ama bunun üzerinden çark dönüyor şu anda. Benim annemin de çok büyük rahatsızlıkları olduğu için biz zaten sürekli devlet hastaneleri hastanelerindeyiz, ve çok mağdur ediliyoruz açıkçası. Yani, ee, bir hastaneye gidiyoruz, gene minimum dört gün dönüyor, dönüyor bu durumlarda, işte tahliliydi, başka bir doktora aktarma işlemleriydi, zaten ee herkes hak verecek herhalde buna, minimumda 12 günde maksimum 18 günü bulan bir aralık var. Ya tabi ki memnun değiliz.



Such as in university hospitals, I study at ..., if we will get appointments from ... university hospital, I have to call at 8 a.m. on Monday, I have to start calling. For example, if I call after 10 a.m., probably I won't be able to find one. I can get one by going but it another trouble owing to rows and queues (...) (Bisexual, 23, Ankara)<sup>15</sup>

The ... number of .... (a university hospital) is a line regarding the appointments other than nephrology that I wait for 20 or 23 minutes or so, some times is not hold off, or when you reach wait for 20 minutes to hear that "appointments are closed," that happens. (Lesbian, 25, Ankara)<sup>16</sup>

It is evident that there are some structural issues concerning university hospitals and their systems of appointments.

Interviewees are also asked if they have access to tests, medical drugs, and other services since accessing tests, medical prescriptions, and other services are essential while evaluating the accessibility of healthcare services. Interviewees who state their comments about this issue, mention STI tests [Human Immunodeficiency Virus (HIV) test, Human Papilloma Virus (HPV) test] vaccines, medical drugs of their chronic illnesses, MRI and tomography scannings. Only one interviewee stated that they could access tests, medical drugs, and other services that they ask for, while twelve of the interviewees report that they can access only some of the tests, medical drugs, and other services they need. This rate demonstrates that most of the interviewees have trouble while accessing these services.

**Table 6. Access to Tests, Drugs, and Other Services**

Can you access the tests, drugs, and other services that you want?	Interviewee Numbers	Total
No answer	(4) (7) (10) (11)(12) (17) (18) (19) (21)	9
Yes	(5)	1

<sup>15</sup>(...) mesela üniversite hastanesinde mesela, ben ... üniversitesinde okuyorum, ... üniversite hastanesinden randevu alacaksak pazartesi sabah saat 8de aramam lazım, aramaya başlamam lazım. Mesela 10'dan sonra ararsam muhtemelen yer bulamiycam. Gidip de bulabilirim ama o da başka bir zorluk çünkü sıralar da kuyruklar da var (...)

<sup>16</sup> "...nin .... numaralı hattı, herhangi bir randevu için benim, nefroloji hariç, telefonla 20 ya da 23 dakika falan beklediğim, düşmediği oluyor, biliyorsunuz zaten, düşünüp de 20 dakika bekleyip, randevu bitti'yi duymak için sadece beklediğim oluyor, bu var."

**Table 6 (Continued)**

To an extent	(1) (2) (3) (6) (8) (9) (13)(14) (15) (16) (20) (22)	12
No		

They provide different reasons for why they have limited access to tests, medical drugs, and other services to an extent.

Two of the interviewees state that they can access STI tests via anonymous test centers, but they cannot access these tests via state and private hospitals. One of twelve interviewees alleges that they do not apply to other healthcare providers since the tests performed are recorded, and she has confidentiality concerns.

Some members of my family are health professionals. One is a nurse, so they have access to electronic hospital records via the doctors they know. I cannot apply to anything due to that fear. I cannot apply since what these tests mean like if anything arises from there (...) regarding sexual health. If I would like to do such stuff, I refer to anonymous test centers” (Homoflexible, 22, Ankara)<sup>17</sup>

That was so easy. I went, told them (health care provider) that I want to get tested for HIV. I went to the ground floor, and there were people in the Information Desk, they directly led me upstairs, I went upstairs, told a person. They said sure and got me to a room first. They mentioned HIV a bit. They told me the mode of transmissions, asked me if I have experienced an unsafe relationship. I expressed, you know. After that, according to my explanations, they decided that I have to get tested. They didn’t perform the HIV test suddenly. In a word, they examined awareness first, created awareness, and told me that I have to get the test (...) (...) ... (a private hospital) even does not perform the HIV test. Probably, they perform complete blood count, and they lead if it is positive for further examinations, I guess. Ee, besides, I don’t remember, again, a private hospital. I ask them,

<sup>17</sup> Aynı zamanda benim ailem işte annem tarafı daha çok hemşire vesaire olduğu için onların bu gibi sistemlere, tanıdığı doktorlar üzerinden erişme imkanı oluyor. Bu korkuyla gidemiyorum açıkçası bir şeye. Orda ne testi yaptırmış, bu testler ne anlama geliyor falan ordan bir şeyler çıkar mı çıkmaz mı diye gidemiyorum (...) cinsel sağlıkla ilgili. Eğer öyle bir şey yapmak istesem, işte anonim merkezlere gidiyorum.

and they told me that they don't perform. I coincide in ... (a private hospital). (...) Ee, there is that, classical test that all performs, they put cotton in, and they take samples. (smear). Huh, exactly, all have that already. Ee, other than that, I guess there is hepatitis, ee there is a lot of stuff, many sexually transmitted diseases, but they are not tested. After that, I have paid a lot to that, by the way (...) (Lesbian, 26, Ankara)<sup>18</sup>

MRI and Rontgen are the other services that are not accessible by the interviewees, especially when they have to access these services immediately and when the provider is a private one.

Unfortunately, nine of the interviewees did not comment on this issue.

#### 4.2.1.2. Financial Barriers

All interviewees had some form of health insurance coverage, and thus enjoyed a safety net against the worst kind of financial barriers in seeking health care access. Fifteen interviewees were covered as dependents of their parents, and the remaining seven had their own coverage.

Out of pocket expenditures, defined by the WHO as direct expenditures made by patients to health care providers at the point of service use, such as co-payments, user fees, or additional payments, also constitute an essential barrier to access health services. Health insurance covers only some of these out of pocket expenditures. In Turkey, while co-payments have been relatively stable over the years, the user fees on health services, such as prescription charges, physician visit charges increased considerably, notably in the aftermath of the financial crisis in 2009. If the patients visit private providers, extra billing by private providers becomes another critical component of out of pocket expenditures. Additional billing

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<sup>18</sup> O çok kolaydı. Gittim, hiv testi yaptırmak istediğimi söyledim. Alt kata girdim, orda işte Danışma'da birkaç kişi vardı. Hiç kimse tuhaf bakmadı, direkt üst kata yönlendirdiler beni. üst kata gittim, bir kişiye söyledim. O da tabi dedi, önce beni bir odaya aldı. Orada bana biraz hiv'den bahsetti. Bulaşma yollarından bahsetti, riskli bir ilişki yaşayıp yaşamadığımı sordu. Ben de işte açıkladım. Sonra işte açıkladığıma göre yaptırmam gerektiğine karar verdi. Direkt böyle hop ...bir hiv testi yapmadı yani. Yani önce bir biling sorguladı, biraz bilinglendirdi, ondan sonra yaptırmam gerektiğini söyledi (...) (...) Hiv bile ... (özel hastane) yapmıyormuş. Muhtemelen tam kan testi yapıp ileri tetkik için eğer pozitifse gönderiyorlardır diye tahmin ediyorum. Ee, onun dışında bir tane daha hatırlamadığım sanırım özel hastaneydi yine. Onu, ona da sordum, onlar da yapmadıklarını söylediler. ...'de (özel hastane) işte denk geldim. (...) Ee, işte klasik şey testi var, herkesin yaptırdığı, çubuk sokuyorlar, pamuktan örnek alıyorlar (smear). Hah aynen, herkeste bir o test var zaten. Ee, onun dışında hepatit var sanırım, ee, bir sürü şey var aslında cinsel yola bulaşan çok fazla hastalık var ama çok da bakılmıyor. Ondan sonra, baya da para ödedim ona bu arada (...)

allows private providers to charge patients for the difference between the cost of services covered by public health insurance and private service charges. Interviewees were also asked about how out of pocket expenditures affected their access to health services. Three interviewees mention their experience regarding this issue. They have trouble affording the fees of drugs and tests.

It's like, ee Beloc was covered by Social Security Institution, there was a patient contribution, but it was still covered, but it is no longer covered. Everyone has to cover their cardiovascular prescriptions, and sometimes I pay 60 TL 70 TL for a medication that is prescribed for three months. Unfortunately, there is something like that (Lesbian, 25, Ankara)<sup>19</sup>

Ee, it is very interesting that... I have applied to private providers, for my knee, for example, Both hospitals told me that surgery is needed, but accessibility depends on your budget (laughing) A single examination is 500 TL, you have an MRI, have a CT and pay so much more (...) (Lesbian, 26, Ankara)<sup>20</sup>

(...) Ee, usually when a medical drug has to be bought., for example, when it is a colored MRI, I got brain MRIs occasionally, we only pay for the drug that they use. It is a small amount, 40 TL or so. Apart from that, when you apply to private providers, everything is so expensive, I recall I had coughed up 400 TL for a Rontgen and had to get that service from there since it was emergent (Lesbian, 22, Ankara)<sup>21</sup>

**Table 7. Covering the Expenses**

	Interviewee No	Total
No answer	(7) (5) (11) (12) (19)	5

<sup>19</sup> Ya şöyle, şeyde ee ben kullanmaya başladığımdan beri Beloc ücretliydi fakat bir noktadan sonra bir noktaya kadar şeydi, ücretliydi fakat bir kısmını yine devlet ödüyordu, devlet sigortası ödüyordu fakat bir noktadan sonra tamamiyle şey kesildi, devlet coverageı kesildi (...) Herkes şu an kalp ilacını şeyle alıyor, parasıyla alıyor ve 3 aylık yazdırdığım bir ilaca, ona, yani Beloc'a 60 lira 70 lira falan ödediğim oluyor bazen. Öyle bir şeyi var onun ne yazık ki.

<sup>20</sup> Ee, yani şey de hani çok böyle değişik .. için benim de özele gittiğim oldu, dizim için falan gitmişim mesela, l'in dediği gibi yani, ameliyat gerekiyor dediler, iki yerde de, ulaşılabilir ama paranın ölçüsüyle yani (gülüyor) Tek muayene aynen 500 lira, mr çektiyorsun tomografiye giriyorsun bir o kadar daha (...)

<sup>21</sup> (...) Ee, şey genelde ilaç alınacağı zaman, mesela renkli mr olduğu zaman beyin mr'ı çektiyorum ben arada, onun ilacını biz ödüyoruz. O da cüzi bir rakam oluyor, 40 lira falan oluyor hani. Onun dışında özele gittiğiniz zaman her şey çok pahalı, ben topu topu bir tane şey çektiğim zaman, imm röntgen çektiğim zaman, 400 lira falan bayıldığımı hatırlıyorum ve hani acil olması gerektiği için oradan çekirdim (...)

**Table 7 (Continued)**

No additional expenses	(6)	1
Family	(1) (10) (13) (16) (17) (21) (22)	7
On my own	(8)	1
I work	(4) (9) (14) (15)	4
I save from my budget	(2) (3)	2
If not enough, my family supports	(20)	1
Private health insurance	(18)	1

One interviewee says she does not pay for any additional expenditures since she gets healthcare services only from public health care providers. Seven interviewees state that their families cover out of pocket expenditures. One interviewee explains the situation as follows.

The last time, I went to a private provider, somewhere here in Çukurambar. One month ago, at last, I asked my family to pay whatever it costs to let me go there. Yes, my family covers, yes. (Lesbian, 26, Ankara)<sup>22</sup>

Eight of the interviewees state that they pay for out of pocket expenditures. Private health insurance of one of the interviewees covers most of the out of pocket expenditures. Here are the words of the interviewees who cover the costs themselves and the reasons behind it.

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<sup>22</sup> (...) En son işte burada özele geliyorum, Çukurambar'ın oralarda bir yerlerde. BİR ay önce en son dedim ki annelere, parası neyse verin de artık bir gideyim. Evet ailem karşılıyor, evet.

I try to cover from the budget I personally cut off mostly that is to say I try not to use any other resources (Pansexual, 23, Ankara)<sup>23</sup>

By the way, it was like; I was telling my father that I will go gynecologist so and so, by the way, my mother knows everything my father behaves as if he doesn't know anything so telling him that I'm going to the gynecologist is like he thinks she has cystitis again. At first, I was asking regarding this hospital stuff, but after... because he knew the routine controls once in 6 months ... but after that when the controls start to take place once in two weeks, I begin to cover these from my own budget, like this (Bisexual, 26, Ankara)<sup>24</sup>

Ee, like that, in fact, there is private health, insurance called private health insurance, I have that too, ee, if you are a person who applies to hospitals too much, there are tools to make it easier. There are ways to ensure you pay less, like me (laughing) (Bisexual, 23, Ankara)<sup>25</sup>

Five of the interviewees did not comment on this issue.

Since all of the interviewees have insurance coverage, it can be argued that they have primary access to healthcare services. However, exclusions from insurance coverage or long waiting times in insurance contracted public health providers may force patients to cover some services directly and thus increase barriers to healthcare access. To illustrate, one interviewee stated that the medical drug that is prescribed for her cardiac illness is not covered by insurance. Also, two interviewees declared that to access healthcare services like MRI and other scannings on time is not provided by state and university hospitals, so they apply to private healthcare providers. These causes additional costs and considering that ten of the interviewees are not working, additional fees may constitute a great barrier for them.

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<sup>23</sup> Yani kişisel ayırdığım bütçeden karşıyorum çoğunlukla yani başka bir kaynak kullanmamaya çalışıyorum.

<sup>24</sup> Bu arada şeydi işte babama şeyi söylüyordum ya ben böyle böyle jinekoloğa gidecem falan diyorum bu arada annem biliyo babam hiçbir şey yokmuş gibi davranıyor o yüzden ona jinekoloğa gitcem demek yine sistit oldu herhalde bu demek gibi bir şey. İlk başka böyle hastane işlerinde istiyordum ama sonradan .. çünkü 6 ayda bir normal kontrollerde hani biliyodu o .. ama ondan sonra hani iki haftada bir sürekli kontroller olmaya başlayınca işte böyle kendi bütçemden tamamen karşılamaya başladım."

<sup>25</sup> Ee, şöyle ee bu aslına bakarsanız yani özel sağlık yani özel sağlık sigortası denen bir sigorta çeşidi de var, o da var bende, ee, çok fazla hastaneye giden bir insansanız, bunu kolaylaştırıcı yollar var. Daha az ücret ödemenizi sağlayacak yollar var, benim gibi (gülüyor)

## 4.2.2. Access to Sexual and Reproductive Healthcare Services

Besides barriers in accessing health services, interviewees were asked more specifically about barriers they encountered while seeking sexual and reproductive health care services. Five interviewees said they have never sought these services due to different reasons. Two interviewees state as follows:

Nowhere (laughing). Actually, I haven't experienced any problems about sexual health until now. I think I will apply if I experience it. That is to say, refer to a hospital, a gynecologist, but no such case has happened to date. I haven't experienced it. Therefore, I haven't applied. (Lesbian, 30, Ankara)<sup>26</sup>

Yes, let me tell you, I said that I am going, but I haven't been because actually there is something from my childhood — about gynecologists. When I was a child, I don't remember exactly. I was so little. I don't know. There is a vaginal discharge problem or what. We have been there regularly. Ee, probably we have been to women's health, etc. etc. and that regular visits and visits and showing a body part that is regarded as shameful, him doing stuff there, etc., this affected me too much. Therefore, I don't go. I do have a problem; actually, I would go, but I don't go now since I am on my period. I will go; otherwise, this time I will go (Homoflexible, 22, Ankara)<sup>27</sup>

### 4.2.2.1. Structural Barriers

#### 4.2.2.1.1. Primary Care Services

Interviewees were asked if they received sexual and reproductive health services from their family physicians. The responses of the interviewees are presented in Table 8.

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<sup>26</sup> Hiçbir yere (gülüyor). Problem de yaşamadım açıkçası cinsel sağlık konusunda şimdiye kadar. Tabi ki yaşasam başvururum diye düşünüyorum gülüyor. Yani bir hastaneye kadın doğum uzmanına, ama şu ana kadar öyle bir durum olmadı. Yaşamadım. Dolayısıyla başvurmam.

<sup>27</sup> Evet, onu da şöyle diyeyim, gidiyorum dedim ama gitmedim çünkü yani çocukluktan bir şeyim var aslında o konuda. Jinekologlarla ilgili. Çocukken tam hatırlamıyorum ayrıca, çok küçüktüm, bir akıntı sorunu mu vardı artık neydi bilmiyorum. Sürekli işte şeye gittik. Ee muhtemelen kadın sağlığı vesaire vesaire gittik ve hani o sürekli sürekli gitme ve sürekli sürekli sana ayıp denen bir yeri açıp gösterme, onun oralarda bir şeyler yapması falan fişman, bu beni çok etkiledi ve o yüzden gitmiyorum. Bir sorunum var, aslında gidecektim ama şimdi menstrual dönemde olduğum için ona da gitmiyorum. Yoksa gideceğim, bu sefer gidicem.

**Table 8. Applying to Family Practitioner**

<b>Do you apply to your family practitioner when you experience a problem with sexual and reproductive health?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
Family Practitioner (as the point of the first contact)		0
Do you get sexual and reproductive health services from your FP?	(7)	1
No answer	(8) (9) (14) (15) (18) (19) (22)	7

Seven interviewees did not respond to this question. Only one interviewee notes that her family practitioner gave a brochure about sexual and reproductive health and asked the interviewee to provide her information. The statement of the interviewee is below:

Ee, yes, they gave me a brochure for this, ee even once when I went there to take blood tests, my family practitioner asked me openly that if I want, they can look for other things, if I have a sexual history, I was pleased. (Bisexual, 24, Ankara)<sup>28</sup>

Another interviewee stated that she has heard of her friends who receive sexual and reproductive healthcare from their family practitioner. According to her, these services mainly focused on reproductive health.

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<sup>28</sup> Ee, evet, bunun için ee bir şey vermişlerdi broşür vermişlerdi, ee hatta ee bir keresinde kendim böyle kan değerlerime baktırmak için gittiğimde istersen hani hani diğer şeylere de bakalım ee var mı bir cinsel geçmişin diye açıkça sormuştu çok hoşuma gitmişti.



Some hetero friends of mine are going (laughing), there isn't any from among homosexuals as far as I remember at the moment (...) Usually, the women who get pregnant or is about the get pregnant (...) (Lesbian, 30, Ankara)<sup>29</sup>

Other interviewees specify different reasons for not receiving services from family practitioners. Two interviewees are worried that the sexual health services they receive from their family practitioner will not remain confidential. One interviewee states that she will not apply for receiving sexual and reproductive healthcare services since her family practitioner also serves all her family members. Likewise, one interviewee says that she will not get sexual and reproductive healthcare services from her family practitioner since her doctor is a client of her family. Two other interviewees assert that they do not have a good relationship with their family practitioner, and as a result, they will not think about applying to receive sexual and reproductive healthcare services from their family practitioner. Three of the interviewees assert that they do not find their family practitioner competent. Therefore, they will not ask to get sexual and reproductive healthcare services. Finally, ten interviewees state that they do not receive any sexual and reproductive healthcare services from their family practitioner. Some interviewees are not informed that their family practitioner can provide advice and services on sexual health matters. Five interviewees amongst those that did not receive sexual healthcare services declare that they did not know that their family practitioner can provide such services.

Regarding other interviewees, there is not any information gathered about it since they have not provided any responses to this question.

#### **4.2.2.1.2. Secondary Care Services**

Interviewees were asked what type of healthcare providers they preferred while seeking sexual and reproductive health care services.

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<sup>29</sup> Yani hetero arkadaşlar gidiyor ama gülüyor hani eşcinsellerden hatırladığım yok şu anda (...) Genelde işte hamile kalan, kalmak üzere olan kadın arkadaşlar gidiyor (...)

**Table 9. First Point of Contact Regarding Sexual and Reproductive Health**

<b>Where or who do you prefer to apply when you feel you have a problem with your sexual and reproductive health? or Who is your point of the first contact when you feel you have a problem with your sexual and reproductive health?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
Have not applied to healthcare services	(4)	1
Have not applied to healthcare services but will go to private hospitals when I do	(8)	1
Have not applied to healthcare services but will go to state hospitals when I do	(12) (13)	2
State hospitals	(10) (18) (21)	3
University Hospitals	(11) (22) (20) (21)	4
Private Hospitals	(1) (3) (9) (16)	4
Private surgeries or clinics	(17)	1
Medical personnel referenced by feminist networks	(2)	1
Family	(9) (15) (16) (18)	4
Close Friends	(9) (12) (18)	3
Close friends who study medicine	(14)	1
Anonymous test centers	(3) (17)	2
Mediko	(2) (5) (7) (14) (18)	6
KETEM	(6)	1

Three interviewees note that they prefer state hospitals while seeking sexual and healthcare services. Also, two interviewees who stated they did not so far receive

sexual and reproductive healthcare, say that they would prefer state hospital when they would apply to get sexual and reproductive healthcare services.

One interviewee who prefers state hospitals explain as follows:

Yeah, I prefer state hospitals (...) It's like, my family will cover the expenses, but you have to tell them that you need to go to the hospital. Aa, let us come with you, what's wrong, etc. And you do not have privacy anymore. (24, Bisexual, Ankara)<sup>30</sup>

Again, there is a confidentiality concern that leads the interviewee to apply state hospitals. Another interviewee chooses doctors rather than the healthcare providing institutions while seeking sexual health care.

There is a woman physician who is working in the state hospital, I prefer getting appointments from her, but here it is more random. In ....'s hospital (a university hospital) (22, Not mentioned, Ankara)<sup>31</sup>

Four interviewees indicate they apply to private hospitals when they experience a sexual and reproductive health issue. Four of the interviewees note they apply to university hospitals when they have any problems related to sexual and reproductive health. One interviewee says that she received sexual and reproductive healthcare from university hospital since she studies in that medical faculty. Another interviewee says that she was in the university hospital for another illness of her, and during the treatment process, she received sexual and reproductive health care services from that university hospital. One interviewee states that she applies to university hospitals when she is not in her hometown and has access to her regular doctor. Lastly, one interviewee declares that she receives sexual and reproductive healthcare services from the university hospital that she gets other healthcare services regularly.

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<sup>30</sup> Hiçim devlet tercih ediyorum (...) Ya şöyle, ailem bunu maddi olarak karşılar ama işte hastaneye gitmek gitmek istediğini belirtiyorsun. Aa işte biz de gelelim neyin var şöyle böyle. Ve işte bu mahremiyetin kalmıyor.

<sup>31</sup> Kuşadasında özellikle gittiğim bir kadın var ama hani o da yine devlet hastanesinde bir doktor, hep ondan randevu almayı tercih ediyorum, ama burada biraz daha random oluyor. ...nin hastanesinde. (bir üniversite hastahanesi)

One interviewee says that she applied to a private clinic when she experienced a sexual and reproductive health issue. Her words are as follows.

I've been somewhere in İstanbul, a private clinic. They were like acquaintance, there was gynecologist there, I had an ordinary examination because for a period a kind of sickness, I doubted if I had a urinary tract infection and have test after nothing was diagnosed, but I felt safe because the environment was good that is to say, it was clean and ee they were a person that I knew. Which is why I have been there alone, it was good (19, Bisexual, Ankara)<sup>32</sup>

Four interviewees prefer university medical centers. One interviewee declares that time limitations are a reason why she prefers the medical center is her college. Another interviewee states that she had an HPV vaccine information and injection service from the doctor works in the college medical center. Anonymous HIV Test centers are preferred by two of the interviewees.

One of the interviewees states that KETEM (Kanser Erken Teşhis Tarama ve Eğitim Merkezi, the abbreviation of Cancer Early Diagnosis Scanning and Training Center) where her regular doctors work as the first point of contact when she has an issue related to sexual and reproductive health.

Interviewees state that they ask for advice from different persons or networks before they choose which type of health care provider they will use. One interviewee says that she applies to a gynecologist regardless of where she works but referred to by feminist networks at that time. Four interviewees state they refer to their families when they experience a sexual and reproductive health problem. Four of the interviewees mention their friends, one of which interviewee particularly specified her friends who study medicine as they apply for a referral. So they rely on their networks while seeking sexual health care, they prefer institutions or physicians that are referred to them by their networks, rather than the healthcare institution.

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<sup>32</sup> İstanbul'da bir şeye gitmişim, özel muayenehaneye. Tanıdıkları gibi böyle, orada jinekolog bi şey normal bir muayene olmuşum çünkü böyle bir ee bir dönem bi böyle bi hastalık acaba idrar yolları enfeksiyonu mu kaptım diye şüphelenmişim muayene olmuşum sonra bir şey çıkmamıştı ama o sırada kendimi güvende hissetmişim yani çünkü hem o ortam güzeldi yani şey temiz ve şeydi ee hem de böyle tanıdığım bir insandı zaten. O yüzden tek başıma gitmişim zaten, güzeldi.

When the interviewees were asked if they find the nature of health care services of suitable for the needs of LGBTI+ populations, the following responses stated in the table are given.

**Table 10. Serving the Needs of LGBTI+ Population**

<b>Do you think that sexual health and reproductive health services are satisfactory for LGBTI+s?</b>	<b>Interviewee Number</b>	<b>Total</b>
No answer	(8) (16) (17)	3
Yes	(6) (14) (15) (22)	4
Sometimes/to an extent	(1) (13)	2
No	(2) (3) (4) (5) (7) (9) (10) (12) (18) (19) (20) (21)	12
No idea	(11)	1

Evaluating the responses of the interviewees, a tendency to think that sexual and reproductive health services are not satisfactory for lesbian and bisexual women among the interviewees are explored. Few women regard these services satisfactory.

Four interviewees responded positively. They say that when they ask for information, it is provided, and they are helpful. Two of the interviewees state as follows.

So, I will again give a positive response to that question because I have only ee, including my family practitioner, but since I have not that much sexual health conversations with them, I would like only to mention Ketem and

Çankaya Family Health Center. Ee, yes they were so knowledgeable, they were really so competent (...)(Bisexual, 27, Ankara)<sup>33</sup>

I think I think that they are competent. I think they (doctors) will give a response when I ask something, at least the ones I have applied were that way. Exactly. I will do research too. If there is not an apparent contradiction, I will trust (Lesbian, 26, Ankara)<sup>34</sup>

Two interviewees find sexual and reproductive healthcare services satisfactory only to an extent. One of them believes that although the doctor is competent, there may be other reasons preventing them from transferring the necessary information to the patient. Her words are as follows.

Ee, I haven't heard from my social sphere, but it depends on the doctor you go now. Ee, but most of them, I think, they won't tell even they know (laughing) (Lesbian, 26, Ankara)<sup>35</sup>

Twelve of the interviewees alleged that the sexual and reproductive healthcare services are not satisfactory for LGBTI+ patients, and the following table presents the reasons for the interviewees. Knowledge level of the physicians, not taking stories inclusively by assuming that their patient is heterosexual, discriminative behaviors of the physicians result in receiving inadequate healthcare service.

**Table 11. Evaluations About the Healthcare Service Received**

	<b>Interviewee Numbers</b>	<b>Total</b>
No answer	(5) (11) (16) (17) (19)	5
Not applied	(4) (8) (12) (13) (15)	5
Knowledge level of the doctors		
Poor	(2) (9) (10) (18) (20) (21)	6

<sup>33</sup> Şöyle, ya ben buna yine çok olumlu bir cevap vericem ya çünkü elimde sadece ee aile hekimimi de katarsak ama onunla çok fazla cinsel sağlık konuşma geçmişim olmadığı için sadece Ketem'i ve Çankaya Aile Sağlığı Merkezinden bahsetmek istiyorum. Ee, evet çok bilgililerdi, gerçekten çok hakimlerdi (...)

<sup>34</sup> Bence, yetkin olduklarını düşünüyorum ben ya. Bir şey sorsam aktarırlar diye düşünüyorum, en azından gittiğim hepsi öyleydi. Aynen. Ben bir de araştırdım, çok böyle bariz bir aykırılık yoksa, güvenirim.

<sup>35</sup> Ee, çevremde falan duymadım ama yani işte o da o an gittiğin doktora bağlı, şu an. ee, ama bence çoğunluğu böyle bir, bilse de söylemezlermiş gibime geliyor (gülüyor)

**Table 11 (Continued)**

Sufficient	(6) (14) (22)	3
Depends on each doctor	(1)	1
Inclusive story taking		
Poor	(2) (3) (10)	3
Discriminative behaviors	(7)	1
No disclosure of sexual orientation - insufficient healthcare service	(3)	1

Some interviewees think that the knowledge level of the doctors about homosexual relations is poor. Also, their language bothers interviewees since the physicians do not use the appropriate language while asking questions to their patients. Here are their statements below.

So so little when regarding the whole system, too little, like there are a couple of doctors who are inclusive and do not discriminate (...) you know, regarding sexually transmitted infections or with regards to sexual relations between women or two people who have vaginas, they are so ignorant, again they are so incompetent, regarding tools of protection, I haven't known anyone who knows about that topic. Especially regarding homosexual relationships (...) Actually, I think it derives from the problems among conventional medical education, and even if they are open-minded, they do not educate themselves (...) Uhm, sufficient information, I don't think that they know how to ask exact questions regarding specific issues. Especially regarding protection. But when you provide them accurate information, I think they can make an inference based on it, if they are open-minded doctors (Bisexual, 23, Ankara)<sup>36</sup>

Sure, sure, even many of them, speak assuming that I am a virgin at first. Later, when I tell them (doctors), they say hmm and okay let's take smear, but they always use such expressions (...) after that, I deal with like, what

<sup>36</sup> Çok çok az ya özellikle bütün sistemi düşündüğünde çok çok az yani işte lgbti artılara kapsayıcı ve işte böyle ee ayrımcılık uygulamayan çok az doktor var yani (...) Ya işte cinsel yolla bulaşan enfeksiyonlar ile ilgili ya da kadın kadına ya da vajinası olan iki insan arasındaki cinsel birleşme konusunda mesela, çok bilgisizler, korunma yöntemlerine ilişkin yine çok bilgisizler korunma yöntemleri konusunda bilgisi olan hekim sanırım hiç tanımadım. Ee, özellikle eşcinsel ilişkiler üzerinden (...) Ya bunun da tıp eğitimindeki sıkıntılardan kaynaklandığını ve hekimlerin de açık görüşlü olsalar da kendilerini eğitmediklerini düşünüyorum (...) Yani yeterli bilgiyi doğru soruları sormayı bildiklerini düşünüyorum bazı konular özelinde. Özellikle korunmak konusunda. Ama ya sen doğru bilgileri verdiğinde bunun üzerinden çıkarımlara varabilecekleri düşünüyorum eğer bu dediğim gibi biraz açık fikirli olan doktorlar ise

is bisexual, and they say oh, are you transition period all the time, they understood that it is a process like, there are two roads, it is a spectrum from one to the other, but their mind works like that (laughing) I was exposed to such and such things, so I think that they even don't know gender identity, sexual orientation, even this distinctions actually the persons, to provide treatment to particular persons or make explanations (...) (Bisexual, 26, Ankara)<sup>37</sup>

The comment and discriminatory words and acts of doctors prevent some women from getting tested and accessing healthcare services they need.

If you cannot deal with the problems you deliver a baby, in other words, gynecological diseases are not composed of birth yet. Therefore, I don't think that they are sufficient. It is a total fail regarding LGBTI+s. It is about them being judgemental, not being neutral as well as being uninformed. I am sure that many gynecologists do not know how two women have sex. Therefore, don't know how unsafe sex happens. Or I don't know. They don't know about protection tools. Consequently, they cannot suggest patients since then. (Lesbian, 27, Ankara)<sup>38</sup>

Oh, I am sure that I cannot receive it, I am sure since competency and knowledge are not required conditions to become a doctor in Turkey. Ee, for women, any of the gynecologists, namely women's health expert, is competent regarding that, you know, nobody asks, am I clear? Therefore, because of that (Laughing) (...) (Bisexual, 23, Ankara)<sup>39</sup>

Hmm, I don't know (laughing), you know I don't think that they can receive adequate information. Or because, as far as I know, it is not a lecture that is provided in medical faculties. Therefore, I don't think so. (22, Ankara)<sup>40</sup>

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<sup>37</sup> Tabi tabi hatta çoğu şey da ee neydi işte bakire olduğumu da varsayarak konuşuyorlar ilk başta. Sonra ben söylediğimde işte hee falan diyip böyle iyi smear alalım ama sürekli böyle .. ifadeler (...) ondan sonra işte şey ya sürekli böyle şeyle uğraşıyorum orda işte hani daha biseksüelin ne olduğunu ve işte hani ha geçiş döneminde misin falan diyo mesela ya bunun böyle işte baya bi süreç olduğunu hani böyle iki yol var ordan orayla spektrum anlamış bönce ama farklı yerden çalışıyo kafası (gülüyor) Gibi gibi şeylere maruz kalmıştım yani o yüzden ee daha şeyi bile hani cinsel kimlik cinsel yönelim hani o ayrımları bilmediklerini düşünüyorum açıkçası ki olanlara dair işte kişileri özel kişilere göre tedavi verebilirsinler ya da açıklama yapabilirsinler (...)

<sup>38</sup> Sen hani doğurduğun yerdeki sağlık problemlerini şey yapamıyorsan, yani kadın hastalıkları sadece doğurmaktan ibaret değil zira. Ben o yüzden yeterli olduklarını düşünmüyorum. Lgbt+ kapsamında zaten tam bir fail. Sen sadece kadın hastalıklarının değil tüm sağlık sektörünün böyle olduğunu düşünüyorum zaten. Hem yargılayıcı oluşları, tarafsız olmayışlarıyla ilgili hem de bilgisiz oluşlarıyla ilgili. Ben eminim birçok kadın doğumcu iki kadının nasıl seviştiğini bilmiyordu yani. O yüzden riskli sevişmenin nasıl bir şey olduğunu bilmiyordu. Ya da ne bileyim korunma yöntemlerini bilmiyor ve hastasına bunu önermeyecek olabilir o yüzden de.

<sup>39</sup> Hah, kesinlikle alacağını sanmıyorum, kesinlikle alacağını sanmıyorum çünkü bu yetkinlik de bu bilgi birikimi de hekim olmanın şartlarından bir tanesi değil Türkiye'de. Ee kadınlar için jinekolog yani kadın sağlığı uzmanı herhangi birinin yetkin olduğu bir şey değil, yani kimse sormaz, anlatabiliyor muyum, yani ee o yüzden (gülüyor) (...)

<sup>40</sup> Mmm, bilmiyorum (gülüyor) yani yeterli bilgi alabileceklerini düşünmüyorum. Ya da çünkü bildiğim kadarıyla tıp fakültelerinde bu konu zaten öğretilen bir ders değil, o yüzden düşünmüyorum.



Knowledge of the doctors with regards to LGBTI+s, in particular, is regarded as sufficient by four interviewees. One interviewee says that the knowledge level depends on each doctor. Besides, the knowledge level of the doctors is considered to be deficient by six of the interviewees, and two of six interviewees think that the curriculum of the medical schools is one of the reasons for this situation.

Yes, and also they ask if I am married, let's assume I am a married person. Yes, I'm married. Aa, okay, then we won't examine with ultrasound and so. But they cannot figure that. I am married, but I may not have a sexual life. That is to say, and I can be a polygamist, other than that. They don't, you know, they don't consider these since if you are a married woman, you only have sex with your husband, there is such a perception (Bisexual, 24, İstanbul)<sup>41</sup>

Lastly, one interviewee who is a doctor expresses that they have no idea with regards to the current situation, but she thinks that the policies and regulations are satisfying on paper. Her words are as follows.

For instance, it is told in training, too (laughing). By no means, I and there were other nurses and midwives, all of them, like all of the ones who attended the training, they believe that we should not discriminate. But, regarding inclusion, we are inclusive on paper. But I am not providing healthcare yet, you know I haven't, I am not at the family consultation part. But I can't see any problem that they are not inclusive, I can say, but I cannot talk like, you know. After all, I talk as a person who lives in Kadıköy" (Lesbian, 25, İstanbul)<sup>42</sup>

After the interviewees convey their opinions regarding sexual and reproductive healthcare services and how far they are satisfactory to LGBTI+s, they are asked if they would apply the centers which provide healthcare specifically to LGBTI+s or if there were any LGBTI+ friendly healthcare centers. In brief, most of the

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<sup>41</sup> Evet, ve bi de mesela işte sana evli misin diye soruyor hani örneğin ben evli biriyim. Evet evliyim hani. Aa, tamam o zaman hani işte ultrasonla bakmayız falan. Ama mesela şeyi hesap edemiyorlar. Evliyim, ama ee cinsel bir hayatım olmayabilir. Yani onun dışında çok eşli olabilirim. Bunları şeyapmıyorlar, düşünmüyorlar çünkü evli bir kadınsan ee sadece kocanla beraber olmalısın, böyle bir algı var.

<sup>42</sup> Mesela eğitimde (üreme sağlığı eğitimi) o da söylendi (gülüyor) . Hiçbir şekil ben mesela diğer ebe hemşireler falan da vardı, onların hepsi, eğitime gelenlerin hepsi, hani ayrımcılık yapmamalıyız falan kafasındalar. Ama hani kapsayıcılık şeyinde, yani kağıt üstünde kapsayıcıyız. ama pratikte nasıl ben daha sağlık hizmeti verme kısmında yokum daha hani şeyapmadım aile planlaması danışmanlığında değilim henüz. Ama yani kapsayıcı olmaması için bir sorun göremiyorum, diyebilirim ama yani, o kadar da şey konuşamıyorum. Sonuçta Kadıköy'de yaşayan biri olarak konuşuyorum (...)

interviewees say that they would apply such healthcare providers due to reasons including the elimination of discrimination and belief that they will receive competent and adequate healthcare service. There are hesitations of some interviewees such as confidentiality concern, but they say that if confidentiality is guaranteed, they say that they will apply, too. Only two interviewees express that they will not apply to such a health care provider. The following table includes their responses.

**Table 12. Applying to a Future LGBTI+ Specific Health Care Provider**

<b>Would you go to an LGBTI+ specific health clinic to get healthcare if there was any in Turkey?</b>	<b>Interviewee No</b>	<b>Total</b>
<b>No answer</b>	(5) (13) (22)	3
<b>Yes</b>	(3) (6) (9) (7) (11) (14) (17) (19) (20)	9
<b>Better healthcare service</b>	(8) (21)	2
<b>Safe space (no discrimination )</b>	(2) (15)	2
<b>Yes, if</b>		
<b>I am sure that my confidentiality is not violated</b>	(10) (16)	2
<b>I am sure that there won't be any discriminatory behaviors</b>	(1)	1

**Table 12 (Continued)**

<b>After investigating the place</b>	(4)	1
<b>No</b>		
<b>No need</b>	(12)	1
<b>I think all healthcare services have to be inclusive</b>	(18)	1

Thirteen of the interviewees expressed that they would apply such healthcare centers. Their reasons are introduced in their words.

I will apply myself, and my group of friends will go because while speaking about this sickness stuff or applying the doctor with the friends, everyone mentions Çankaya ee Çankaya health that they apply safely, it is an HIV center, other than that everybody is so anxious that I will apply infection, again these conversations will happen, like that, you see, and the infection branch in Hacettepe, other than these two, I haven't seen any unproblematic process. (Bisexual, 26, Ankara)<sup>43</sup>

Of course, I will directly apply when it is open up. The tests I couldn't have them done, the doctors I couldn't talk with, if I find there, I will go. I will go even I don't have a problem, just for a check-up. (Lesbian, 27, Ankara)<sup>44</sup>

One of the interviewees states that she will apply but mention the probable confidentiality questions in other people's minds.

I will go, but unfortunately, I don't think that many people will apply. Because there is significant social pressure and its main reason is families (...)

<sup>43</sup> Ya ben hem ben giderdim hem de çevremdekiler giderdi çünkü bu işte hastalık işlerini falan konuşunca ya ada işte doktora gitme meselesini konuşunca arkadaşlarla herkes tek bir yerden çok rahatlıkla gittiğinden bahsediyor orası da Çankaya ee Çankaya sağlıklı zaten hiv merkezi yani onun dışında herkes böyle şeyde çok gergin uff şimdi enfeksiyona gidicem yine şu konuşmalar yapılacak şöyle olucak bir de Hacettepe'nin enfeksiyonu işte o ikisi dışında ben böyle problemsiz geçen hiçbir süreç görmedim mesela.

<sup>44</sup> Tabi ki canım, yani açılınsı direkt giderim. O yaptıramadığım testleri, konuşamadığım doktorlar falan orada bulursam giderim yani. Bir sorunun olmasa bile giderim, sırf kontrol maksatlı da giderim.

Therefore, they will be uncomfortable that it will be learned when they want to receive such a healthcare service. (Bisexual, 24, Ankara)<sup>45</sup>

I am so open up to it. Actually a friend of mine was going to open up a q-clinic, like a queer clinic in America, and conceptualizing it as a project in Turkey was in my mind sometimes but now I am doing compulsory service right now, so I don't have a health diploma. Therefore, it is delayed to another time, but I want to work there as well as receiving healthcare. Ak, ak, there is a plan somewhere deep inside (Lesbian, 25, İstanbul)<sup>46</sup>

The interviewee above claims that heterosexual people will apply to such centers too, and she explains the reasons as follows.

I will definitely prefer it; luckily, you have reminded it. I had a friend from, from Dayanışma who is HIV positive and the guy always says that I want to get therapy and private therapy sessions are 200-400 TL, yes, at that time they were 200-300 TL, I don't want to, want to pay also I can't afford too since he works at bar, but it makes me crazy he says, because I don't know what to do, I don't know what to say to the people I flirt. And you know from the series and movies, only for that, HIV positive, therapy centers, etc. abroad (...) I think there will be high demand. And not only from, from LGBT+ individuals but for example more than LGBTs, heterosexual people experience, how to say, inclu, what was it, introversion, to that, yes, because LGBT individuals at least, at least we have, at least a community though it is small, we can talk about it freely. But, just think, an HIV positive heterosexual woman (and single), what? (and single), yes, a single HIV positive woman to say that talk with people, no, for example, she doesn't have such opportunities, I guess, because these happen so rare, it is so rare that a heterosexual and have many homosexual and transsexual friends. Therefore, this woman won't have a support system. I think there will be a great demand if there is (Lesbian, 25, Ankara)<sup>47</sup>

<sup>45</sup> Ben giderim ama çoğu kişinin gideceğini maalesef düşünmüyorum. Çünkü ee büyük bir mahalle baskısı var ve bu mahalle baskısının büyük çoğunluğunu aileler oluşturuyor (...) O yüzden böyle bir sağlık hizmeti almak istedikleri zaman bunun öğrenilmesinden rahatsızlık duyacaklarını düşünüyorum.

<sup>46</sup> Ay çok sıcak bakıyorum. Ya benim aslında Amerika'da mesela bir arkadaşımın arkadaşı q-clinic diye bir şey açacaktı, queer clinic gibi, oha işte bunu işte Türkiye'de projelendirmek falan bi ara aklımdan geçiyordu da zorunlu hizmeti yapıyorum şu an yani şey yok hani elimde bir sağlık diploması yok. O yüzden biraz başka baharlara kaldı ama hem çalışmak isterim, hem hizmetini almak da isterim. Ak, ak, böyle kenarlarda bir plan var.

<sup>47</sup> Kessinlikle edilir, bak iyi ki hatırlattın bunu. Ee benim daha önce şeyden, Dayanışmadan hiv pozitif bir arkadaşım vardı ve şey yani hani çocuk sürekliliği şey diyordu, ya terapi almak istiyorum ve özel terapi 200-300 lira, o zaman işte 200-300 lira gülüyo idi çünkü , aynen işte 200-300 lira şey yapmak istemiyorum hani vermek istemiyorum, veremem de zaten çünkü barda çalışıyor ama yani bu beni delirtiyor diyor yani çünkü ne yapacağımı bilmiyorum, işte flört eden insanlara ne diyeceğimi bilmiyorum vesaire. Ve şey biliyosun izlediğin dizilerden filmlerden, sadece bunun için hiv pozitif için terapi merkezleri falan var yani yurtdışında (...) Çok da çok da büyük rağbet göreceğini düşünüyorum ben. Ve sadece şeyden de değil, yani lgbt bireylerden de değil mesela şeyden bence lgbtlerden daha çok bu konuda heteroseksüel insanlar da şey yaşıyor, nasıl desem, inclu, ne denirdi ona, içe kapanıklık gülüyor, buna, evet ya, çünkü şey yani lgbt bireylerde biz en azından, bizim en azından şey de olsa, küçük de olsa bir şeyimiz var bir communityimiz var ve ara, çok rahat bahsedebiliyoruz biz aramızda. Ama şey yani düşünsene, hiv pozitif heteroseksüel bir kadının (ve bekar mesela), efendim (ve bekar), hah mesela, bekar hiv pozitif bir kadının şey diyebilmesi, gidip birileriyle konuşabilmesi falan, yok yani mesela yoktur böyle imkanı sanmıyorum ki, çünkü çok nadir oluyor ya böyle heteroseksüel ve böyle bir sürü eşcinsel ve transeksüel arkadaşları var, çok nadir bu dolayısıyla hani kadının bir şeyi olmayacak büyük ihtimalle bir destek sistemi de olmayacak. Çok çok büyük rağbet görürdü bence eğer olsaydı.

Two interviewees justify it that they will get better healthcare services.

Yes, specializing is really so important, if such a center exists, of course, I will go there. Especially as a person whose sexual orientation is not hetero (Homoflexible, 22, Ankara)<sup>48</sup>

Another two of the interviewees state that they will apply these centers since it will remove the risk of being exposed to discrimination.

I will apply, I will prefer (...) I will prefer there since it decreases discrimination (laughing). I won't consider the competency that much. I'm sure, yes, wow, it is a reverse corner question (laughing) (Lesbian, 26, Ankara)<sup>49</sup>

Of course. Even I think it will be a much safer place for LGBTIs, at least it will be easier knowing that we can trust a center rather than choosing and finding a doctor from the networks like women solidarity or LGBTI solidarity (Pansexual, 23, Ankara)<sup>50</sup>

Four interviewees state that they will apply after being sure about several matters. Ensuring confidentiality is expressed by two interviewees, one interviewee mentions no possibility of confronting discriminatory behaviors. Another interviewee state that she will apply after investigating the center and examining their certificates. Their statements are below.

Hmm, if it is anonymous, I can become relaxed a bit, but I may experience trouble owing to stress that is leftover traumas, but if I meet a relaxing attitude, there won't be trouble (Bisexual, 24, İstanbul)<sup>51</sup>

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<sup>48</sup> Ha uzmanlaşmış olması çok önemli gerçekten, öyle bir şey olsaydı tabi ki kesinlikle oraya giderdim. Özellikle işte yönelimi hetero olmayan biri olarak.

<sup>49</sup> Ben de giderdim, tercih ederdim yani (...) Bence ayrımcılık yaşama şeyini düşürdüğü için (gülüyor) ben tercih ederdim, yani yetkinliğini çok düşünmezdim muhtemelen. Eminim, evet, vaov, ters köşe bir soru oldu (gülüyor)

<sup>50</sup> Tabi ki. Hatta ben lgbti bireyler için çok daha güvenli bir alan olacağını düşünüyorum yani en azından böyle kadın dayanışması ya da lgbti dayanışması gibi ağlardan işte hangi doktorun olabileceğini seçmek bulmak onun randevusu almak yerine bir merkeze güvenilebileceğimizi bilsek çok daha kolay olabileceğini düşünüyorum.

<sup>51</sup> Hmm, şöyle ki, anonim olursa, o konuda biraz rahatlayabilirim ama tabi ki giderken önceki travmalardan kalan stres dolayısıyla biraz sıkıntı yaşayabilirim ama gittiğimde eğer içimi rahatlatacak bir yaklaşım görürsem, sıkıntı olmaz.

I will go secretly from my family, but if it is private, I will definitely go, other than that if my father hears, I can only do, say that they are so good at it and provide service people other than LGBTs too, go by making up things and thus (Bisexual, 21, Ankara)<sup>52</sup>

(...) when such a station built up in all districts, all neighborhoods, if I am sure that they are egalitarian and inclusive, I will enjoy such thing with pleasure (Bisexual, 23, Ankara)<sup>53</sup>

If something like that happened, I think I will apply to these services at that time, I will trust, of course, I will do a research first, but I think I will trust, I will primarily look at their certificates and so on, who works and that I will google these, but I think I will trust, if a place like that is built up, of course, I will apply trustfully (Lesbian, 30, Ankara)<sup>54</sup>

Two of the interviewees will not use it if there is such a center. One of them expresses that she does not need such a service, and the other interviewee says that according to her political standing, all healthcare has to be inclusive.

Probably I won't prefer, but I will be informed of this configuration, I will suggest people I meet when I am told. To be honest, I won't go there voluntarily because as I mentioned, I think that I am meticulous and I choose people I meet that is to say I am selective regarding this issue (Lesbian, 25, İstanbul)<sup>55</sup>

Ee, actually what I say is a political thing, to me, no, why no, because I shouldn't go to a consultancy center just because I am bisexual or just because I am lesbian or gay, no. According to my point of view, these services have to be provided by every provider. It is a disintegration culture,

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<sup>52</sup> Aileden gizli giderdim, gizli kalacak bir şeyse kesinlikle giderim ama onun dışında babam duyacaksa, hani ancak şey yaparım, bu konuda çok iyilermiş, işte lgbt dışına da bakıyorlarmış falan böyle bir şeyler yalan uydurup giderim.

<sup>53</sup> (...) her ilçede her mahallede böyle bir istasyon kurulduğunda gerçekten bunu eğer ki eşitlikçi ve kapsayıcı olduğundan eminsem seve seve faydalanırım böyle bir şeyden.

<sup>54</sup> Vele ki oldu, böyle bir şey. O zaman giderim diye düşünüyorum güvenirim yani tabi önce bir araştırma yaparım ee ama güvenirim diye düşünüyorum yani özellikle bakarım yani sertifikalarına şuna buna kimler işte görev yapıyor çalışıyor bir gugullarım onları ama güvenirim diye düşünüyorum yani öyle bir yer olsa tabi ki güvenle başvururum yani.

<sup>55</sup> Muhtemelen ben tercih etmezdim ama bu ee yani bu yapılandırmadan haberim olurdu, haberim olduğunda da karşılaştığım insanlara da bunu önerirdim. Hani ben gönüllü olarak gitmezdim açık açık söyleyeyim çünkü dediğim gibi ben çok titiz olduğumu düşünüyorum ve ee karşılaştığım insanları da seçiyorum açıkçası yani seçici davranıyorum bu konuda.

so, ee bisexuals go there then, no such thing, a hospital has to exist that I will be welcomed just as a heterosexual person with the same knowledge, with the same attitude. Or the policlinic itself or the private hospital itself. There is no need to distinct. In short, you are gay, so go there. Nooo, I will be able to go anywhere without requiring that revealing my sexual orientation just as other citizens, with guaranteed confidentiality provided. I think, actually, it is the point. (Bisexual, 23, Ankara)<sup>56</sup>

#### 4.2.2.2. Financial Barriers

Three interviewees declare their troubles are accessing tests and vaccines. They refer to the costs of the vaccines, HPV vaccine in particular, which constitute financial barriers. Their statements are as follows.

In the simplest term like HPV, herpes which seems so minor but seriousness, I don't know type1 type2, type 39, there are 13 types, and it can have an impact on your daily lives, in the simplest term, yes, there is a vaccine for HPV that can prevent several types of HPV but it is so expensive that one dose is like 500 liras and there are three doses. Anyone who wants to get a vaccine has to willing to pay 1500 TL (...) You know not only these, for instance, but birth control pills are also suggested to the people who have polycystic ovary syndrome so that it arranges menstruation periods. For example, my doctor gave them to me, I couldn't be on them since I was allergic, but I still paid 35 TL although my insurance covers it, I spent 35 TL (Bisexual, 23, Ankara)<sup>57</sup>

I will be happier if they do not suggest me that (HPV vaccine) because how will I pay that, when I think of its price, it is so scary (Bisexual, 26, Ankara)<sup>58</sup>

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<sup>56</sup> Ee, şimdi aslında söylediğim şey biraz da politik bir şey, bence hayır, neden hayır, çünkü ben sadece biseksüel olduğum için bir danışmanlık merkezine gitmemeliyim ya da sadece lezbien olduğum için ya da sadece gey olduğum için, değil. Bence bu hizmeti her yer vermeli yani ee bu ayrışma kültürü yani ee biseksüeller o zaman buraya gitsin, ne alakası var, benim de heteroseksüel olan bir insan gibi aynı bilgi birikimi çerçevesinde, aynı tavırla karşılanacağım bir yer, hastanenin kendisi olmalı yani. Ya da polikliniğin kendisi olmalı ya da özel hastanenin kendisi olmalı. Bunun için ayrışması gerekmiyor ki yani hani sen geysin o zaman buraya git. Haayır, ben her vatandaş gibi cinsel kimliğimi belli etmek zorunda kalmadan, belli gizlilik şartları içerisinde senin gittiğin yere gidebilmeliyim. Yani olay bu aslına bak, bence öyle.

<sup>57</sup> En basitinden bu hpv gibi işte herpes gibi çok basit gözükseler de bi yandan da ciddiyeti bilmem tip 1 tipi2 tip 39 tipi var, 13 tipi var böyle ve gündelik hayattan seni çok fazla da etkileyebiliyor en basitinden hpv'nin evet bir aşısı var birkaç tipini engelleyebilen ama bu mesela çok pahalı bir kuru 500 lira mı ne ve 3 kurdan oluşuyor. Bunu yaptırmak isteyen bir kişi 1500 lirasını gözden çıkarmak zorunda (...)Böyle şey de mesela sadece işte bunlar da değil işte mesela polikistik over olanların çoğuna doğum kontrol hapı verilir düzenlensin diye regleri. Mesela bana verdi dr alerji yaptı kullanamadım ama 35 lira verdim sigortamın karşıladığı halde 35 lira verdim.

<sup>58</sup> Onu (hpv aşısını) zaten nasıl ödeyebileceğimi ben ya bana önermeseler ben şu an daha mutlu olucam çünkü onun parasını düşününce çok korkunç geliyor (...)

Actually, I would like to get the smear test done, but it is expensive. Ee, the other day, my friend got it done, but its price was a trouble to them. If I could save money in summer from my pocket money. I couldn't apply to the state since I was not able to find appointments (Bisexual, 21, Ankara)<sup>59</sup>

#### 4.2.2.3. Cognitive Barriers

Lesbian and bisexual women are so likely to encounter cognitive barriers while receiving healthcare services because of heteronormative and monosexist system consisting of patriarchal values as they are explained in Chapter 2. Lesbian and bisexual women are discriminated against twice with their women and LGBTI+ identity. Carrillo et al. (2011) define cognitive barriers as "knowledge and communication barriers," and they exemplify these barriers that are regarded as cognitive barriers as follows: awareness of prevention facts, communication barriers, knowledge barriers. Although they do not specify "discrimination" among cognitive barriers, discrimination results in barriers that are within the scope of cognitive barriers. Negative attitudes of doctors or fear of discrimination prevent patients from applying to healthcare services.

Before inquiring about whether interviewees experienced any cognitive barriers while seeking health services, I asked whether they feel they can live their sexual orientation open and freely. More than half of the interviewees responded negatively to that question, although they stated different reasons for their responses. Only four of the interviewees say that they live their sexual orientation open and freely, and four of the interviewees expressed that they only live their sexual orientation open and free in controlled environments.

**Table 13. Living Sexual Orientation Open and Freely**

Certainly Not	(1) (2) (4) (5) (8) (9) (10) (11) (13) (14) (15) (16) (18) (20)	14
Yes, but I am aware that it is an exception	(3) (6) (12) (21)	4

<sup>59</sup> Smear testi aslında yaptırmak istiyorum, ama pahalı. Ee, daha geçen gün arkadaşım yaptırdı, ona fiyat biraz sıkıntı oldu. Hani yazın harçlığımdan biraz biriktirebilirim falan diye. Onun dışında devlete zaten sıra bulamadığım için çok gidemedim yani.



**Table 13 (Continued)**

Only in controlled environments, such as family, hometown, or schools	(7) (17) (19) (22)	4
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Fourteen out of twenty-two interviewees assert that they do not think they live their sexual orientation open, safely, and freely. Only four interviewees say that they live their sexual orientation open, safely, and freely, and another four of them say that they live open, safe, and freely only in some controlled environments such as school, hometown, etc. The reasons expressed are as follows: the fear of getting reactions, public pressure, unawareness of the peers, workplace environment, and family and their views.

**Table 14. Reasons for not Disclosing Sexual Orientation**

What are the reasons why you cannot live openly and freely?	Interviewee Numbers	Total
Got reactions	(1)	1
Cannot act freely with my partner	(2)	1
Work in public authorities	(4)	1
Fear of discrimination	(5) (20)	2
Family and their views of life & not being open to them	(8) (9) (10) (16) (17) (20) (22)	7
Workplace environment (LGBTI+phobia and sexism) & fear of mobbing	(9) (15)	2
School and friends have no knowledge	(10)	1
Social pressure	(8) (13) (14) (16) (17)	5

Each woman indicates different reasons which prevent them from living the way they want, but some of them overlap. Seven interviewees worry about opening up

to their families as they think their families would not accept them. Here are some quotations of the women who live in the closet.

Primarily my family, because of their views. Rejection, exclusion, etc. the norms in the society. In short, I do not live openly since my family wants me to adapt to them, and if I do, I adapt to them. They believe that I will have a better status in society. Turkey, I am not so hopeful about Turkey. I try to move abroad” (Homoflexible, 22, Ankara)<sup>60</sup>

Ee, because my family is masculine and prude. That is to say, for example, if my elder brother finds out that I am bisexual, yes, maybe he won't murder me, but I will be exposed to violence, both physically and psychologically, since he is a biphobic and prude person. Therefore you cannot live with your family and still cannot live freely outside because your family may hear about it. Ee, the people who know that may threaten you with this at one point, so it is not free (Bisexual, 24, Ankara)<sup>61</sup>

Moreover, the workplace environment may be a challenging place for lesbian and bisexual women. One interviewee mentioned how she feels when she is at work and how tough it is to be in such a sexist, heterosexist, and LGBTI+phobic place.

Firstly, since I am a civil engineer, I work in a male-dominant sector. Therefore, this male-dominance brings along the heteronormative and homophobic working environment. It is also transphobic. There is intense transphobia. And I am the only woman in the office. The jokes made humiliate women (...) Ee, sometimes the favorite topic of the lunch breaks is the faggotness of the Ottoman sultans. Or rich people who become gay to experience everything, I even do not hear the word “gay” that much (laughing). Besides, in terms of my freedom, for example, I try not to reveal anything. It is such enormous pressure, and you cannot say anything, you know I was engaged in activism for years when I was in college, it is such a big problem to gulp my words when I hear things like that, but there is nothing to do in professional life. Otherwise, you will be exposed to mobbing

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<sup>60</sup> Öncelikle ailem, ailemin görüşlerinden dolayı. İşte bu kabul edilmeme, dışlanma vesaire işte toplumdaki normlar. Yani çok ailem onlara çok uymamı ve eğer uyarsam, onlara uyarsam toplumda hani bi iyi bir yerim olacağına inandığı için açık yaşamıyorum. Türkiye Türkiye'den bu yüzden aslında çok da umutlu değilim. Yurtdışına ayak atmaya çalışıyorum.

<sup>61</sup> Ee, çünkü ya en basiti ben eril ve ahlakçı bir ailem var. Yani en basiti mesela abim biseksüel olduğumu öğrense, belki öldürmez ama büyük ihtimal hani şiddet görmemi, hem fiziksel hem psikolojik, ya çünkü kendisi ahlakçı, bifobik bir insan, o yüzden hem aile içinde yaşayamıyorsun ve bu yüzden de ailenin kulağına gider mi diye dışarıda rahat bir şekilde yaşayamıyorsun. Ee, hani bu bunu bilen insanlar, işte bunu sana bir yerden sonra tehdit olarak kullanabiliyor, o yüzden rahatça olmuyor.

and discrimination, maybe even fired. There is a real risk. (Lesbian, 27, Ankara)<sup>62</sup>

Another interviewee says that although her colleagues try to look homo-friendly, she does not trust them. She still thinks she can face discrimination if she comes out.

Ee, there is something like that. In the workplace, everyone seems so open-minded or so. Some even come and tell me that gays were their best friends at college that they were happy and lived in Istanbul now. They tell me that they would go and visit them next week. But I know that if I confide in him, he would seem me as a monster. (laughing). So, therefore, I think no too (Lesbian, 26, Ankara)<sup>63</sup>

Another interviewee says that she has no chance to come out for institutional reasons.

No, I don't think in no way. I definitely don't think. In short, entirely in the closet, I don't have any chance to come out since I work in public service (Lesbian, 30, Ankara)<sup>64</sup>

Lastly, one employee who was open while she was in college, but she now prefers to disguise her sexual orientation in the workplace.

No, I was open when I was a student, but I am not since I started to work. Because, ee, I am a civil servant, and as a civil servant, you have to avoid immoral ways of living, it is written in the code., they may use it against me. (Lesbian, 25, İstanbul)<sup>65</sup>

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<sup>62</sup> Öncelikle, inşaat mühendisi olduğum için, erkek egemen bir sektörde çalışıyorum. O yüzden erkek egemen oluşu aynı zamanda heteronormatif ve homofobik bir çalışma ortamını da beraberinde getiriyor. Transfobik aynı zamanda, yoğun bir transfobi var. Ve tek kadının ofiste. O yüzden o yapılan, kadını aşağılayan espriler (...). İşte ee bir ara öğle yemeklerinin favori konusu işte padişahların ibneliği falandı. Ya da işte zenginlerin her şeyi denemek için gey oluşu, gey kelimesini çok duymadım bile yani (gülüyor). Onun dışında kendi özgürlüğüm açısından düşününce, bunun hakkında en ufak bir açık vermemeye çalışıyorum mesela. Bu süper bir baskı, yani herhangi bir çıkış yapamıyorsun, hani genelde ben yıllardır aktivizm yaptım üniversitedeyken mesela, yani şu an bir şeyler duyduğumda yutmak zorunda olmak çok büyük bir sorun ama profesyonel hayatta yani yapacak bir şey yok hani aa aksi takdirde mobbing göreceksin, dışlanacaksın, belki işten kovulacaksın. Böyle bir risk var.

<sup>63</sup> Ki şey de var hani işyerinde işte ee herkes çok şey görüyor, açık fikirli falan gözüküyor, kimi geliyor işte benim diyor en yakın arkadaşım var üniversitedeyken, o da geydi falan ya şimdi çok mutlu işte İstanbul'a taşındı çok seviyorum çocuğu haftaya gidicem diyo falan ama hani şey hani sen ona açılın tabi ki de sana kesinlikle bir yaratık gibi falan bakacak gülüyor. Yani bunlar, o yüzden, bence de hayır yani.

<sup>64</sup> Hayır hiç düşünmüyorum. Kesinlikle düşünmüyorum. Yani tamamen, kapalı bir şekilde, yani zaten kamuda çalıştığım için açılma şansım yok.

<sup>65</sup> Çünkü, işte şey ne o, ahlaksız yaşam şeyinden devlet memurları olarak hani işlerine gelmedi mi bunu, benim aleyhimde kullanabilirler.

A workplace is a place where one spends most of one’s time, and heterosexist and unsafe environment negatively affect the interviewees.

There are also places where lesbian and bisexual women feel safe and behave more openly compared to other places. Four of the interviewees said that they felt safe and comfortable on their college campus. Two other interviewees said they felt open and free in their hometowns, but they knew they were amongst the lucky few to enjoy that feeling.

To find out if interviewees hesitate to apply to sexual and reproductive healthcare due to fear of discrimination, they were asked if they have any worries before applying to healthcare services. Nearly 70% of the interviewees say that they hesitate before applying to sexual and reproductive healthcare services, and 75% of the interviewees who say that they hesitate, express the reason why they hesitate as the fear of discrimination. The interviewees who say that they do not have any hesitations constitute nearly 20% of all interviewees.

**Table 15. Hesitations before Applying to Sexual and Reproductive Healthcare Services**

<b>Do you experience any worries/hesitations before you apply to receive sexual health services?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
No answer	(3)	1
I have no hesitations	(6) (22)	2
Because		
I am used to it	(19)	1
I have previous insider experience with the organization	(11)	1

**Table 15 (Continued)**

Discrimination is prevalent against all women		
I am open and comfortable with my orientation and preferences	(12)	1
I hesitate		16
Because of		
Too many irrelevant detailed questions	(2) (20)	2
Fear of being sick	(1) (5)	2
Violation of my confidentiality	(4) (16) (18)	3
<b>Discrimination against /due to</b>		
Sexually active women	(1) (7) (8) (10) (13) (15) (17) (18) (21)	9
homophobia/biphobia/panphobia	(9) (10) (14)	3
Women with multiple partners	(10)	1

Five of the interviewees state that they do not have any hesitations before applying to sexual and reproductive healthcare services. The interviewees who come up with a reason asserted different reasons as follows. One of them states that since she is open and comfortable with her orientation and preferences, she has no hesitations.

(...) But since I am a conscious person, I think that I am an aware person, in quotations, I will go without any fear, I like my identity is open to everybody, from my academicians to my close circle, from my uncles to my dad, I won't experience much trouble since everybody knows my identity. Therefore, I always say, like, if my beloved ones know me, ee I don't

concern for others. Because of that, I think that I can really be open to them, I won't censor. To tell (Lesbian, 25, İstanbul)<sup>66</sup>

One interviewee says that she has previous insider experience; therefore, she does not hesitate before applying these services.

No, because it is the hospital that I was in, the people were the people I know (...) No (...) No, no, because I was open. When I was a student (Lesbian, 25, İstanbul)<sup>67</sup>

One interviewee indicates that she has no hesitations for the reasons that she is used to the attitudes.

Ah, much ee I don't regard it as important anymore, since being exposed to homophobia is like, like a bit, ee (laughing), maybe it is like a habit. Ee, I am not afraid of it. (Lesbian, 24, Ankara)<sup>68</sup>

Two interviewees say that they hesitate and worry because they receive many irrelevant and detailed questions. Here are their statements below.

That is to say, especially in the context of the country we live in, the questions annoy me too much. One after the other, regarding your sexual life or regarding your sexual preferences, by preferences I mean like how many people you have slept with or how often you sleep or do you use protection, or no or I think there is great pressure about these (...) (Pansexual, 23, Ankara)<sup>69</sup>

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<sup>66</sup>(...) Ama bilinçli biri olduğum için, bilinçli biri olduğumu düşündüğüm için tırnak içinde, korkmadan giderim yani, ben hani kimliğim herkese karşı açık, hani akademisyen hocalarımdan, yakın çevreme, dayılarımdan kendi babama kadar, herkes benim zaten kimliğimi bildiği için çok fazla zorluk yaşamıycam bu konuda. O yüzden de ben hep şey derim bu konuda, en sevdiğim beni biliyorsa, ee diğerleri hiç ilgilendirmez beni. O yüzden onlara karşı gayet açık olabileceğimi düşünüyorum, sansürlemem. Öyle söyleyeyim.

<sup>67</sup> Yok, çünkü daha içinde bulunduğum hastane, tanıdık insanlar (...) Cık (...) Cık,cık, açtım zaten. Öğrenciyken falan

<sup>68</sup> Ya çok ee çok önemli görmüyorum artık, ya homofobiye uğramak çok da, şey gibi aslında biraz ee (gülüyor) tuhaf da, alışkanlık gibi olmuş olabilir belki. Ee, yani çok korkmuyorum bundan.

<sup>69</sup> Şöyle ki ya özellikle yaşadığımız ülke bağlamında sorular çok rahatsız ediyor. Ardi ardına böyle cinsel sağlığıyla ilgili ya da işte cinsel tercihleriyle ilgili yani tercih derken de mesela kaç kişiyle birlikte olduğun ya da ne sıklıkta birlikte olduğun ya da korunup korunmadığın ya da bununla ilgili çok ciddi basıklar olduğunu düşünüyorum(...)

(...)You know, actually, there is something like that. I wanted to apply for HPV, but like a test has to be performed for that when I ask from the doctor you know, HPV test may be performed, can HPV test be performed and so, if they, you know, act like, any tests else are needed to be executed or uses a wrong word you know, I will bother, I haven't been since I say that I don't want to provide any explanations (...)(Lesbian, 25, Ankara)<sup>70</sup>

Two of the interviewees avoid applying to sexual and reproductive healthcare services because they fear to learn that they may be sick.

(...) But for instance, if a sickness begins and it really pushes me, yes I am afraid a bit you know because if severe, hmm, may cause such a situation or hmm is it something that can have an impact on my life, that is to say, learning that scares me actually. Not the doctor themselves. (Bisexual, 23, Ankara)<sup>71</sup>

Three of sixteen interviewees who say that they have hesitations express that they hesitate due to the risk of violation of their confidentiality.

Eleven of sixteen interviewees indicate the possibility of being exposed to discrimination on different bases causes hesitation.

Nine of eleven interviewees expect discrimination for being a single and sexually active woman.

To me, the attitude after they find out that I am sexually active make me feel worried since something like that happened(...) (Bisexual, 23, Ankara)<sup>72</sup>  
Ee, yes, especially when I go to gynecology at state hospitals, people look so weird. You know, I feel like the women are looking at my hands to find

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<sup>70</sup> (...) Şöyle, aslında şöyle bir şey var. Hpv için gitmek istemişim fakat şey hani bunun için de bir test yapılması gerekiyor ya, hocadan şey isteyeceğim zaman hani, hpv testi yapılabilir falan, yapılabilir mi vesaire dediğim zaman, hani eğer şeyine girerse, başka cinsel test de yapmamız gerekiyor mu gibi bir tavra girerse ya da ne bileyim yanlış bir kelime kullanırsa canım sıkılacak, bir açıklama yapmak istemiyorum dediğim için de gitmemiştim ya (...)

<sup>71</sup> (...)ama mesela hani bir rahatsızlığım başladıysa ve bu beni gerçekten çok zorluyorsa biraz evet korkuyorum hani çünkü herhangi bir ciddi bir imm duruma yol açabilir mi ya da imm benim hayatımı etkileyebilecek bir şey mi işte bunu öğrenmek beni ürkütüyor aslında. Doktorun kendisi değil.

<sup>72</sup> Benim için cinsel olarak aktif olduğum öğrenildikten sonraki muamele beni endişelendiriyordu çünkü bir keresinde şöyle bir şey olmuştu (...)

out if there is a ring, like because probably these are the places that you can only go when you are pregnant (laughing)” (Bisexual, 24, Ankara)<sup>73</sup>  
(...) But I may hesitate about ee. Most likely I won’t hesitate at Mediko, but in a random hospital I will hesitate regarding that because in Turkey, especially, they will judge in many places. Therefore I perhaps won’t feel safe (Bisexual, 19, Ankara)<sup>74</sup>

Other than that, I do not prefer state providers. Otherwise, they are accessible, but since I have never been, even if they are accessible, due to that attitude, for example, you are not married, you and a woman have a sexual life, etc. Due to that attitude, even the doctor may have such a manner. I may not go only considering these (Homoflexible, 22, Ankara)<sup>75</sup>

Sure, sure. At first, I thought if I should tell if they (doctors) ask such a thing. You know, will they ask what kind of sexual life I have, what kind, will they ask in which positions I try, this, I worried that, about this issue, what can I say, should I say or should I hide (laughing)” (Lesbian, 27, Ankara)<sup>76</sup>

I won’t experience, like, for instance, you are single, but you have a sexual life, I won’t experience being exposed to prejudice. Because, I expect them to get over it, the doctor I mean. But I will experience that, homoph, about a homosexual relationship (Queer, 25, Ankara)<sup>77</sup>

One of eleven interviewees says that being a woman who has multiple partners makes her hesitate to apply sexual and reproductive healthcare services.

Yes (...)Yes, like, violation of confidentiality, other than that, phobic statements. The doctor stops for a moment when I say I’m a polygamist.

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<sup>73</sup> Ee, evet özellikle devlet hastanesinde kadın doğuma gittiğim zaman böyle insanlar çok garip bir şekilde bakıyorlar. Hani özellikle kadınların ellerime baktığın hissediyorum hani yüzük var mı ee gibisinden hani çünkü sadece hamile olunca gidilebiliyor sanırım (gülüşmeler)

<sup>74</sup> (...)Ama şey konusunda e biraz çekinebilirim. Ya mediko’da çok çekinmem büyük ihtimalle, ama herhangi bir hastanede o konuda büyük ihtimalle çekinirim çünkü Türkiye’de bu konudaki yargılar bir çoğu yerde özellikle, o yüzden o konuda kendimi çok rahat hissetmeyebilirim yani

<sup>75</sup> Onun dışında işte devlet, devleti çok tercih etmiyorum, yoksa ulaşılabilir bence ama ben hiç gitmediğim için ulaşılsa bile o tutumdan dolayı diyelim işte evli değilsin, kadınsın ama bir cinsel hayatın mı var vesaire hani bu tutumdan dolayı, doktorun bile öyle negatif tutumu olabiliyor, sırf bunları düşünerek gitmeyebilirim.”]

<sup>76</sup> Tabi ki tabi ki. Ben acaba böyle bir şey sorarlarsa söylemeli miyim ilk bunu düşündüm (...) Hani ne tarz bir cinsel hayatım olduğunu soracak mı acaba, ne tarz, hangi pozisyonlarda denediğimi soracak mı acaba( gülüyor), bunu bu konuda acaba ne söyleyebilir miyim söylemeli miyim, saklamalı mıyım tedirginliğini yaşadım onu söyleyebilirim.

<sup>77</sup> Şeyi yaşamam, işte, atıyorum, bekarsın, ama cinsel ilişkin var, ile ilgili bir işte önyargıya uğramayı yaşamam. Çünkü o, onu artık aşmış olmasını beklerim, doktorun yani. Ama şeyle ilgili yaşarım işte, homof, homoseksüel ilişkiyle ilgili



Other than that, you are single, but you have an active sexual life, against it, doctors are a bit, I speak about the ones who are phobic when they see someone more knowledgeable than themselves, they are like, okay, they are more knowledgeable than me regarding medicine, but I at least know patient rights, other than that I can defend myself when they say something wrong, in that case, there starts an argument (Bisexual, 24, İstanbul)<sup>78</sup>

One of the interviewees does not make any comment regarding the hesitations and worries.

Interviewees were asked whether they revealed their sexual orientations, or whether they hesitated to reveal their sexual orientation while seeking health care. The interviewees expressed different choices and causes for those choices. Seven interviewees say that they will not tell their sexual orientation while nine interviewees say they will reveal it if it is needed.

**Table 16. Disclosing Sexual Orientation**

<b>Will you/do you reveal your sexual orientation while taking sexual and reproductive healthcare services?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
I will reveal my sexual orientation with my regular doctor	(1) (6) (12)	3
I will reveal my sexual orientation when	(16) (19)	2
It is asked	(9)	1
I will sometimes reveal my sexual orientation when it is needed	(1) (7) (13) (14) (21)	5

<sup>78</sup> Evet (...) Hıhı, yani gizliliği ihlal, onun dışında, fobik söylemler. İşte çok eşliyim dediğinde doktor bir kalıyor. YA onun dışında hani bekarsın ama cinsel bir hayatın var aktif olarak, onun karşısında bir de doktorlar biraz, fobik olan kısmı için konuşuyorum, karşılarında kendilerinden daha bilgili birisini gördüklerinde biraz şey oluyorlar, okay tamam tıp bakımında benden bilgililer ama ben de en azından hasta haklarını biliyorum, onun dışında bana yanlış bir şey söylediğinde kendimi savunabiliyorum, e bu durumda da zaten kavga falan çıkıyor.

**Table 16 (Continued)**

because		
doctors look with different eyes	(2)	1
to get information	(3)	1
To get proper healthcare services	(10) (15)	2
I will not reveal my sexual orientation		
Because		
Preventing discriminative behaviors based on same-sex relationship	(3) (5) (8) (20)	4
It is not needed	(8) (17) (18) (22)	4

Seven of the interviewees state that they will not reveal their sexual orientations. Significantly, this question is targeted at sexual and reproductive healthcare services, and it shows that nearly 30% of the interviewees do not say that they are lesbian or bisexual to their doctors.

Three of the interviewees expressed that they will reveal their sexual orientations to their regular doctors. Two interviewees say that they will reveal their sexual orientations to the doctors they apply, and one of the interviewees state that they will reveal their sexual orientations when it is asked.

Nine interviewees indicate that they will reveal their sexual orientation when it is needed. One of nine interviewees says that they only reveal their sexual orientation only if it is necessary since the doctors look with different eyes when they reveal it. Her words are stated below.

Yes, when it is needed but no when it is not required because I think that doctors look with different eyes about it. Ee, like, the doctor, I don't believe that doctor needs to know anything regarding my sexual identity when I

have trouble about sexual health like when I doubt a disease. But when it is required, yes, I tell” (Pansexual, 23, Ankara)<sup>79</sup>

One of the nine interviewees says that she reveals her sexual orientation to get information.

(...) And I no longer want that like, to anything, and after learning that, after they don't know already, you know my reason that I tell them was that I get information, I tell that, so they behave me accordingly. But whether I say or no, they will act as if I am hetero and since they don't know anything(...) (Bisexual, 26, Ankara)<sup>80</sup>

Two of the nine interviewees say that they reveal their sexual orientation in order to get adequate healthcare services. Here is the statement of a woman.

Ee, I probably declare. Because, like, how to say, if the treatment changes depending on the thing I reveal, I necessarily tell (Lesbian, 26, Ankara)<sup>81</sup>

Four of seven interviewees who say that they will not reveal their sexual orientation at all express that they will not reveal their sexual orientations to prevent discriminatory behaviors based on same-sex relationships. Their statements are below.

I was worried that I would confront a homophobic thing, and sometimes I like, they establish it from a man or my home mate, but the truth is not like that. Sometimes I enjoy it, the enjoyment arising from hiding something(...) but I usually hesitate, you know I hesitate that I cannot be facing that reaction because at one point I make activism of it but like it becomes something so non-sense and hypocrite, I think (Polysexual, 26, Ankara)<sup>82</sup>

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<sup>79</sup> Gerektiğinde evet ama gerekmediği sürece hayır çünkü doktorların bakışının da değiştiğini düşünüyorum bu konuda. Ee, yani genelde cinsel sağlıkla ilgili bir sorun olduğunda mesela herhangi bir hastalıktan şüphe ettiğimde buna doktor ya bu yani cinsel yönelimimle ilgili herhangi bir şey bilmesine gerek olduğunu düşünmüyorum doktorun. Ee, ama gerektiğinde söylüyorum, evet

<sup>80</sup> (...) Ve istemiyorum mesela artık böyle hani herhangi bir şeye bir de hani şeyi de öğrendikten sonra zaten bilmiyorlar hani benim en başta anlatma sebebim çünkü hani bilgi alayım bunu söyleyim, bana buna göre davranınlardı. Ama ben söylesem de söylemesem de heteroymuşum gibi davranacakları için bir şey bilmedikleri için de(...)

<sup>81</sup> Ee, açıklarım muhtemelen, söylerim. Yani çünkü, yani, nasıl desem hani alacağım tedavi açıkladığım şeye göre değişecekse mecburen söylerim yani.

<sup>82</sup> İşte orda homofobik bir şeyle karşılaşabileceğimden biraz endişe ettim bir de bazen şey hoşuma gidiyor, o bir erkek üzerinden kuruyor falan ya da ev arkadaşım üzerinden kurdu, ama böyle değil falan. Bazen bundan da keyif alıyorum, bir şeyi saklamanın

They haven't asked because they come like if I say that I am homosexual to her, like, stoning will begin, you know, she was like in such position (Lesbian, 25, Ankara)<sup>83</sup>

Despite being confident and active members of their communities, lesbian and bisexual women still worry that they will be discriminated against due to their sexual orientation and cannot combat it.

Four of the seven interviewees say that they will not reveal their sexual orientations since they think that it is not needed.

Namely, I don't think revealing it even they are friendly, it's like since a disease won't derive from my sexual orientation, I have a thought that why should I reveal such information. It's like, it is very, very personal info. Do they (doctors) really need this information? Such thing happens like ee it is a contagious disease like it is required to be treated with the partner you know, in such case, I may reveal if a conversation is made like bring your partner and so but I usually won't tell that I'm lesbian bla bla. I won't disclose that information, but maybe I have a relationship. I won't reveal my sexual orientation (...) Yes, instead not regarding it necessary, but there is that thing, plus if that person, maybe it is a mechanism that reduces discrimination a bit. The first, first reason is that I don't find it necessary, secondly, perhaps I will be exposed to discrimination, it is to eliminate that" (Homoflexible, 22, Ankara)<sup>84</sup>

(...) I think that I very likely do not directly reveal my sexual orientations because, in such settings, it is not so needed, in the end in that setting it doesn't affect the thing they do, my sexual orientation (Bisexual, 19, Ankara)<sup>85</sup>

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verdiği bir keyif (...) ama genelde çekiniyorum, Yani o tepkiye karşılayamamaktan çekiniyorum çünkü bunun aktivizmini yapıyorum bir yerde ve yani çok da saçma ikiyüzlü bir şey olmaya başlıyor, bence

<sup>83</sup> Sormadı çünkü öyle bir geldi ki zaten, şey desem, kadına ben eşcinselim desem orada şey falan yani orada stoning falan başlayacak yani öyle bir durumdaydı.

<sup>84</sup> Yani friendly bile olsa açıklamayı düşünmüyorum, şey gibi bu yani bir hastalık yönelimimden kaynaklanamayacağı için, neden böyle bir bilgiyi açıklayayım ki gibi bir düşünce var bende. Yani bu fazla fazla özel bilgi gibi. Bu bilgiye gerçekten ihtiyaç duyuyor mu? Ya şöyle bir şey olur mesela ee bulaşıcı bir hastalıktır hani partnerle falan tedavi edilmesi gerekiyor ya, o zaman, partnerini de getir falan fişman gibi bir muhabbet olursa açıklayabilirim ama normalde işte ben lezbiyenim de o yüzden de falan fişman diye açıklamam. Bu bilgiyi açıklamam, belki ilişki yaşadığımı açıklarım. Yönelimimi açıklamam (...) Evet ziyade gerekli bulmamak ama şöyle bir şey var artı eğer o kişinin ya bu biraz da ayrımcılığı da kısma yöntemi gibi bir şey de olabilir. İlk ilk sebebi gerekli bulmadım, ikincisi böyle bir bilgiyi verdikten sonra belki bir ayrımcılığa maruz kalabilirim, bunu da ortadan kaldırmak ya.

<sup>85</sup> (...) ya cinsel yönelimimi büyük ihtimalle zaten yani direkt söylemem diye düşünüyorum çünkü o tarz ortamlarda yani çok da gerek yok yani sonuçta o ortamda onun yaptığı işi etkilemiyor, benim cinsel yönelimim (...)

As mentioned above, confidentiality is an essential source of concern among the interviewees. Interviewees were asked whether they trusted their information would remain confidential with the healthcare providers. Only three interviewees say that they trust their information will remain confidential. Besides, twelve interviewees have worries about confidentiality.

**Table 17. Concern for Confidentiality**

<b>Do you trust that your information will remain confidential with the health care providers?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
No answer	(1) (6) (11)	3
I trust my information will remain confidential	(9) (20) (22)	3
I do not feel worried about confidentiality because		
Open to family & no right to disclose information	(7)	1
Not afraid of the results	(12) (19)	2
Don't think that it would be a big deal, maybe only between doctors	(15)	1
I feel worries about confidentiality	(4) (10) (13) (14) (17) (21)	6
My family may access to health data systems	(2) (8) (16)	3
Enjoying my family's insurance	(3)	1
Other doctors in the same hospital may access to my information	(5)	1
Lack of trust in hospitals as institutions rather than doctors themselves	(18)	1

Three of the interviewees declared that they trust that their information will remain confidential. Four interviewees do not worry whether their confidentiality is violated due to several reasons. One interviewee indicates that she has no worries

regarding confidentiality since she is open to her family, and she is aware that the hospitals do not have the right to disclose this information. Here is her statement.

Ee, I don't think that they have such a right. Because of this, I have no worries even if it is shared my that is to say it won't bother me because ee I don't hide it already. My family knows, therefore, it is actually not a problem (Bisexual, 24, Ankara)<sup>86</sup>

Two of the interviewees expressed that they have no worries regarding confidentiality since they are not afraid of the results is their confidentiality is violated.

(...) since I have never felt that I belong here, ee, I won't like to a law that I don't feel I belong to, to a political approach I don't feel I belong to, from my point of view, I won't conform with. I will work in private sector, I will work in several different jobs, even I will be hungry if needed, but I can't conform in this regard because then I can't feel that I exist because I am a person who experiences existential crises like a person who struggles to live. Therefore, I cannot do, I cannot conform (...) (Lesbian, 25, İstanbul)<sup>87</sup>

No, it is not like I am not open but this case, this case to be mentioned, no not mention but how to say, it will be on the agenda all the time, and I actually don't want this to happen, I don't tell them because of that. But not from hesitating, being embarrassed or being afraid of them (family) etc. (Lesbian, 24, Ankara)<sup>88</sup>

One of the interviewees says that confidentiality will not be such a significant issue since it will only be shared between the doctors.

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<sup>86</sup> Ee, yani böyle bir şeye hakları olduğunu düşünmüyorum, o yüzden çok da bir çekincem yok ki zaten ee paylaşırsa da bu benim yani şöyle söylüyüm rahatsız etmez çünkü zaten ee ben zaten bunu saklamıyorum. Ailem de hani biliyor o yüzden çok da aslında problem değil.

<sup>87</sup> (...) hiçbir zaman buraya ait hissetmediğim için, ee, onlara ait hissetmediğim bir hukuka, ait hissetmediğim ee bir siyasi anlayışa da şeyapcak değilim yani hani benim açımdan, boyun eğecek değilim. Özelde çalışırım, işte üç beş başka farklı işler yaparım, gerekirse aç kalırım ama bu anlamda boyun eğebilecek değilim çünkü o zaman var olduğumu hissedemiyorum çünkü ben zaten çoğu zaman varlık sorunu yaşayan biriyim hani var, var olma mücadelesi veren biriyim. O yüzden yapmam ya, o kadar boyun eğmem (...)

<sup>88</sup> Hayır, ya şey aslında korkumdan dolayı açık değilim değil ama yani çok bu durumdan, bu durumun dile getirilmesi, yani dile getirilmesi değil de, ee nasıl diyebilirim, ya ben bunu aileme söylediğimde bu sürekli gündem haline gelecek ve bunu istemiyorum aslında, bu yüzden söylemiyorum. Yoksa etrafımdaki insanlardan çekindiğim, utandıığım veya korktuğum için vesaire değil.

Actually, no, I won't have. That is to say, I don't think that it will spread around, but maybe the doctors may talk among themselves, but for a moment like I don't believe that an incident that will snowball into something by getting out of there may occur(...) (Lesbian, 26, Ankara)<sup>89</sup>

On the other hand, twelve of the interviewees reveals their concerns about confidentiality.

Three of twelve interviewees who worry about confidentiality justify their worries due to access to healthcare information systems by their families. Their statements are below.

Yes, because of that, ee I don't have anything done regarding sexual health in the hospital that my mother and her friends work, and I don't accept that these are recorded in a system that they may have information. I guess they cannot access the tests that are performed in ...(the university), via stat, state hospitals network. Ee, and yes, it was one of the issues that I was afraid of so much. (Pansexual, 23, Ankara)<sup>90</sup>

(...) At the same time, my family, my mother's side is mostly nurses, and so on, they have access to such systems via the doctors they know. I cannot apply anywhere because of that fear. I cannot apply because what tests they perform there, what these tests mean like if anything appears or no (Homoflexible, 22, Ankara)<sup>91</sup>

Ee, without my family hears, yes. And at first, I will go and talk with the doctor before having the test performed. I will say that if is there a chance that we can keep it private, if no I will reconsider it, because it will be stated on internet, on my medical report (...) (Bisexual, 21, Ankara)<sup>92</sup>

Another interviewee explains her concern since she enjoys the insurance of her family. One interviewee indicates her concern that the other doctors in the same

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<sup>89</sup> Aslında, ıı, olmaz. Yani çok yayılacağını sanmam ama kendi aralarında konuşabilirler yani hocalar bir şeyler olabilir ama o anlık yani hani oradan çıkıp böyle çığ gibi büyüyecek bir olay çıkacağını sanmıyorum yani(...)

<sup>90</sup> Evet zaten bu yüzden ee annemin ve işte arkadaşlarının çalıştığı hastanede cinsel sağlıkla ilgili herhangi bir şey yaptırmıyorum ve onların bilgisinin olabileceği bir sisteme girmesini de ee kabul etmiyorum. Sanırım ...'nın(university) sisteminden girilen testlere bakamıyorlar. hast, ya devlet hastanesi ağıyla. Ee, ve evet bu benim ciddi bir şekilde korktuğum konulardan bir tanesi idi.

<sup>91</sup> (...) Aynı zamanda benim ailem işte annem tarafı daha çok hemşire vesaire olduğu için onların bu gibi sistemlere, tanıdığı doktorlar üzerinden erişme imkanı oluyor. Bu korkuyla gidemiyorum açıkçası bir şeye. Orda ne testi yaptırmış, bu testler ne anlama geliyor falan ordan bir şeyler çıkar mı çıkmaz mı diye gidemiyorum.

<sup>92</sup> Ee, ailem duymadan evet. Bi de ilk gider doktorla test yaptırmadan önce konuşurum, derim ki bunu gizleme şansımız var mı, yoksa hani bir kere daha düşünürüm, internette yazacak çünkü benim sağlık raporumda (...)

hospital may access her information. One interviewee says that she has worries since she has no trust in hospitals as institutions rather than doctors themselves.

There are so many rumors you know these, how to say, they transfer our information like they leak our information. I don't obey these because, as I said, since I am open to my family, these are not problematic processes for me. But still, I doubt because of ee if you want to be a civil servant in the future, for instance, there are rumors like that, where, the hotel where you stayed, the people you shared your bed with, even these are revealed in security clearance. After you worry since you may confront the information that these tests are performed before marriage, they are performed before you get married, etc. I have a lack of trust not to doctors but hospitals as institutions. (Bisexual, 23, Ankara)<sup>93</sup>

When asked if they think they ever experienced discrimination based on their sexual orientation, eleven interviewees declare that they experienced such discrimination, which means that 50% of the interviewees encounter discrimination.

**Table 25. Discrimination Experiences**

Have you experienced discrimination while accessing sexual and reproductive healthcare services?	Interviewee Numbers	Total
No answer	(5) (14) (15) (22)	4
Not applied to services	(4) (8) (12) (13)	4
No experience of discrimination	(11) (16) (17)	
Experienced discrimination		11
because		
homophobic/biphobic/panphobic	(2) (3) (10) (19)	4

<sup>93</sup> Ee çok fazla dedikodu vardır, bilirsin bunları işte ee nasıl denir, işte bilgilerimiz aktarıyorlar, bilgilerimizi sızdırıyorlar cinsinde, ben bunlara biat etmiyorum çünkü bunlar benim dediğim gibi aileme açık olduğum için sıkıntı olan süreçler değil. Ama tabi insan şüpheleniyor çünkü ee ileride bir devlet memuru olmak isterseniz mesela şöyle duyumlar var işte, kald, otelde kaldığın işte iki kişilik yatağı paylaştığın insanların işte onu bile güvenlik soruşturmasında, orda açığa çıkarıyorlar gibi. Daha sonra işte bu testlerin evlilik öncesi olduğuna dair işte, evlenmeden olduğuna dair ee işte bu bilgilerde her an karşımıza çıkabilir gibi duyumlar çok fazla olduğu için tabi ki insan endişe ediyor. Doktorlara karşı değil ama kurumsal olarak hastanelere karşı bir güvensizliğim var diyebilirim.



**Table 18 (Continued)**

Sexually active women	(1) (3) (7) (9) (18) (20) (21)	7
Multiple partners	(3)	1
Pro-choice abortion	(6)	1
From		
doctors	(2) (3)	2
Other medical personnel	(19) (21)	2
Security guard	(3)	1
Recruiter	(3)	1

Four of eleven interviewees experienced homophobic/biphobic/panphobic discrimination. It is evident that the doctors internalized homophobia and still regard not being heterosexual as a disease, and they stigmatize their patients. Also, they associate HIV with homosexuality and do not have correct information about the virus (he refers to the virus as “aids”).

Ee, I had to reveal (my sexual orientation) to a doctor I see because it was needed in that context. Ee, when I told the doctor, at first, they found it strange, then asked me, like, if I have been to a psychologist. Ee, and I observed that after that, their attitude was generally more cynical, and I was far away from being helpful. That is to say, they accepted to perform necessary tests, but after all, their approach became negative. (Pansexual, 23, Ankara)<sup>94</sup>

(...) One of them said that I suggest you see a psychologist. I burst into a hysterical laughter because if they want me to see a psychologist, I wanted them to have a reason (laughing) therefore it turned like my defense mechanism and totally ridiculing and oh, want to say that if you are disturbed, then I will make you more uncomfortable, I would like to move on with details, a ridiculous offense mechanism has developed rather than defense (...) <sup>95</sup>

<sup>94</sup> Ee, şöyle, ee, bir doktora açıklamak zorunda kalmıştım çünkü o ee kontekstte gereken bir şeydi. Ee doktora açıkladığımda önce garipsedi, sonra ee psikologla görüştün mü gibi bir şey söyledi. Ee, ve o andan sonra tutumunun genel olarak daha negatif olduğunu ve daha yani yardımcı olmaya daha kapalı olduğunu gözlemledim, yine işte gerekli olan testleri yaptırmayı kabul etti sonuç olarak ama tutumu negatifleşmişti

<sup>95</sup> (...) Bir tanesi şey dedi mesela ben psikologla da görünmenizi tavsiye ediyorum dedi. Ben de histerik bir kahkaha attım çünkü madem psikologla görüşmemi istiyor bari işte sebebi olsun istedim (gülüyor) o yüzden ya benimki artık şeye döndü da böyle savunma mekanizmam ve tamamen dalga geçme ve işte ya rahatsız mı oldunuz o zaman ben sizi biraz daha rahatsız edip

(...) As the third stage, after saying that, two of them says directly that the contagious diseases are so common among you when you regard aids or such, I am not a doctor I don't call it "aids" I wonder if you pay attention to that since these two are different, and you have to know that, you know. (Bisexual, 26, Ankara)<sup>96</sup>

Seven of the eleven interviewees experienced discrimination for merely being single and sexually active. It is understood that marriage is regarded as compulsory to have sex by the healthcare personnel; therefore, they assume every officially single woman does not have a sex life. Discrimination shows up in different ways. It may be verbal or non-verbal.

In short, I do not want to strive with, for example, once I have been to a woman, ee I try to recall because I have been to so many hospitals (...) Ee, the woman behaved as if I am plague-stricken, but she is acting and grumbling; for instance, she didn't let me touch the door handle (...) I don't know it was ridiculous, and you know ee she was saying and asking that you're not married you are not married all the time. (Bisexual, 26, Ankara)<sup>97</sup>

(...)like at ...(a state hospital) it was gross, ee the security said that you could not get an appointment from here (...) The sec, guard first said that "Where are you going?" and I said that I have an appointment. They asked me how old I am. I said 26. (...) after that, okay, get in, he said, this time the man in the patient's admissions, the man said, are you married? I said, as far as I know, I said because my nerves were started to shot, he said that you know, yes you cannot get appointments from there the security was right, but I have transfer document (...) Thus, after that, we waited for 5 minutes or so, and by the way, they lay their eyes on, there was a friend of me with me, on my friend and looks at my hands to find out if there is a ring or so(...) anyway, we solved, he didn't give, said that I could not make entry, make your entry because you are not married bla bla (...) I said to the woman working next to her please can you help (...) she said just do it. After we enter (...) Anyway, three or four nurses were sitting row after row, and I still couldn't enter doctor's room, I was at nurse room, there were many old

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ayrıntılardan bahsetmek istiyorum falan diyip böyle gerçekten hani saçmasapan? bir saldırı mekanizması gelişti savunmadan çok(...)

<sup>96</sup> (...) 3. Aşama olarak da hani bunu söyledikten sonra hani iki tanesi falan şey dedi direkt ya evet sizde bulaşıcı hastalıklar çok yüksek yani aیدse de baktığınızda falan ve yani hani ya ben doktor değilim aids demiyorum ya sen acaba buna dikkat mı etsen çünkü hani ikisi farklı şeyler ve bunu biliyor olman gerekiyor hani falan (...)

<sup>97</sup> Yani orda zaten daha şeyle uğraşmayım ya mesela bir tane kadına gittim ee neydi o kadar çok hastaneye gittim ki şu an hatırlamaya çalışıyorum. (...)Ee, kadın böyle vebalıymışım gibi davrandı ama sürekli de böyle cıkcıklayarak davranıyor mesela böyle kapı koluna bile dokundurmadı bana(...) Ya bilmiyorum çok saçmaydı ve böyle şey işte sürekli ee sürekli evli değilsiniz evli değilsiniz gibi falan filan diye soruyor (...)

ladies, it was such a chaos, it was awful, everybody was asking stuff, my folder was changing hands many times, my test result. And all of them ah she is 26 how it happens, she is 26 (whispering), she won't have a child, it's a pity, and I don't want any children and I, I sighed in that room since I won't have children. It was something I don't care about, but in a silly moment, it became something I concern about, anyway they didn't let me talk with the doctor (...) I said that I have questions and I will see the doctor, she told me that it's an operation like that, etc., I said I don't care, you are a nurse, then she, said, yes, why wasn't smear enough, she said something like that, you had smear, it is sufficient. You are under 30 years and so, I mean 30 years, not the vaccine but as if 30 years is the protection ridiculously (laughing), after that, they didn't let me talk with the doctor, and by the way, they say many things regarding me being not married so and so (...) (Bisexual, 26, Ankara)<sup>98</sup>

A bit, you know, the doctor who was talking more respectful way and smiling, they petrified and changed their attitude completely. Their looks, a bit distance, like you know, you can even understand from their face (Bisexual, 24, İstanbul)<sup>99</sup>

To me, the reaction after they learn that I am sexually active was making me nervous because one time, something like this happened. Again, I went for routine control and really horribly, "lie there," and so, they were a doctor that makes you feel as if you are debted and incapable. Therefore, I was so nervous that time" (Bisexual, 23, Ankara)<sup>100</sup>

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<sup>98</sup> (...)hani mesela ...'de (devlet hastanesi) iğrençti, ee ad ya güvenlik görevlisi bana şey dedi sen buradan randevu alamazsın dedi (...) Güven Güvenlik görevlisi önce şe dedi nereye dedi. Dedim ki randevum var. Kaç yaşındasınız siz dedi. 26 dedim (...) sonra iyi neyse hani geçin filan dedi bu sefer kayıta, adam diyor ki evlendiniz mi. Bildiğim kadarıyla hayır falan diyorum hani çünkü artık sinirimi bozmaya başladı, şey demeye başladı, sen burdan evet güvenlik haklıydı randevu alamıyor olman gerekiyor ama benim orda sevk kağıdı var (...) Öyle, ondan sonra böyle bi 5 dk falan bekledik ve bu arada işte şeyi süzüyor yanımda arkadaşım vardı onu süzüyor falan benim ellerime bakıyor yüzük var mı bir şey var mı falan filan diye (...) Neyse oradan hallettik orda da şey zaten o vermedi benim yani benim kaydımı yapamam ben falan diyo evli değilsiniz Danışmadaki adam (...)böyle orda yanında bir tane kadın çalışıyordu kadına işet böyle yardımcı olur musunuz lütfen dedim (...) işte ya yap gitsin ya dedi. Ondan sonra işte geçtik içeri (...) Neyse işte bu üç tane dört tane falan hemşire oturuyordu böyle sıra sıra doktorun odasına daha giremedim bu arada hemşire odasındayım bir sürü yaşlı teyze var böyle, ee kaos gibiydi ya çok korkunçtu yani böyle herkes bir yandan bir şeyler soruyor falan filan benim dosyam da böyle elden ele geziyor işte hani sonucum?? Ve hepsi şey hani nasıl yaa 26 yaşında nasıl yani 26 yaşında (fısıldayarak ) çocuğu da olmicak yazık falan ve ben hiç çocuk istemiyorum hayatım boyunca çocuk istemiyorum ve o odada şey geçirdim benim çocuğum olmayacakmış falan diye geçirdim. Hiç umurumda olmayan bir şeydi ama (gülüyor) saçma sapan bir anda onu önemsemediğim bir şey haline geldi neyse bu arada beni doktorla görüştürmediler mesela. (...)Diyorum ki benim sorularım var doktoru görücem, ya şöyle bir ameliyat işte falan filan de böyle bana anlatıyor, ya diyorum umrumda değil hemşiresin sen sen zaten öyle ha şey falan dedi smear smear neyinize yetmedi gibi bir şey söyledi smearde niye smear yaptırmışsınız yeterli o işte ... 30 yaşın altındasın falan diyor yani sanki böyle şey 30 yaş hani aşırı değil de 30 aşmış koruyan gibi davranıyorlar saçma bir şekilde (gülüyor) ondan sonra işte ee şey baya görüştürmediler o arada da bir sürü şey lafi ettiler işte ee saçma sapan işte evli olmamamla alakalı falan filan (...)

<sup>99</sup> Ya biraz, işte, mesela işte en başta sizli konuşan, güleryüzlü olan doktor bir anda soğuk bir şekilde kesilip, tavrını tam olarak değiştirdi. Bakışları, biraz mesafesi, çok hani emm yüz ifadesinden bile algılayabiliyorsun.

<sup>100</sup> Benim için cinsel olarak aktif olduğum öğrenildikten sonraki muamele beni endişelendiriyordu çünkü bir keresinde şöyle bir şey olmuştu. Yine böyle gittim normal rutin bir kontrol için ve gerçekten böyle çirkin, çok tersleyerek yani "yat şuraya" bilmemne filan hani insanı gerçekten borçlu gibi hissettiren bir böyle çok aciz hissettiren bir doktoru o yüzden onda mesela çok gerilmişim hani.

Yes, ee, once I have been ... (state hospital) here. They asked me if I was married, then they said okay then, but when I said that it doesn't mean that I don't have any sexual act, don't you have to ask that, they reacted like "oh, at this age." To tell the truth, it made me feel horrible (Bisexual, 24, Ankara)<sup>101</sup>

Ee, during this process, when I go the control, a question like that, are you married, I said no persistently. After that, a question, why do you wonder that a smarty question came after that. After that, because when I say I am sexually active, without being aware of a concept of being sexually active, I confronted with the questions that are needed to be elaborated, without my declaration just implying that I am sexually active without being married" (Bisexual, 23, Ankara)<sup>102</sup>

Sure, sure. Like, after the operation that the disgusting men did, when the things, infections first started, urinary tract infection all the time. They are looking, there is nothing, no bacteria, where does the infection derive. They say, a doctor came (...) I will send you, gynecology maybe it derives from it (...) The doctor who wants to send me there has cleaned the corridor so that my mother won't see that I am being sent. The doctor asked me if my mother knows or not. When I say she doesn't know, and I want it to be kept private, that I had a sexual life. She said that I will deal with it, I just need you to be controlled. But, special thanks to the caregiver, I don't know why, tells my mother and we go there with my mother, and there is a mother in there who looks so modern with three janitors, they were having a chat. There is somebody else at the table. There is my mother with me and another caregiver who was pushing my wheelchair. Among them, among all of them, by shouting "is the patient single," yes, by screaming is the patient single, I can't, my mother answered yes, yes, single so on. After, since I am single, I am single, examined cervix with ultrasound, and stopped. Later, when I went back and said that culture wasn't taken, it wasn't taken, because I told the doctor when I was back, she sent me again, of course, and the doctor at the gynecology was so mad. Because I think she disliked that my mother is not aware of this and while three persons are in, she almost like, pushed and made me sit to that table and although I said that I have vaginismus, she made like that and pushed (she is showing) the speculum, and I shouted, but she didn't care, she was like taking out her anger. Tears drop out of my eyes etc. When I was being taken back, the caregiver was like,

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<sup>101</sup> Evet, 11 hani gittiğim, bir keresinde burda ..'ne (devlet hastanesi) gitmiştim. Orada hani şey diye sordular, evli misin diye sordular, tamam o zaman dediler, ama dedim bu cinsel ilişkim olmayacağı anlamına gelmiyor hani bunu sormanız gerekmiyor mu dediğimde böyle haa bu yaşta tepkisi aldım. Yani bu çok kötü hissettirdi açıkçası beni.

<sup>102</sup> Ee, bu süreçte ne zaman gitsem kontrole, şöyle bir soru, evli misin, ondan sonra ben de inatla hayır diyorum. Ondan sonra o zaman neden bunu merak ediyorsun gibi bir soru, genellikle ukalaca bir soru geliyor ardından. Ondan sonra, çünkü cinsel olarak aktifim dediğim zaman, cinsel olarak aktif olmak gibi bir kavramın varlığından bile haberdar olmadan yani, gibi gibi böyle daha detaylandırılmak isteyen, benim beyanımın dışında beni sadece orada evli olmadan cinsel olarak aktif olmamı ima eden sorularla çok karşılaşıyorum.

you know, doing ee like she was ashamed of me or so, on one hand, she was looking that way, on the other hand, ee you know I was in tears, I was on the verge of tears because it was a traumatic incident that I have experienced, but I had to behave as if nothing has happened, I bleed for a day after, because of the thing the woman did” (Lesbian, 25, Ankara)<sup>103</sup>  
The nurse next to him was more like medical personnel who I want to keep away from (...) They were looking so strict, sure any verbal expression was out of their mouth, but they were looking so judgemental, of course (laughing) (...) As I was answering the questions, the nurse next to them became like, you know, judgy (...) (22, Ankara)<sup>104</sup>

Two of the interviewees experienced discrimination because they were not monogamists. It is another preference for the sex life of women, and it is causes discrimination, as well. Their experiences are stated below.

(...) In any case, asking for smear without being married or being a virgin, or for being sexually active ... it happens. After that, they ask about “my partner,” and I need to correct them because, for two years, I have been with more than one partner. So I say, my partners. Thereupon, they were like, hmmm, then, one of them said that oh that’s the trouble than (mordaciously) (...) After that, you know after mentioning the number of partners they still think that all these partners are men (...)” (Bisexual, 26, Ankara)<sup>105</sup>

<sup>103</sup> Tabi ki, tabi ki. Şey, ee ...’de (state hospital) daha işte ilk pislik herifin bana yaptığı ameliyattan sonra ilk kez şeyler başlamışken, enfeksiyonlar başlamışken, hani sürekli idrar yolu enfeksiyonu. Bakıyorlar şey yok hani bakteri yok, bu enfeksiyon nereden neyden kaynaklanıyor diye. Şey dediler, hani bir doktor gelmişti. (...)O zaman bir seni şeye göndericem, kadın doğuma göndericem belki bundan kaynaklanıyordur diye. (...) beni oraya göndermek isteyen doktorum koridoru temizlemiş ki annem görmesin gönderdiğimi. Bana da sordu bu arada annen biliyor mu falan diye. Bilmiyor diyince hocam hani ben bunun gizli tutulmasını istiyorum, cinsel hayatım olduğunu. Böyle söyleyince şey yapmıştı, tamam hani ben halledicem, seni sadece bir kontrol ettirmem gerekiyor. Fakat hastabakıcı sağolsun, anneme ne alaka bilmiyorum, haber veriyor ve biz annemle oraya gidiyoruz ve orada hani gayet modern olduğunu düşündüğüm bir kadın içeride üç tane temizlik görevlisi, sohbet ediyorlar. Başka biri daha var masada. Yanımda annem var, benim sandalyemi iten başka bir hastabakıcı var. Onların içerisinde, onların hepsinin içinde “hasta bekar mı?” diye bağırarak, (gerçekten mi?) evet, hasta bekar mı diye bağırarak annem cevap verdi zaten ben hiç, “evet, evet, bekar” diye falan böyle. Sonra dolayısıyla hani bekar olunca, bekar olunca şey yaptı, sadece ultrasonla rahim kısmına baktı ve bıraktı. Sonra geri döndüğümde ben söyleyince hani alınmadı kültür, kültür alınmadı diye, geri gittiğimde hani doktora söyledim o da tabi tekrar gönderdi ve tekrar gittiğimde, o kadın doğumdaki doktor inanılmaz sinirliydi. Çünkü şeyden hoşlanmamış galiba, hani ee annemin haberi olmamasından hoşlanmamış ve hala içeride 3 kişi varken beni neredeyse böyle şeyle, iterek falan, o koltuğa oturttu ve vajinismusum olduğunu söylediğim halde şöyle yaparak, soktu (gösteriyor) spekulum ve hani ben çılglık attım falan, onun umrunda olmadı yani böyle şeyini gideriyor, hirsını falan gideriyor. Gözlerimden yaş geldi vesaire. Hani geri götürürken hasta bakıcı bir yandan bana böyle şey yapıyor tamam mı sanki utanıyormuş falan gibi benden, bi o, bi taraftan o öyle bakıyor, bir taraftan işte şey yani ee diyorum ya gözlerimden yaş geldi kendimi zar zor tutuyorum çünkü travmatik bir olay az önce yaşadığım ama hiçbir şey olmamış gibi davranmak zorundayım hani ondan sonra bir gün boyunca benim kanamam olmuştu, kadının yaptığı şey yüzünden.]

<sup>104</sup> Yanındaki hemşire daha şeydi, yani uzak durmak istediğim bir sağlık personeliydi (...)Çok katı bakıyordu, ya tabi hiçbir sözel ifade bir şey çıkmadı ağzından ama çok yargılayıcı bakıyordu tabi ki (gülüyor) (...)Ee, ben sorulara cevap verdikçe, yanındaki hemşire şey kesildi, yani, biraz yargılayıcıydı(...)

<sup>105</sup> (...) Zaten işte bi önce evli .. olmayıp bi işte smear istediğim için ya da o bakire olmama, cinsel yönden aktif olma... bi oluyor. Ondan sonra şeyi soruyo, işte partnerin diyor, ben de onu düzeltme ihtiyacı duyuyorum çünkü benim hiçbir benim iki yıldır hiçbir zaman şey olmadı böyle tek bir partnerim olmadı falan. Diyorum ki hani partnerlerim. Bu sefer önce bir hıı diyo, o zaman, bi tanesi şey dedi mesela o zaman problem çıkar tabi (alaycı). (...) Ondan sonra hani o partner sayısından sonra yine hani hala şeyi düşünüyorlar o partnerlerin yine hepsinin erkek olduğunu düşünüyorlar (...)

(...) When I say that I am a polygamist, the doctor is petrified for a moment (...)" (Bisexual, 24, İstanbul)<sup>106</sup>

One of the interviewees experienced discrimination while seeking an abortion.

Only, very, you know, actually, we can regard it as discrimination, I think, I have experienced something that has demoralized me much. Ee, I don't when, several years ago, I believe four years ago, I needed to have an abortion and applied to a private provider. The woman doctor told me something like that, don't you want to keep the baby?. A question like that, and I think it was an awful question — one of the most disgusting questions that can be asked. I experienced only an incident like that. Ee, that was, as I said, coercive, question from me and of course no, while it was so obvious why I have been there and hearing something like that as scary (Bisexual, 26, Ankara)<sup>107</sup>

Discriminatory behavior comes from different healthcare personnel. Two interviewees say that the discriminatory behavior was from doctors, two interviewees express that the discriminatory behavior was from other medical staff, one interviewee says that the discriminatory behavior was from the security guard in the hospital, and one of the interviewees expressed that the discriminatory practice was from the recruiter.

Interviewees were asked whether the discriminatory acts they encountered or their fears about discrimination have ever caused them to delay seeking health care services. Several interviewees declared that the hesitations or previous discriminatory behavior they were exposed to have an impact on their health-seeking behavior.

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<sup>106</sup> (...) İşte çok eşliyim dediğinde doktor bir kalıyor (...)"

<sup>107</sup> Sadece çok böyle şey, aslında bunu da ayrımcılık olarak tanımlayabiliriz bence, beni çok demoralize eden bir şey yaşamıştım. Ee, birkaç sene önce hatırlamıyorum, dört sene önce galiba, bir kürtaj yaptırmam gerekti ve bunun için özel bir yere başvurdum. Gittiğim özel yerdeki kadın doktor bana şöyle bir şey söylemişti işte, bebeği tutmak istemez misin? Gibi bir soru ve bence bu korkunç bir soru. Sorulabilecek en iğrenç sorulardan bir tanesi. Sadece böyle bir şey yaşadım. Ee o şeydi, dediğim gibi zorlayıcı bir şeydi, soruydu benim için ve tabii ki hayır yani zaten hani oraya hangi sebeple geldiğim çok belliyken böyle bir şey duymak çok korkunçtu (...)

Five interviewees state that these hesitations have an impact on their healthcare-seeking behaviors.

(...) well, by the way, I had to have a biopsy. It proceeded because I was around with the doubt if it is cancer or o to find a doctor, well it delayed because of these ridiculous explanations or reactions (...) (Bisexual, 26, Ankara)<sup>108</sup>

Yes, it happened a lot, when I didn't want to go, didn't want to ask, didn't want to consult, I had approaches like let's wait it'll get better somehow (Bisexual, 23, Ankara)<sup>109</sup>

No, like this, actually there is something like that. I wanted to go for HPV but a test has to be performed for that, you know, when I ask from the doctor when I say can HPV test be performed or no, I haven't been since if they say if he behaves like, is any tests else needed or uses a wrong word, I will be annoyed, I don't want to make an explanation (Lesbian, 25, Ankara)<sup>110</sup>

Two interviewees state that they have not delayed accessing healthcare services due to hesitations since she is so meticulous about health issues so that she cannot delay accessing healthcare services when she experiences a problem.

The rest of the interviewees did not comment.

### **4.3. Factors Considered while Choosing Healthcare Provider**

Interviewees were asked which factors they considered while choosing their sexual and reproductive health care providers. Almost all interviewees ask for reference while applying to sexual and reproductive healthcare services, while only a few do not seek for any reference. The table shows the responses of interviewees.

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<sup>108</sup> (...)hani bu arada benim biyopsi yaptırmam gerekiyor .. iş iyice ilerledi çünkü ben doktor bulcam diye bir buçuk ay boyunca böyle kanser mi değil mi o şüphe ile dolaniyorum hani baya erteledi aslında bütün bu şey saçma sapan açıklamalar ya da tepkiler falan (...)

<sup>109</sup> Tabi çok oldu, gitmek istemediğim, sormak istemediğim, danışmak istemediğim, ya nasılsa geçer bekleyeyim biraz tarzında ee tabi yaklaşımlarım oldu.

<sup>110</sup> Yok. Şöyle, aslında şöyle bir şey var. Hpv için gitmek istemişim fakat şey hani bunun için de bir test yapılması gerekiyor ya, hocadan şey isteyeceğim zaman hani, hpv testi yapılabilir falan, yapılabilir mi vesaire dediğim zaman, hani eğer şeyine girerse, başka cinsel test de yapmamız gerekiyor mu gibi bir tavra girerse ya da ne bileyim yanlış bir kelime kullanırsa canım sıkılacak, bir açıklama yapmak istemiyorum dediğim için de gitmemiştim ya (...)

**Table 19. References**

<b>Do you seek referrals before choosing your healthcare provider?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
Not applied	(4) (12) (15)	3
Do not ask for a reference because		2
they are doctors	(21)	1
My previous experiences are good	(21)	1
I already work in a hospital	(11)	1
Ask for reference	(5)	1
Own research(internet)	(3) (6) (7) (10) (13)	5
Friends	(1) (3) (6) (13) (16) (18) (19)	7
Who study medicine	(14)	1
Family	(1) (22)	2
Feminist networks	(2) (8) (9)	3
LGBTI+ networks		
In college	(2) (17) (22)	3
associations	(17)	1
Another doctor	(20)	1

Only two interviewees say that they do not ask for any reference, and eighteen of twenty-two interviewees ask for a reference from others before applying to receive sexual and reproductive healthcare services is significant. I will discuss these by explaining the reasons stated by the interviewees. At first, I indicate the reasons why two interviewees do not ask for any reference. One interviewee says her previous experience was good, and she trusts doctors, so she does not hesitate to receive sexual and reproductive healthcare from any doctor. Her words are stated below.



I may ask for reference while searching for a psychologist when I am going psychologist, but I do not seek for gynecology, that is to say, I probably bring to my mind that there is a physician in front of me, a doctor and I feel comfortable because I always had good experiences (22, Ankara)<sup>111</sup>

Another interviewee herself studied medicine and worked in the hospital where she received sexual and reproductive healthcare services, so her experience is different than other interviewees in a certain sense. She indicated her reason as follows.

No, because it is the hospital I am in, they are familiar persons” (Lesbian, 25, İstanbul)<sup>112</sup>

Other than these two interviewees, all the interviewees who applied to receive sexual and reproductive healthcare services state they asked for references before they sought for sexual health services. Interviewees used friends, internet, family, feminist networks, LGBTI+ networks, and other doctors as sources of reference for their choice of the sexual health care provider.

Five interviewees used the internet and their own research while choosing their sexual health care provider. According to the words of the interviewees, the internet is not the only tool they use, but they tend to couple it with other references.

Ee, so, I was searching for places, calling all hospitals one by one. After that ee I talked with a friend of mine, she saw her (...) After that, we started to see her and like this” (Bisexual, 26, Ankara)<sup>113</sup>

Aha, yes, I called people and said there is a situation like that, what should I do, I am told that you should go to the places that deal with cancer. I searched, there is a place called Ketem in Ankara, okay I said then I should

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<sup>111</sup> Psikolog ararken evet onu referans alabilirim, psikologa gideceğim zaman, ama jinekolojide aramıyorum yani şeyi herhalde aklıma getiriyorum. Sonuçta tıpcı var karşımda, doktor ve işte hep de iyi deneyimlerim olduğu için daha rahatım.

<sup>112</sup> Yok, çünkü daha içinde bulunduğum hastane, tanıdık insanlar.

<sup>113</sup> Ee, şöyle, ben işte baya yer araştırıyordum, tüm hastaneleri tek tek arıyordum falan... ondan sonra ee bir arkadaşım ile konuştum o gitmişti (...) Ondan sonra işte ona gitmeye başladık ve böyle işte şey ya

go there, actually with its name and as well as I was led to Ketem by myself (Bisexual, 27, Ankara)<sup>114</sup>

There are alternatives. There are 5 or 6 doctors. Usually, I look at the comments from google and try to choose the lesser bad one (...) Ee, while looking at the comments, you cannot usually find any feedback regarding the open-mindedness of the doctor, but you chase words among them. Like, ee, for example, concerned. I took it and put it aside. Or like, for example, our people expect the doctor to be intimate, etc. I eliminate them directly. So, I try to draw meaning from the words. As much as possible (laughing) (24, Bisexual, İstanbul)<sup>115</sup>

Ee, again my circle of friends, as they have experienced more. And there is something in a while looking at the cv kind of stuff on the web. They may have worked with regards to LGBT related stuff. For instance, I paid attention while I was choosing a psychiatrist, maybe I will look for that too. Maybe, gynecologist had training, something like that. I mean, I pay attention to that" (21, Bisexual, Ankara)<sup>116</sup>

All four interviewees indicate that they put a lot of effort into finding a doctor they can apply.

Eight of the interviewees say that they refer to their friends, and one interviewee among them says that she refers to her friends who study in medical school. Words of three of them are stated below.

As I said, friends who study medicine, actually many of them were graduated, I will ask them, there is something like, I want to see a doctor, where do you suggest? And I will ask for you know, ask for clues, should I

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<sup>114</sup> (...)hah aynen, ben arayıp insanları, böyle böyle bir durum var ne yapmalıyım, işte genellikle kanserle uğraşan yerlere gitmelisin dendi. Ben araştırdım, Ankara'da Ketem diye bir yer varmış tamam o zaman oraya gitmeliyim diyip yani hem böyle isim olarak hem de birazcık araştırmayla kendim aslında yönelmiş oldum Ketem'e.

<sup>115</sup> Alternatif var 5-6 tane doktor var. Genelde işte googleden yorumlara bakıyorum, kötünün iyisini seçmeye çalışıyorum (...) Ya yorumlara bakarken işte, genellikle zaten açık görüşlü olduğuna dair pek bir yorum bulamıyorsun ama işte yorumlardan kelime falan kovalıyorsun. İşte böyle mesela işte ilgili. Okay tamam alıyorum onu bir kenara koyuyorum. Ya da işte mesela bizim ülkemizin genel doktordan beklediği şeyi samimi olması şöyle böyle falan. Onları zaten direkt eliyorum. Öyle kendime bir şey, kelimelerden bir şey çıkartmaya çalışıyorum. Olabildiği kadar, gülüyor.

<sup>116</sup> Ee, yine arkadaş çevrem, hani daha çok başlarına gelmiş olarak. Bi de bazılarında şey oluyor, internette ee cv tarzı şeylerine bakınca, lgbt alakalı bazı şeylerde çalışmış olabiliyorlar. Mesela psikiyatır seçerken ben ona dikkat etmişim, belki hani onun için de bakarım. Kadın doğum belki eğitim almıştır, şeyolmuştur. Ona bakıyorum yani. (21, Bisexual, Ankara)

reveal or no, what kind of person is he, probably he will be at state provider, I think like that (Queer, 25, Ankara)<sup>117</sup>  
Again my primary environment. Yes, with reference, the doctor whom I said that they are excellent, I saw them since a friend of mine said that they are so great” (Bisexual, 23, Ankara)<sup>118</sup>

Interviewees find the references of their friends very reliable and do not seek additional recommendations to apply to that doctor or provider.

Two interviewees indicate that they refer to their families before they apply to sexual and reproductive healthcare services. One interviewee expresses that her mother decided that they will apply to the university hospital. The other interviewee, on the other hand, states that since it is a summer holiday and she is not familiar with the doctors in her hometown, she asked her mother for reference. I want to underline that in both of the cases, it may be interpreted that they refer to their families since it is necessary and no other references exist. The words of two interviewees are stated below.

Since my elder sister was satisfied, that thing, acquaintance of an acquaintance, someone is satisfied, you go to them. In that way. (Lesbian, 22, Ankara)<sup>119</sup>

I went to the one in İstanbul by asking my mother but went to the one in Ankara by asking to my circle of friends (Bisexual, 23, Ankara)<sup>120</sup>

One interviewee says that she would ask for a reference from another medical doctor whom she trusts even though that doctor’s specialization is different. Here are her words:

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<sup>117</sup> Yine dediğim gibi, tıp okuyan arkadaş, daha doğrusu çoğu mezun oldu, onlara sorarım işte şöyle bir şey var ben bir doktora gitmek istiyorum, nereyi önerirsiniz falan diye. Biraz da şey alırım, ipucu alırım, açıklayayım mı açıklamayayım mı nasıl bir adamdır falan diye, muhtemelen devlette olur yani, böyle düşünüyorum.

<sup>118</sup> Yine birincil çevrem. Evet referansla. Mediko’da o dediğim çok iyi olan doktoru, bir arkadaşım çok müthiş bir insan dediği için gitmiştim, hani.

<sup>119</sup> Ablam memnun kaldığı için, bu şey, tanıdığın tanıdığı muhabbeti vardır ya, memnun kalır, ağızdan ağıza, ona gidersin. O şekilde.

<sup>120</sup> İstanbul’dakine anneme sorarak gittim ama Ankara’dakine çevreme sorarak gittim.

Ee, like this, I will go to ... (a university hospital) and to the doctor in the urology branch who is great while communicating and ask for a reference in gynecology. Namely, I will really and really ask for a referral, even ask them to consultate me. Because, unfortunately, you cannot do you know, in Turkey. You cannot say, whatever, so what, I will go. (Lesbian, 25, Ankara)<sup>121</sup>

Finally, some of the interviewees state the feminist and LGBTI+ networks as their source for reference. Three of the interviewees say that they refer to feminist networks before applying to sexual and reproductive healthcare services. Their comments are stated below.

Uhm, I ask for an opinion to Women Solidarity. Regarding the doctor whom I can apply. There is already a list of the doctors who are approved, whom we know do not make trouble. I refer to a doctor among lists like that, ee. (Pansexual, 23, Ankara)<sup>122</sup>

According to what, do I choose, now, women who act with solidarity actually in social media you know build a database, even with their comments, there are several places like primary healthcare centers, doctors specifically. I try to search for them via facebook. There is a group you know, I have scanned much, I guess I scanned for hours, specified names one by one (...)  
(Homoflexible, 22, Ankara)<sup>123</sup>

In addition to feminist/women networks, LGBTI+ networks are stated as referral sources. Five interviewees say that they refer to LGBTI+ networks when they need to apply to sexual and reproductive healthcare services. Three of five interviewees state that they refer to the LGBTI+ clubs in their college, and only one interviewee says that they refer to LGBTI+ associations as well as college LGBTI+ clubs.

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<sup>121</sup> Şöyle, ...'ye giderim ve ...'de bana ürolojide o doktora, daha önce çok iletişim konusunda çok iyi olan doktora ve ondan bir tavsiye isterim kadın doğumda. Yani baya baya bir referral isterim hatta şey konsültasyon falan yazsın diye. Bu, çünkü bu konuda ne yazık ki Türkiye'de şey yapamıyorsunuz. Gldeyim canım ne olacak ki vesaire falan diyemiyorsun.

<sup>122</sup> Imm, kadın dayanışmasından fikir alıyorum öncelikle. Hangi doktora gidebileceğim ile ilgili. Zaten onaylanmış doktorların yani sorun çıkarmadığını bildiğimiz doktorların bir listesi var. Bunun gibi listelerden bu doktorlara gidiyorum, ee.

<sup>123</sup> Neye göre seçiyorum, şimdi kadınların dayanıştığı özellikle sosyal medyada falan hani hakkında bir veri tabanı oluşturduğu, yorumlarıyla bile olsa, belli yerler var işte sağlık ocakları var, doktorlar var spesifik olarak. Onları araştırmaya çalışıyorum facebooktan. Bir grup var işte oraya da orayı baya taramıştım galiba saatlerce taradım ve isim çıkardım tek tek (...)

I would do that way, I think, probably this kind, in the end, it may be more sensible to ask people who experienced the same thing, I think (...) It may be reasonable, Kaos, Kaos can be okay. (Bisexual, 19, Ankara)<sup>124</sup>  
Of course, I will ask them even it would be the first thing that will come to my mind, rather than an association, the club in college. Due to my position, it is something I can access easily, that is to say, I am a student, I am a student of that school, and I will directly go to them. In that case, I may ask for a reference from them. I will regard them as reliable, for that reason. (22, Ankara)<sup>125</sup>

If my problem is a sexually transmitted disease, I will ask Dayanışma, ee. I don't know if there is a person who has experienced the same problem. Ee, from which doctors they had the support or so (...) (Lesbian, 22 Ankara)<sup>126</sup>

Interpreting the words of the women concludes that interviewees find the LGBTI+ clubs in their colleges reliable to ask questions and refer to in terms of sexual and reproductive healthcare issues and services. Also, they see these clubs more accessible since they are located on the campus.

Now, I will discuss the issues interviewees consider important or seek while they are seeking sexual health care. Eight of the interviewees did not respond to this question, so the analysis below excludes them. In brief, interviewees express that respectfulness to personal space and asking relevant questions, no discriminatory attitudes, and behaviors, feeling comfortable with the doctor, adequate qualifications of the doctor, good experiences with friends and other patients, and accessibility are expressed as the sought factors while applying to sexual and reproductive healthcare access.

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<sup>124</sup> Öyle yaparım yani herhalde bence bu tarz ya sonuçta aynı şeyleri yaşamış insanlar sormak daha mantıklı olabilir gibi geliyor bana(...)Mantıklı olabilir, Kaos, Kaos iyi olabilir.

<sup>125</sup> Tabi, başvururum evet hatta ilk aklıma gelecek şey olur bir dernekten ziyade okuldaki topluluk. Ya şu an hani konumundan ötürü de zaten rahat ulaşabileceğim bir şey bu, yani öğrenciyim, o okulun öğrencisiyim ve direkt onlara giderdim. O zaman oradan referans arayabilirdim. Güvenilir görürdüm, onun için.

<sup>126</sup> Ya problemim eğer cinsel yolla bulaşabilecek bir hastalıksa, Dayanışma'ya sorarım, daha önce bir ee ne bileyim böyle bir problem yaşayan insan varsa hani. Ee, şey, hangi hocalardan yardım aldınız falan diye(...)

**Table 20. Elements Sought while Choosing the Healthcare Provider/Doctor**

<b>Which elements do you seek while applying to sexual and reproductive healthcare services (institution or doctor)?</b>	<b>Interviewee Numbers</b>	<b>Total</b>
No answer	(4) (9) (11) (12) (14) (15) (17) (18)	8
Respectful to personal space of the patient & Not asking irrelevant &disturbing questions	(1) (3) (6) (10) (21)	5
No discriminative behaviors	(13) (6) (7)	2
Sexually active women	(2) (8)	2
homophobia/biphobia/panphobia	(19) (8) (20)	3
Make the patient feel comfortable	(1) (2)	2
Guaranteeing confidentiality	(3)	1
professional features of the doctor	(3)	1
Competent in their expertise	(16)	1
Taken lgbti+ trainings	(16)	1
No previous negative experiences with other patients	(3)	1
accessible	(5)(16)	2
Previous recovery experience of friends	(22)	1

Five interviewees assert that they want the doctor to be respectful to their personal spaces and do not ask irrelevant or disturbing questions.

(...)This, usually when you go to a gynecologist, ee if you are sexually active or no and after that who is this, sure spouse or boyfriend... to learn or how you have intercourse when did you last had intercourse, if you use protection or no, in short, the littlest details are discussed. The determinative is that at first, they ask if I am sexually active or no and nothing more they ask anything. For instance, they, they asked me the tools that may help while examining. Besides, they were not too close or too distant.... They are a doctor that makes the patient feel much more comfortable and from a point

that respects the space of the patient. These are important to me(...)" (Bisexual, 23, Ankara)<sup>127</sup>

(...)Ee, they didn't do, make me feel bad. There is such a question, so mainstream, are you a virgin and that being married, oh sorry, are you married? How was that question? I couldn't even remember, a question that means are you a virgin eventually, they never used it, and they asked me directly, are you a virgin. Ee, I mean they can differentiate, he was a person who can differentiate between one's civil status and sexual activity and use it really nice(...) (Bisexual, 27, Ankara)<sup>128</sup>

When I took an appointment at ..., they directly ask if you are active, ask only this, and they write "active," and this question is never asked again. For instance, you never confront this question (...) Therefore, now I prefer it there. (Bisexual, 26, Ankara)<sup>129</sup>

Interviewees would only like to share information that they deem necessary and relevant during examination and treatment. Moreover, responding to the same questions may make them feel uncomfortable. Therefore, it is a significant factor while choosing the doctor and the institution.

Another factor indicated is discrimination. Eight interviewees express that they prefer providers where they know they will not encounter discrimination. Two interviewees mention they look for providers that they know will not discriminate against sexually active women, and two interviewees prefer to find providers where they know they are not likely to experience homophobia, biphobia, and panphobia.

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<sup>127</sup> Bu, genelde herhangi bir jinekolog gittiğinizde işte cinsel olarak aktif olup olmadığınızı ve daha sonra işte kim, gerçi direkt eş veya erkek arkadaş ... öğrenmek veya nasıl ilişkiye girdiğini, es son ne zaman ilişkiye girdiğini, korunup korunmadığınızı yani incik cıcık tartışmasına başlanıyor. Bende mesela belirleyici şey ilk önce sadece cinsel olarak aktif olup olmadığımı sorması, başka hiçbir şey sormadı mesela tamamen kendi işte beni muayene edecek, ederkenki yardımcı olabilecek araçları sordu bana ve onun dışında şey ne çok fazla yakın ne çok fazla soğuk .... Böyle gerçekten her şeyi, hasta alanına da saygı duyan bi yerden ve hani hastayı bence çok da rahat hissettiren bir doktor. Benim için bunlar önemli.

<sup>128</sup> Ee, yani hiç böyle şey yapmadı, beni kötü hissettirmede. Ya mesela çok şey bir soru vardır, işte çok mainstream bir soru vardır, bakire misin ve bunu işte evli olup yok pardon evli misin? Nasıl bir soruydu ya onu bile hatırlamıyorum işte bakire misin anlamına gelen bir soru var sonuç olarak, ve onu hiç kullanmadı ve direkt bakire misin diye sordu bana. Ee yani şeyi ayırt edebiliyor işte medeni duruma aslında işte cinsel olarak aktif olup olmama durumunu ayırt edebilen bir adamdı ve bunu çok güzel kullanıyordu.

<sup>129</sup> (...)...'de randevu aldığımında direkt şey aktif misiniz diyor sadece bunu soruyor ve oraya direkt aktif diye geçiyor falan ve bir daha bu soru hiçbir şekilde gelmiyor ya şey karşınıza çıkmıyor mesela. işte o yüzden şu an orayı tercih ediyorum.

Yeah, exactly, exactly, You know it's like, who won't ask questions like are you married or do not put pressure on me ee, for instance, I incident I experienced. In the medical center in ..., I told them that I would like to have the routine tests done. For the STDs. They said that there is no routine of these, when did you had the last intercourse, these are expensive but did you do anything risky and you know, the safe thing is to have a monogamist relationship, asked questions and made me feel disturbed, so I prefer applying to the doctors that I am sure that no such a thing will happen. (Pansexual, 23, Ankara)<sup>130</sup>

(...)This doctor, you see, I finalize my choice of hospital by determining the hospitals of the doctors who do not have a negative attitude towards lgbt+s or the ones who experienced a relationship, towards the women who had sexual act before marriage" (Homoflexible, 22, Ankara)<sup>131</sup>

No, I do have a problem and to whom I can apply without being exposed to homophobia(laughing). It is that simple. I have no extreme criteria (Lesbian, 24, Ankara)<sup>132</sup>

(...) Because I do not want to, in short, you know, I wish that there is no need that I get into weird explanations when I tell that I am homosexual (Lesbian, 25, Ankara)<sup>133</sup>

The above interviewees make an effort to eliminate any kind of discrimination while receiving sexual and reproductive healthcare services, both with regards to being a sexually active woman without being involved in marriage and also regarding their sexual orientation.

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<sup>130</sup> Tabi, aynen, aynen. Ya işte şey gibi soruları sormayacak evli misin işte şey gibi ya da şey baskısı yapmayacak işte eem mesela benim yaşadığım bir olay. ODTÜ'deki sağlık merkezinde, ben rutin rutin testler olmak istediğimi söyledim. Cinsel yolla bulaşan hastalıklar için. Rutini olmaz bunların dedi işte en son birleşmeyi ne zaman yaşadın işte pahalı ama işte riskli bir şey mi yaptın falan gibi yani güvenli olan şey işte tek iş bir ilişki yaşamak falan gibi sorular sorup rahatsız etmişti ben de böyle bir şeyin olmadığını olmayacağını bildiğim doktora gitmeyi tercih ediyorum.

<sup>131</sup> (...)Bu doktor işte lgbtilere veya işte ilişki yaşamış, evlenmeden ilişki yaşamış kadınlara yönelik işte herhangi bir kötü tutumu yok falan gibi böyle doktorları belirleyip işte onların hastanelerini belirleyip işte ona göre hastane seçim sürecimi tamamlıyorum.

<sup>132</sup> Yo hayır, yani bir problemim var ve işte bu konuda işte homofobiye uğramayacağım hangi doktora gidebilir sence diye gülüyor. Bu kadar basit yani öyle bir ekstrem bir kriterim yok

<sup>133</sup> (...)çünkü tekrar şeyi istemiyorum yani hani, eşcinselim dediğimde böyle ne bileyim yani garip açıklamalara girmeme gerek olmasın vesaire istiyorum.



Two interviewees also emphasize the importance of feeling comfortable with their doctor. It is related to the respectfulness of the doctor and maybe both. The words of one interviewee are stated as follows.

Because, a gynecologist is a bit, like this see as such a big thing, you sit, and you know a closer situation, I don't know something different, but for me, the important thing is that they make me feel comfortable. Yes, I came to control, or I am sick, I came to my doctor, I will have examined as if I am getting my throat examined. Like that... (Bisexual, 23, Ankara)<sup>134</sup>.

I understand that the interviewee wishes to be examined as it is an ordinary and everyday examination so that she will feel comfortable regardless of the general perception of the gynecologist examinations.

The professional traits and approach the medical doctors are another factor considered by the interviewees. Two interviewees specify the expertise and the competency of the doctor and whether they took any LGBTI+ trainings.

Yes, yes, I look for everything when I am getting an appointment like psychopath you know how old they are, where they are from, where they have worked before because I try to predict what they have been exposed to, but we are not supposed to do any of these, the funny thing is that. I look all of them, but still, some of them may come up problematic (...) (Bisexual, 26, Ankara)<sup>135</sup>

(...) For in some of them, when looking at their cv and stuff on the internet, they may have worked stuff related to LGBT. For instance, I paid attention to that while I was choosing a psychiatrist. Maybe gynecologist had training, you know. I look at that, in a word. (Bisexual, 21, Ankara)<sup>136</sup>

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<sup>134</sup> (...)Çünkü jinekolog biraz böyle çok geniş bir şey olarak görüyor ya oturuyosun bilmem ne biraz daha yakın bir hal, ne bileyim daha farklı bir şey ama bana rahat hissettirmesi önemli olan. Evet ben kontrole geldim, veya hastayım, doktoruma geldim, boğazımın kontrol ettiriyormuşum gibi kontrol ettiricem. Böyle...

<sup>135</sup> Tabi tabi ben böyle ruh hastası gibi hepsine bakıyorum böyle gitm böyle randevu alacağımda işte ee yaşı nereli olduğu hangi okulu bitirdiği ee daha önce nerede çalıştığı çünkü en azından nelere maruz kalmıştır onları tahmin etmeye çalışıyorum falan ama bunların hiçbirini yapmak zorunda değiliz ya asıl komik olan o yani. Hepsine bakıyorum, ama işte bazıları böyle problemlilik çıkabiliyor (...)

<sup>136</sup> Bi de bazılarında şey oluyor, internette ee cv tarzı şeylerine bakınca, lgbt alakalı bazı şeylerde çalışmış olabiliyorlar. Mesela psikiyatır seçerken ben ona dikkat etmişim, belki hani onun için de bakarım. Kadın doğum belki eğitim almıştır, şeyolmuştur. Ona bakıyorum yani.

The interviewees make an effort to find every little clue about the doctor before applying to receive sexual and reproductive health services.

Confidentiality is also a concern that affects the choice of a gynecologist. One interviewee explained it as follows.

You see, I was so nervous that, 26 years old, had all the tests done, etc. etc. they call and so on, you know. Because of that, I prefer private providers because when I talked with me, they said that they could only take these by court order. (Bisexual,26, Ankara)<sup>137</sup>

Interviewees prefer the doctor who makes them and her information safe. Previous experience with the same doctor is also considered while choosing the doctor they will apply. One interviewee says it is essential for her that the patients have not experienced any negative experiences with that doctor. Another interviewee says that how the doctor treats her friends is significant for her. Here are their statements.

Yes, I ask people is there anybody who had previous negative experience (...)" (Bisexual, 26, Ankara)<sup>138</sup>

(...)I mean, like, benefitted, I will prefer applying to a doctor whom they have benefitted. (Lesbian, 22, Ankara)<sup>139</sup>

Two other interviewees mention accessibility as an essential issue they consider while seeking sexual health care services. One interviewee defines it as being free and close to the college, she studies and the other interviewee states that as being close to the location that she lives. The statements of them are as follows.

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<sup>137</sup> (...)işte 26 yaşında bütün testler yaptırmış falan filan ki arıyorlar ediyorlar ya hani işte o yüzden çok gerilmiştim. O yüzden de biraz da özeli tercih ediyorum çünkü işte ...la konuştuğumuzda şey demişti hani mahkeme kararı ile ancak bunu buradan alabilirler (...)

<sup>138</sup> Evet ya insanlara soruyorum işte böyle olumsuz deneyimi olan var mı diye(...)

<sup>139</sup> (...) Onların hani gene bir şey hani yarar görmüş olan bir, yarar gördükleri bir doktora gitmeyi tercih ederim (...)

(...)closeness was important to me, and it was not that you know the doctor is good. Therefore, I chose the hospital in Güvenpark directly (...) (Bisexual, 21, Ankara)<sup>140</sup>

(...)Yes, it is related to time, too (...) (...) and it's free (Polysexual, 26, Ankara)<sup>141</sup>

#### 4.4. Sources of Information Regarding Sexual and Reproductive Health

Interviewees were asked whether they think they are knowledgeable about sexual and reproductive health. Six interviewees did not respond to this question.

Only five interviewees say that they are knowledgeable about sexual and reproductive health, which corresponds to about 30% of the interviewees, while nine interviewees say that they are not knowledgeable about sexual health and reproductive health, which corresponds to about 55%. Eleven interviewees regard their knowledge as “to a degree.”

**Table 21. Level of Knowledge**

Do you think that you are knowledgeable with regards to sexual health and reproductive health?	Interviewee Numbers	Total
No answer	(1) (2) (3) (4) (11) (12)	6
Yes	(6) (7) (9) (17) (19)	5
To an extent	(8) (21)	2

<sup>140</sup> (...)bana yakınlık önemliydi hani, doktorun iyi olması da çok şey değildi. O yüzden Kızılay'da bir Güvenpark'taki hastaneyi seçtim direkt yani (...)

<sup>141</sup> (...) Ya, evet, zamanla da alakalı (...) (...) bi de parasız olması yani

**Table 21. (Continued)**

No	(5) (10) (13) (14) (15) (16) (18) (20) (22)	9
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Interviewees were asked about what sources they used to obtain information regarding sexual and reproductive health. There are several resources that they mention, and a group of these sources is as follows. Gynecologists, psychiatrists, own websites of the doctors, friends, internet, brochures, feminist networks, LGBTI+ networks, and institutions that work about sexual health and reproductive health are counted as sources of information. The Internet is the most common source of information with the referral of 80% of the interviewees.

**Table 22. Sources of Information**

Where do you get information about sexual health and reproductive health?	Interviewee Numbers	Total
I don't get information	(13) (15)	2
Doctors (gynecologist)		
Ask for information	(5) (21)	2
Get information from my regular doctor	(7)	1
Asked but could not always get	(3)	1
Ask if the doctor is competent and referenced	(4) (13) (20)	3
Ask if it is about women sexuality	(8)	1
Doctors (psychiatrist)	(16)	1

**Table 22 (Continued)**

Friends	(1) (17)	2
Who study medicine	(14) (22)	2
Internet	(1) (7) (8) (12) (14) (17)	6
Scientific articles	(2) (3) (4) (11) (16) (20) (21) (22)	8
Own websites of the doctors	(9) (10)	2
Brochures	(7) (8) (12)	3
Feminist networks		
associations	(6)	1
Institutions work abt sexual and reproductive health	(2)(5) (6) (11) (19)	5
LGBTI+ networks		
associations	(19)	1
College club	(2) (5) (14) (22)	4

Firstly, two interviewees state that they do not get information regarding sexual and reproductive health because they did not need it.

I haven't searched, I don't know because I haven't needed (laughing) (...) That is to say. I don't need it right now, like since I haven't experienced anything, but I don't know. I haven't. It hasn't come to my mind to search (...) Ignorant and illiterate (...) I am ignorant too. Yes, I act so ignorantly. I have never explored, looked that what it is, or isn't. Sure, it has to be searched. But I haven't. So bad, now I feel like... I haven't explored it. I even haven't searched via the internet, to say (laughing) (Lesbian, 26, Ankara)<sup>142</sup>

<sup>142</sup> Hiç bakmadım. Bilmem hiç gerek duymadım çünkü (gülüyor) (...) Yani, yani bir şey yaşamadığım için şu an gerek duymuyorum ama bilmiyorum ya. Bakmadım. hiç bakmak da aklıma gelmedi (...) Cahil cühela (...) Ben de cahilim. Evet çok cahilce davranıyorum

Actually, I haven't done such research because I have the thought that as long as you are a monogamist, you won't be in trouble, because of that (...)<sup>143</sup>

Still, they believe that this information has to be gained though they have not made an effort to gain any up to present.

Two interviewees state that they ask for information from doctors to gain knowledge. Here is the statement of one woman below,

Yes, I ask. Although I have read about HPV, I again asked, you know with the woman (laughing), since I have fictionalized it as she was my home mate, I tried to ask about details and understand, it satisfied me to an extent. You know (...) (Polysexual, 26, Ankara)<sup>144</sup>

One interviewee says that she gets information from her regular doctor by asking her questions.

Two interviewees say that they ask questions to doctors in order to get information, but they are not always provided any information.

In other words, I tried to get information from the doctor but only from that dermatologist, by the way, she was from ... (a state hospital) but another ee, in ... (another state hospital) I guess, a woman from there. She was like the head doctor, something. Therefore I found it reasonable when I lear .. since after I came home, I searched women on the internet, I was so happy that, anyway, there are these two (doctors) (Bisexual, 26, Ankara)<sup>145</sup>

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ben. Hiç araştırmadım, bakmadım, neymiş ne değilmiş diye. Elbette bakmak lazım. Ama hiç bakmadım. Ne kadar kötü, şu an şey oldum. ... bakmadım. İnternete bile bakmadım öyle söyledim (gülüyor).

<sup>143</sup> Yani aslında ben hiç böyle bir araştırma yapmadım ya, çünkü hani biraz tek eşli olduğun sürece başına bir şey gelmez gibi bir düşünce hep vardı bende, ee bu yüzden yani (...)

<sup>144</sup> Evet, soruyorum. Bu hpv konusunda okumuş olsam da yine sordum hani kadınla işte ee (gülüyor) ev arkadaşım olması üzerinden kurguladığım için, işte detayları sormaya anlamaya çalıştım, yani biraz tatmin etti. Hani (...)

<sup>145</sup> Yani bunları işte doktordan edinmeye çalışmıştım sadece işte tırı ve o şey bahsettiğimi cildiye işte o da bu arada şeydendi ...'den ama başka bir ee 1053 yenimahalledeydi galiba hani oradan bir kadındı. Oranın zaten başhekimi miymiş neymiş öyle bir şeymiş hani o yüzden sonradan normal karşıladım hani öğren .. çünkü ben eve geldikten sonra kadını araştırdım yani o kadar mutluydum ki böyle (gülüyor) neyse işte ee yani o ikisi var işte"

Three interviewees assert that they will ask the doctor to get information only if they think that the doctor is competent and apply there with reference.

When I go to a doctor regarding this issue, if I go to a good doctor, I can get, but there are so few good doctors. Therefore, I don't know, maybe going with reference is needed. I think that it is necessary that asking the ones who went and pleased." (Lesbian, 30, Ankara)<sup>146</sup>

I will consult a doctor. But it is crucial that which doctor it is. Again, look, actually instead of making a research from you know, you know instead of trying to pick something from such a infollution, it makes more sense going and speaking with a professional, a relevant doctor (laughing) but the part that, finding a good doctor and yes, you can definitely go there stuff is such a big trouble (Lesbian, 25, Ankara)<sup>147</sup>

One interviewee expresses that she may ask the doctor only if the question is regarding women's sexuality.

I don't get (information) from the doctors. Maybe I will think of listening to their explanations regarding women sexuality from the doctors (Homoflexible, 22, Ankara)<sup>148</sup>

One interviewee mentions their previous psychiatrist as the sexual and reproductive healthcare information source.

Ee, other than that, ee, for example, a psychiatrist I have been for a period has been trained regarding it, to take care of LGBTI+ patients. There is information I get from them (Bisexual, 21, Ankara)<sup>149</sup>

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<sup>146</sup> Bir hekime gittiğimde bu konuyla ilgili olarak, ya iyi bir hekime gittiysem edinebilirim ama yani iyi hekimler çok az bence sayıca o yüzden bilemiyorum tavsiye üzerine gitmek gerekiyor belki de, gidip memnun kalanlara sormak gerekiyor işte diye düşünüyorum.

<sup>147</sup> Hekime danışırım. Fakat hangi hekim olduğu çok önemli. Yine, bak aslında bu o kadar hani tutup da şeyden araştırmak yerine, hani bir sürü bilgi kirliliğinin içerisinde bir şey çekmeye çalışmak yerine, gidip gerçekten bunun profesyoneli, bununla alakalı doktorla konuşmak çok daha mantıklı (gülüyor) fakat işte bu şey kısmı hani iyi bir doktor bulup evet bak o kişiye kesinlikle gidebilirsin şeyini bulmak çok büyük bir sıkıntı (...)

<sup>148</sup> "Doktorlardan edinmiyorum. Kadın cinselliği üzerine belki ee açıklamaları dinlemeyi düşünürüm hekimlerden (...)

<sup>149</sup> Ee, onun dışında ee mesela bir dönem gittiğim psikiyatr da bununla ilgili eğitim almıştı, lgbti hastalarıyla ilgilenmek için. Ondan aldığım bilgiler var (...)

Two interviewees say that they refer to the websites of the doctors.

But you know, there are health websites, the own sites of the doctors, doctors, there is a website of a gynecologist, there are frequently asked questions or information about common diseases. There are informing stuff as questions and answers (Lesbian, 27, Ankara) <sup>150</sup>

(...) just a bit, you know, there are own websites of a gynecologist, there is some stuff in the websites of the hospitals (...) (Bisexual, 24, Ankara) <sup>151</sup>

Four of the interviewees declared that they refer to their friends to get information regarding sexual and reproductive healthcare. 2 of 4 interviewees mainly refer to friends who study at the faculty of medicine.

(...) after doing standard researches I ask my friends around me like how this is, do you know that, have you experienced like that (...) (Bisexual, 23, Ankara) <sup>152</sup>

The most common resource among the interviewees is the internet. Sixteen of the interviewees expressed that they refer to the internet while trying to get information regarding sexual and reproductive health. 8 of 14 interviewees refer to scientific articles. Their statements are below.

(...) other than that, I sit and read medical articles as if I am a medicine student, I try to find some useful information for me inside a lot of stuff, you know. Yes, yes I look at foreign articles since there is infollution on internet, too you know (Bisexual, 26, Ankara) <sup>153</sup>

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<sup>150</sup> Ama işte şey var, sağlık siteleri var, doktorların kendi işte kadın doğumcu bir doktorun kendi sitesi var, genelde sık sorulan sorular ya da sık karşılaşılan hastalıklarla ilgili. Böyle soru cevap şeklinde bilgilendirici şeyleri var.

<sup>151</sup> (...) biraz işte şey işte jinekologların kendi siteleri oluyor, işte hastanelerin hani sitelerinde işte biraz şey oluyor(...)

<sup>152</sup> (...) klasik aramalar yapıp sonra işte etrafımdaki arkadaşlarıma soruyorum işte şu nasıl bunu biliyo musun yaşadın mı falan gibi ama (...)

<sup>153</sup> (...)onun dışında böyle oturup şey bakıyorum ya sanki tıp öğrencisiymişim gibi tıp makalesi falan okuyup böyle bir sürü şeyin arasında işime yarayacak şeyleri bulmaya çalışıyorum falan. Evet evet yabancı kaynaklara bakıyorum çünkü internette de böyle acayip bilgi kirliliği var mesela işte.



Therefore, I save things came to my mind, I heard, then there is something of NCH, like medicine thing, academy thing, ee the medical version of jstor. I enter there and read articles regarding these, after that I get used to, instead of asking doctor something, in a word, I will open it (laughing) and read articles (...) (Lesbian, 25, Ankara) <sup>154</sup>

When I first needed to get information, it was, of course, the internet, which I can access most accessible, after that on the internet, jumping from bibliographies to bibliographies (laughing), return to articles. So, I usually read articles (22, Ankara)<sup>155</sup>

Three interviewees say that they get sexual and reproductive health information from brochures.

(...) But I regard getting from the internet more convenient like, or there are booklets that associations have prepared or brochures, etc. etc. (Homoflexible, 22, Ankara)<sup>156</sup>

One interviewee refers to feminist associations and a friend who works there. Five interviewees state that they apply to institutions working in the sexual and reproductive health field. Statements of the interviewees are below.

Aa, Sağlıkta Genç Yaklaşımlar was doing, Tog does like that. Ay, sexuality workshop, that is so cute, okay (Polysexual, 26, Ankara)<sup>157</sup>  
Ee, I first learned from Sağlıkta Genç Yaklaşımlar Derneği (...) I actually learned everything I learned from them. (Bisexual, 27, Ankara)<sup>158</sup>

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<sup>154</sup> (...)Ben de dolayısıyla aklıma gelen şey duyduklarımı buraya kaydediyorum, sonra NCH'in bir şeyi var böyle baya tıp şey tıp akademi şeyi, ee jstorun tıpi öyle söyleyeyim. Oraya girip bunlarla ilgili makale okuyordum, o noktadan sonra ben şeye alıştım yani, doktora bir şey soracağıma, yani hani açarım (gülüyor) okurum makalesini(...)

<sup>155</sup> Ya ilk bilgi edinme ihtiyacı hissettiğimde tabi internetti hani en kolay ulaşabileceğim, daha sonra işte internette ee kaynakçalardan kaynakçalara zıplayarak (gülüyor), biraz makalelere dönmeye başladım. Yani makale okuyorum genelde."

<sup>156</sup> (...)Ama yani daha çok ben internetten edinmeyi uygun buluyorum şey gibi veya derneklerin vesairenin hazırladığı şeyler oluyor ya kitapçıklar, broşürler vesaire vesaire."

<sup>157</sup> Aa, sağlıkta genç yaklaşımlar yapıyordu, tog yapıyor, falan gibi. Ay, cinsellik atölyesi, o çok tatlı bir şey, okay.

<sup>158</sup> Ee sağlıkta genç yaklaşımlar derneğinden aslında ilk başta öğrenmişim (...) Ee ama aslında öğrendiğim her şeyi oradan öğrendim.

Lastly, five interviewees state that they refer to LGBTI+ networks to get sexual and reproductive healthcare information. Only one of five interviewees say associations, and four of them indicate their college clubs. Several statements are surprising for several interviewees.

Hmm, for instance, at first, when I was not so knowledgeable about HIV, ee, I thought that HIV could be transmitted via kissing, ee you know, via body secretions to the other person. After we threw a party and that was so permanent for me, for example, “not transmitted via kissing, I say “not transmitted” in quotations. It was striking info (Polysexual, 26, Ankara)<sup>159</sup>

Hmm, actually, it’s like, HPV virus was transmitted to a partner of my ex-partner, I thought that HPV could not be transferred when you use protection, but I learned that it could be transmitted even by holding hands, that time I was so surprised and afraid (Bisexual, 24, Ankara)<sup>160</sup>  
I thought that condoms could protect from all diseases when I was at high school (laughing) (Bisexual, 24, Ankara)<sup>161</sup>

Interviewees were asked about their familiarity with the associations and other organizations that work in the field of sexual and reproductive health. Seven interviewees express they have not heard of any of the organizations which work in the field of sexual and reproductive health. Seven interviewees mention Sağlıkta Genç Yaklaşımlar Association whose working area is explicitly sexual and reproductive health of young people. Two interviewees say that they have heard of Türkiye Aile Planlaması Vakfı, which works in the same field as well. I have to remark that these two interviewees have connections with medicine, one was a former medical student, and the other one is a doctor. Therefore, that organization is perhaps known among medical society.

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<sup>159</sup> Imm, şeyden ee mesela en başta, böyle hiv hakkında çok bilgi sahibi değilken, ee, öpüşme e eyani o vücut salgıları ile geçebileceğini düşünüyordum yani diğer insana. Sonra işte bunun üzerine parti yaptık ve bu bende çok kalıcı oldu mesela yani ee öpüşmekle bulaşmaz, bulaşmazı tırnak içinde söylüyorum. Bu çarpıcı bir bilgiydi”

<sup>160</sup> Imm, aslında ee şöyle, eski bir partnerimin bir partnerine hpv virüsü bulaşmış, ben bunun korunma yöntemleri ile geçmeyeceğini düşünüyordum ama sadece yani el ele tutuşmakla bile bu virüsün geçebileceğini öğrenmişim, o zaman gerçekten çok şaşırmışım ve korkmuştum.

<sup>161</sup> Lisedeiken prezervatifin tüm hastalıklardan koruyabileceğini falan düşünüyordum (gülüşmeler)

Besides, some interviewees mention feminist organizations and several LGBTI+ rights advocacy organizations not only by giving responses to the questions but speak of themselves.

Toplum Gönüllüleri, a foundation that carries out advocacy activities regarding youth, is an organization that one interviewee mentioned.

Cinsel Şiddetle Mücadele Derneği is an association which aims to struggle against sexual violence. One interviewee mentioned this association.

Other than these, interviewees refer to four LGBTI+ rights advocacy associations that they believe that work in the field of sexual and reproductive health as well as their other activities. Three interviewees mention Kaos GL, which is based in Ankara. One interviewee mentioned Kırmızı Şemsiye Cinsel Sağlık ve İnsan Hakları Derneği, based in Ankara as well. One interviewee referred to Lambda İstanbul LGBTİ Derneği and Hevî LGBTİ Derneği which are both based in İstanbul. Interviewees were asked if they have heard of anonymous test centers. Fifteen of the interviewees declare that they have heard of anonymous test centers while seven of the interviewees state that they have not heard of these centers. About 70% of the interviewees are informed of anonymous test centers, which can be regarded as they are recognized to nearly a high level.

The interviewees who have heard of anonymous test centers evaluate the accessibility and number of them. Eight of fifteen interviewees who say that they have heard of these centers have not provided answers to this question, so they are excluded.

One interviewee says that anonymous test centers are sufficient numbers and accessible, although she states that they were out of test when she applied getting tested. One interviewee says that it would be better if there are more tests available in these centers, but still, they are accessible to an extent. Besides, four interviewees express that they do not find anonymous test centers accessible and there are not enough number of the centers. Here is the statement below.

(...) the trouble is that there are a few centers, and these centers are not placed in the areas that all LGBTI+s can access (...) Like, there isn't any in many of the cities, and it is a great deal because people do not want to travel to get anonymous tests. There are troubles like that, but in cities like Ankara where centers exist, LGBTI individuals often apply, and I apply too. (Pansexual, 23, Ankara) <sup>162</sup>

Ee, I haven't been to the thing in Çankaya before. I've heard. Because we have advertised about it a lot. Ee, I don't know why you promote something you've never been. It is such a controversial issue for me (laughing). But I haven't been, its prevalence is too low, like, it should be more common, therefore, if it is placed somewhere closer to me if it is placed somewhere that I could go there in short time, I may have been there (Polysexual, 26, Ankara) <sup>163</sup>

In my opinion, it is about not popularizing it. Of course, if I do research much, I will access information regarding this issue, but this kind of stuff should be more common. For instance, in Netherlands, they put these on billboards. I think there isn't enough, informing. You have to access information by yourself, via online portals, or I don't know via the people around you, like Dayanışma. It is required (Bisexual, 19, Ankara) <sup>164</sup>

The interviewees express the difficulties even while becoming aware of the centers as well as accessing them.

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<sup>162</sup> (...) sıkıntı şu çok az merkez var ve bu merkezler genelde yani bütün lgbtilerin ulaşabileceği alanlarda olmuyor (...) Şöyle mesela birçok şehirde yok ve birçok şehide olmayışı ciddi bir sıkıntı çünkü insanlar anonim test olmak için şehir değiştirmek istemiyorlar. Bunun gibi sıkıntılar var ama merkezin olduğu yerlerde mesela Ankara'da sık sık gidiyor lgbt bireyler ben de gidiyorum"

<sup>163</sup> Ee, gitmedim öncelikle Çankaya'daki şeye. Duydum. Çünkü onun da baya reklamını yaptık. Ee, gitmediğin bir şeyin reklamını niye yaparsın, bilmiyorum. Bu benim için tartışmalı bir konu (gülüyor) Ama gitmedim, yaygınlığı tabi ki çok az yani imm daha yaygın olmalı ki belki bana daha yakın bir yerde olsaydı ulaşabileceğime kısa zamanda ulaşabileceğim bir yerde olsaydı gitmiş olabilirdim.

<sup>164</sup> Bence yeterince yaygınlaştırılmamasıyla ilgili, tabi ki çok araştırsam bu konuda bilgiye ulaşırım ama yani bence bu tarz şeyler daha yaygın olmalı mesela dediğim gibi Hollanda'da duvarlarda billboardlara yazıyorlar yani. Bu konuda Türkiye'de bence hiç yeterince şey yok, bilgilendirme. Yani bilgiye kendiniz ulaşmanız gerekiyor online şey, portallardan böyle ya da ne bileyim çevredeki insanlardan, Dayanışma tarzı. Öyle gerekiyor.

## **CHAPTER 5**

### **CONCLUSION**

In this study, the barriers encountered by bisexual and lesbian women while accessing health care services in general and sexual and reproductive health care services, in particular, are explored. The research also explores if bisexual and lesbian women can live their sexual orientation open, safely and freely, the health care services they need regarding sexual and reproductive health, the factors they consider while choosing their health care providers, and the information sources they rely upon. When we are analyzing Chapter 4, we have examined these research questions by dividing them into sections. In this Chapter, the conclusions are summarized per the structure in Chapter 4. In general, findings suggest that lesbian and bisexual women do not live their sexual orientation open, safe, and freely. They experience cognitive, financial, and structural barriers while accessing sexual and reproductive health care services. The most common concern while seeking sexual and reproductive is discrimination.

#### **5.1. Findings**

##### **5.1.1. Perceptions of Own Health**

Cisgender lesbian and bisexual women mostly do not define themselves as healthy in terms of the definition of the World Health Organization. 20% of the interviewees say that they are healthy, while 10% of the interviewees say that they sometimes feel healthy. 60% of the interviewees regard themselves as unhealthy.

## **5.1.2. Barriers Experienced while Accessing General Health Care Services**

### **5.1.2.1. Structural Barriers**

Regarding general health problems, although about 80% of the interviewees receive healthcare services from their general practitioner, only 40% of these interviewees apply to their family physician to get an examination or a treatment. 45% of the interviewees apply to family physicians get medical reports and prescriptions. The reasons behind this are the belief that their family practitioner is not competent and adequate. A few women are corresponding to roughly 10% of the interviewees who receive healthcare services from their family physician and have regular communication with their family physician. Healthcare services they receive from their family practitioner include regular controls, treatment of minor illnesses, and injections.

Women view public healthcare providers more reliable compared to private healthcare providers concerning general health care services. Profit oriented approach by the private hospitals and unnecessary tests and scanning conducted by private hospitals are some of the reasons raised to explain that skepticism. Some student women amongst the interviewees also use medical centers of their universities out of convenience, such as easier access compared with other health care providers.

### **5.1.2.2. Financial Barriers**

15% of the interviewees mention experiencing financial barriers while applying general healthcare services. Receiving MRI and Rontgen services and buying drugs for chronic illnesses are not covered by their insurance. Therefore, these result in out of pocket expenditures.

### **5.1.3. Barriers Experienced while Accessing Sexual and Reproductive Health Care Services**

#### **5.1.3.1. Structural Barriers**

Regarding sexual and reproductive care, there is not a significant difference between private and state healthcare providers. 15% of the interviewees apply to state hospitals, while 25% of the interviewees apply to university medical centers. Only 5% of the interviewees prefer applying to private clinics, and 20% of the interviewees apply to private hospitals. 10% of the interviewees regard anonymous test centers as an option. The rate of interviewees who apply to university hospitals is 20%. University hospitals are considered only when special services are needed since getting appointments from university hospitals are found to be hard. However, it is evident that due to several reasons such as lack of information about the availability of these services from the public health care providers, or the family physicians, interviewees tend to apply to private healthcare providers.

The sexual and reproductive healthcare services are not regarded as LGBTI+ competent and LGBTI+ inclusive. 50% of the women who applied to these services and provided answers say that doctors do not have enough information regarding their conditions, and 25% of the same interviewees do not find story taking of the doctors inclusive.

#### **5.1.3.2. Cognitive Barriers**

None of the women interviewed receives sexual and reproductive healthcare services from their family physicians. Moreover, nearly all women do not know that they can obtain such services from their family practitioners.

About 65% of the women state that they do not live their sexual orientation openly and freely. University campuses are regarded to be the most comfortable and secure places. Nearly 20% of women say that they can only live openly and freely

in controlled environments, including university campuses, families, and hometowns. Other than that, lesbian and bisexual women do not feel safe while they are with their partners in other public spaces. Only about 20% of the interviewees say that they live openly and freely, but they emphasize that they are aware that this is a privilege in Turkey.

Women mostly choose their healthcare provider and doctors by reference. 90% of the interviewees seek referral before applying to sexual and reproductive healthcare services. They ask feminist networks, LGBTI+ networks, including college clubs and associations, and their friends who received healthcare services before applying to sexual and reproductive healthcare services. Twenty-five percent of women also refer to the internet while making doctor choices. Friends are the most mentioned source; around 50% of the interviewees refer to their friends while seeking sexual and reproductive health care services. Only 10% of the interviewees apply to sexual and reproductive healthcare services without asking for any reference.

Fear of discrimination is the most significant source of concern while seeking health care services. 55% of the interviewees declare the essential basis for discrimination is a sexually active single woman. Fear of discrimination on this basis is more dominant even from the fear of discrimination based on sexual orientation. 30% of the interviewees prefer not to reveal their sexual orientations due to fear of discrimination, and 40% of the interviewees say that they will reveal their sexual orientation only when it is needed while seeking sexual and reproductive healthcare services. It is essential to highlight that since the patient (woman) is not a physician and has limited medical knowledge, she may not make the right decision whether to reveal her sexual orientation or not. Most women do not disclose their sexual orientation while seeking health care services since they think it is unnecessary.

Confidentiality is mostly an issue among women who are not open to their families and the women whose families have access to health information systems. However, fear that their information may not remain confidential does not prevent



women from accessing healthcare services. Meanwhile, 30% of the interviewees go to the extent of postponing getting access to health care services due to their worries that they may be exposed to discrimination.

Women also share their experiences of discrimination. 80% of the interviewees who applied to sexual and reproductive healthcare services report to have experienced discrimination. 60% of the interviewees who experienced discrimination report that they experienced discrimination due to being a single, sexually active women. The discriminatory behavior was mostly associated with medical doctors, but caregivers and other medical personnel were also mentioned by 25% of the interviewees who state that they experienced discrimination. Discrimination is mostly verbal, and bases for discrimination are: being sexually active, being lesbian or bisexual, and being nonmonogamists.

Most of the women have not heard about anonymous test centers. Those who heard received this information from social media. Women who received healthcare services from these centers are satisfied and regard these centers as LGBTI+ friendly. However, numbers of these centers are considered to be inadequate. If LGBTI+ specific or LGBTI+ inclusive healthcare providers exist in Turkey, nearly all of the women state that they will apply to these centers since they believe that they will receive satisfying healthcare service and eliminate discriminatory behaviors.

#### **5.1.3.3. Financial Barriers**

As some women prefer private health care providers when they seek sexual and reproductive healthcare, they encounter some financial barriers. Also, the tests need to be performed, such as sexually transmitted infections tests (HIV, HPV, hepatitis, and so on) do not exist in each provider. Need for covering the additional costs including costs of the tests and vaccines constitute financial barriers for young lesbian and bisexual women.

#### **5.1.4. Sources of Information Regarding Sexual and Reproductive Health**

The most important source of women about sexual and reproductive health is the internet. Women also use scientific articles and the brochures produced by associations that work in the sexual and reproductive health field. The websites by some gynecologists are mentioned amongst the sources of information, too. About 55% of the interviewees think they do not have sufficient knowledge regarding sexual and reproductive health. Women who refer to doctors to get information find that the doctors are not knowledgeable about the sexual and reproductive health of lesbian and bisexual women. Women who are university students refer to the LGBTI+ clubs in their universities for support and information.

Moreover, LGBTI+ rights advocacy associations are regarded as helpful while accessing information. Their advocacy activities and workshops related to sexual and reproductive health are followed by about 20% of the women. Finally, the organizations working in sexual and reproductive health area are not well known. The familiarity depends on the relations with the community and LGBTI+ rights advocacy associations as well as university LGBTI+ clubs.

Findings from this study indicate that the situation of LGBTI+ persons while receiving healthcare services in the world, as I mentioned in Chapter 2, overlaps with lesbian and bisexual women live in Turkey. Not revealing sexual orientation due to fear of homophobia/biphobia, not regarding healthcare personnel having sufficient knowledge about LGBTI+ health issues, communication problems between lesbian and bisexual women and healthcare personnel, discrimination experiences, and confidentiality concerns are common barriers which are introduced in international literature and Turkey case.

## **5.2. Policy Recommendations**

To identify the needs of lesbian and bisexual women regarding healthcare services in general and sexual and reproductive healthcare in particular, in the first step, large-scale research should be done. It is important to carry out qualitative studies in order that each person's voice is heard since lesbian and bisexual women are not a homogenous category. In addition to qualitative studies, large-scaled surveys should be made to see the big picture.

Half of the women who applied to sexual and reproductive health care services say that doctors do not have adequate knowledge about LGBTI+ health. Since one of the main problems identified is the lack of sufficient knowledge, LGBTI+ issues, and lesbian and bisexual women, health issues, in particular, should be included in all faculties which give education to students who will work as healthcare personnel. Medicine and nursing faculties' curricula should be amended as well as training should be provided to these students and interns. In addition to the lectures and pieces of training provided in universities, to keep their knowledge up-to-date, in-service training should be done.

As findings indicate that fear of discrimination is common and some lesbian and bisexual women have discrimination experiences, it is required that patients become familiar with their rights so that they know what kind of health care service they may request. Awareness should be raised among lesbian and bisexual patients about patient rights, asking for information, and basic patient literacy so that the communication between healthcare personnel and patient is better, and the patient may claim their rights. The cooperation of all organizations can fulfill this goal work in the field such as LGBTI+ rights advocacy associations and organizations work in the sexual and reproductive health field, feminist networks, universities, hospitals, and experts who focus on the issue such as sexologists, gynecologists, and psychiatrists. For sure, it may have a significant impact to include sexual and reproductive health topics in each level of education. Sexual and reproductive health education should be included in schools starting from

elementary schools so that each person has an average knowledge about sexual and reproductive health when they graduate.

Women experience difficulties while getting tested and being vaccinated since they are not accessible in terms of their prices and not existing in each health care institution. Tests like HPV and smear should be covered by insurance in addition to vaccines.

More than half of the women who applied to sexual and reproductive health care services believe that they are not meeting the needs of LGBTI+s and nearly all women say that they will apply to an LGBTI+ specific healthcare services if there was since it will be a safe and inclusive environment and the health care personnel will be knowledgeable about LGBTI+ health needs. Therefore, LGBTI+ specific healthcare centers should be opened since these will be safe and inclusive places where adequate healthcare services with trained healthcare personnel will be provided to lesbian and bisexual women.

In addition to all these, since non-existence of any anti-discrimination legislation harms discriminative acts and behaviors that the interviewees experienced, to ensure that lesbian and bisexual women are being protected from such discriminative attitudes and behaviors, anti-discrimination law should be introduced. These will prevent healthcare providers from behaving this way. Also, legislation that imposes positive duties to providers will have an impact on providing more inclusive and safe spaces where lesbian and bisexual women receive healthcare services.

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## APPENDICES

### A. METU HUMAN SUBJECTS ETHICS COMMITTEE APPROVAL

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ  
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22 OCAK 2019

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (IAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Doç. Dr. İpek Eren VURAL ve Doç. Dr. Fahriye ÜSTÜNER

Danışmanlığını yaptığımız Pınar ÇOŞAR'ın "Genç Lezbiyen ve Biseksüel Kadınların Cinsel Sağlık ve Üreme Sağlığı Hizmetlerine Erişimde Yaşadıkları Engeller" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve 008-ODTÜ-2019 protokol numarası ile onaylanmıştır.

Saygılarımla bilgilerinize sunarım.

Prof. Dr. Tülin GENÇÖZ

Başkan

Prof. Dr. Ayhan SOL

Üye

Prof. Dr. Ayhan Gürbüz DEMİR

Üye

Prof. Dr. Yaşar KONDAKÇI (4.)

Üye

Doç. Dr. Emre SELÇUK

Üye

Doç. Dr. Pınar KAYGAN

Üye

Dr. Öğr. Üyesi Ali Emre TURGUT

Üye

## B. DEMOGRAPHIC INFORMATION OF THE INTERVIEWEES

No.	Age	Gender Identity	Sexual Orientation	Job	Work Status	City	Income	Family Income	Organization
1	23	Woman	Bisexual	Student	Seeking for job	Ankara	1000-1500	Middle	Yes
2	23	Woman	Pansexual	Student	Not working	Ankara	2000-2500	High	Yes
3	26		Bisexual	Student	Seeking for job	Ankara	500-1000	Middle	To an extent
4	30	Woman	Lesbian	Translator & Interpreter	Working	Ankara	3500 üstü	High	No
5	26	Queer	Polysexual	Student	Working	Ankara	0-500	Low	Yes
6	27	Woman	Bisexual	Project Coordinator	Working	Ankara	2000-2500	Middle	No
7	24	Woman	Bisexual	Student	Not working	Ankara	500-1000	Middle	Yes
8	22	Queer	Homoflexible	Student	Not working	Ankara	500-1000	Middle	Yes
9	27	Woman	Lesbian	Civil Engineer	Working	Ankara	3500 üstü	High	Yes
10	24	Woman	Bisexual	Student /Part-time barista	Working	Istanbul	1000-1500	Middle	No
11	25	Woman	Lesbian	Doctor	Working	Istanbul	3500 üstü	High	No
12	25	Woman	Lesbian	Sociologist	Seeking for job	Istanbul	2500-3000	High	No
13	26	Woman	Lesbian	Archeologist	Not working	Ankara	500-1000	Middle	No
14	25	Woman	Queer	Engineer	Working	Ankara	3500 üstü	Middle	Yes
15	26	Woman	Lesbian	Mechanical Engineer	Working	Ankara	3500 üstü	High	No
16	21	Woman	Bisexual	Student	Not working	Ankara	500-1000	Middle	No
17	19	Woman	Bisexual	Student	Not working	Ankara	1000-1500	Middle	Yes
18	23	Woman	Bisexual	Sociologist	Working	Ankara	2500-3000	High	Yes
19	24	Woman	Lesbian	Graphic Designer	Working	Ankara	1500-2000	Middle	No
20	25	Woman	Lesbian	Student	Not working	Ankara	0-500	Low	Yes
21	22			Student	Working	Ankara	1500-2000	Middle	No
22	22	Woman	Lesbian	Student	Working	Ankara	1000-1500	Middle	Yes

## C. INTERVIEW QUESTIONS

<b>Question 1</b> Kendinizi sağlıklı hissediyor musunuz?
Dünya Sağlık Örgütünün sağlık tanımı belirtilir “Sağlık, yalnızca hastalık veya sakatlığın olmaması değil fiziksel, ruhsal ve sosyal yönden tam bir iyilik halidir.”
<b>Question 2</b> Sağlığınız ile ilgili herhangi bir problem olduğunda ilk olarak nereye ya da kime başvuruyorsunuz?
Aile hekiminiz var mı?
Aile hekiminiz size hangi sağlık hizmetlerini sunuyor?
Muayene, tahliller ve diğer kontroller, ilaç, reçete
Sağlığınız ile ilgili sorun yaşadığınızda hangi sağlık kurumlarından hizmet almayı tercih ediyorsunuz?
Özel hastahane/ özel poliklinik / özel muayenehane / devlet hastahanesi / üniversite hastahanesi
<b>Question 3</b> Cinsel yöneliminizi <b>güvenli ve özgürce</b> yaşayabildiğinizi düşünüyor musunuz?
<b>Question 4</b> Cinsel sağlığınız ya da üreme sağlığınız ile ilgili bir sorun olduğunu düşündüğünüzde ilk olarak nereye ya da kime başvuruyorsunuz?
Aile hekiminizden cinsel sağlık ile ilgili bilgi alıyor musunuz?
Rutin test ve kontrollerinizi aile hekiminizde yaptırıyor musunuz?/ Çevrenizdekilerin bu alanda hizmet aldığı duydunuz mu?
Cinsel sağlığınız ile ilgili bir sorun çıktığında hangi sağlık kurumlarına başvurmayı tercih ediyorsunuz???
Özel hastahane/ özel poliklinik / özel muayenehane / devlet hastahanesi / üniversite hastahanesi
<b>Question 5</b> Cinsel sağlığınız ile ilgili gideceğiniz kurum ya da hekim tercihinizi yaparken hangi unsurlara dikkat ediyorsunuz?
Bu alanda sağlık hizmeti alacağınız zaman hekiminizi neye göre belirliyorsunuz? Komünite içinde bir bilgi paylaşımı/ağ mevcut mu? (whatsapp grupları, facebook grupları, oluşturulan ortak belgeler (drive dosyaları), sözlü deneyim paylaşımı)
<b>Question 6</b> Cinsel sağlık ile ilgili hizmetlere ulaşırken herhangi bir çekince/endişe yaşıyor musunuz?
<b>İki boyut :Ayrımcılık ve altyapı</b>
<b>Ayrımcılık</b>
6a Cinsel yöneliminiz ile ilgili ayrımcılığa uğrayacağınız kaygısını taşıyor musunuz? (kadına karşı ayrımcılık,, cinsiyetçi söylemlerle karşılaşma, sözel şiddet, aşağılama, nefret söylemi, taciz vb.)
6b Sağlık personeline cinsel yöneliminizi açıklamaktan çekindiğiniz oluyor mu?

<p>6c Daha önce gerekli olduğunu düşündüğünüz halde cinsel yöneliminizi açıklayamadığınız oldu mu?</p> <p>6d Cinsel yöneliminizi açıklayamamanız yeterli sağlık hizmetini alamamanıza sebep oldu mu?</p> <p>6e Bilgilerinizin gizli kalmayacağına dair endişeleriniz var mı? /Hasta Mahremiyeti ilkelerine uyulacağına güveniyor musunuz? (aile bireylerinin öğrenmesi, işyeri/okul gibi alanlarda ifşa olmak)</p> <p>6f Bu hizmetlere ulaşırken hiç cinsel yönelime dayalı ayrımcılıkla karşılaştığınızı düşündünüz mü? (<i>Sözel şiddet, aşağılama, nefret söylemi, taciz, aşağılama vb.</i>)</p> <p>6g Sağlık personelinin size karşı davranışlarını nasıl değerlendiriyorsunuz?</p> <p>6h Sağlık personelinin ayrımcı olduğunu düşündüğünüz davranışları ile karşılaşılıyor musunuz?</p> <p>6i En çok hangi sağlık personelinde bu tip davranışları gözlemliyorsunuz? (<i>hekim, sağlık memuru, hemşire vb yardımcı personel</i>)</p>
<p><b>Question 7</b> Ayrımcılığa uğrayacağınız endişesiyle sağlık hizmetlerine erişmeyi ertelediğiniz oldu mu?</p>
<p><b>Question 8</b> Cinsel sağlık ve üreme sağlığı alanında LGBTİ+ nüfusa hizmet sunan yeterli sayıda hizmet sunan kurum var mı?</p>
<p>LGBTİ+ nüfusa sağlık hizmeti sunan yeterli sayıda sağlık merkezi, var mı?</p> <p>LGBTİ+ nüfusa sağlık hizmeti sunan yeterli sayıda poliklinik, var mı?</p> <p>LGBTİ+ nüfusa sağlık hizmeti sunan yeterli sayıda hastane var mı?</p>
<p><b>Question 9</b> Sağlık hizmetlerine ne ölçüde ulaşabiliyorsunuz?</p> <p>Sağlık sigortanız var mı?</p> <p>Randevu alabiliyor musunuz?</p> <p>Yaptırmanız gereken tetkikler her kurumda mevcut mu?</p>
<p><b>Question 10</b> Sunulan sağlık hizmetleri LGBTİ+ nüfusun ihtiyaçlarını karşılayacak nitelikte olduğunu düşünüyor musunuz?</p> <p>LGBTİ+ nüfusa yönelik bir sağlık hizmeti mevcut mu? LGBTİ+</p> <p>Hizmetin niteliğini nasıl değerlendirirsiniz?</p> <p>Hekimlerin konuya dair yetkinliği yeterli mi?</p> <p>(<i>hpv, hiv gibi cıbe konusunda güncel bilgileri olması, kadın kadına ilişkilere ilişkin bilgi sahibi olması</i>)</p>
<p>Hikaye alırken ne kadar kapsayıcılar?</p> <p>(<i>sordukları sorular “evli misiniz bekar mı/aktif bir cinsel hayatınız var mı/partnerinizin cinsiyeti” vb.), gerekli yerlerde bunları sorması, sormaması, heteroseksüel bir ilişkide olduğunuzu var sayması, doğum yapmak istediğiniz varsayımıyla sorular sorması, buna yönelik yönlendirme yapması.</i>)</p>
<p><b>Question 11</b> Cinsel sağlık ve üreme sağlığı alanında gereksindiğiniz bilgiyi nereden ediniyorsunuz?</p>
<p>11a Cinsel yolla bulaşan hastalıklar ile ilgili yeterince bilginiz var mı?</p>

11b Cinsel yolla bulaşan hastalıklardan korunabilmek için alınacak tedbirlerle ilgili bilginiz var mı?
11c Bu alanlarda ihtiyaç duyduğunuz bilgiyi hangi kaynaklardan edinebiliyorsunuz?
11d Bu alanda ihtiyaç duyduğunuz bilgiyi kamu sağlık kuruluşlarından elde edebiliyor musunuz?
11e Bu alanda ihtiyaç duyduğunuz bilgiyi özel sağlık kuruluşlarından elde edebiliyor musunuz?
11f Bu alanda çalışan hekimlerden doğru ve yeterli bilgi edinebiliyor musunuz? <i>aile hekimleri, uzman hekimler</i>
Alanda çalışan sivil toplum örgütleri cinsel yolla bulaşan enfeksiyonlar ve bunlardan korunma yolları ile ilgili destek sunuyorlar mı? <i>lgbti+ dernekleri, üniversite toplulukları, yerel örgütlenmeler</i>
Alanda çalışan sivil toplum örgütleri LGBTİ+ dostu ve kapsayıcı mı? <i>Sağlık alanında çalışan dernekler (SGYD, TAPV vb.)</i>
Bu örgütlerin yaygınlığı yeterli mi? <i>yerelerde ulaşılabilirler mi? telefon, e-posta vb. yollar ile danışmanlık verebiliyorlar mı?</i>
Alanda alternatif merkezler/sağlık hizmeti sunucuları mevcut mu? Ve bunlardan hizmet alıyor musunuz? <i>laboratuvarlar ?</i>

## D. TÜRKE ÖZET / TURKISH SUMMARY

Bu alıřmanın amacı, genç lezbiyen ve biseksüel kadınların sađlık hizmetlerine ve özellikle cinsel sađlık ve üreme sađlığı hizmetlerine erişimde yaşadığı engelleri arařtırmaktır. Bu engelleri arařtırmanın yanısıra, bu alıřma, genç lezbiyen ve biseksüel kadınların cinsel yönelimlerini açık, güvenli ve özgür bir şekilde yaşayıp yaşamadıklarını, cinsel sađlık ve üreme sađlığı hizmetlerinden hangilerine ihtiyaç duyduklarını, sađlık hizmeti sunucularına başvururken hangi faktörleri göz önünde bulundurduklarını ve sađlık hizmetlerine ulaşırken hangi bilgi kaynaklarına başvurduklarını ortaya koymayı amaçlar.

LGBTİ+, lezbiyen, gey, biseksüel, transcinsiyet, interseks ve artının kısaltması olup cisheteroseksist sistemde norm sayılanlar dışındaki diđer cinsel yönelim ve cinsiyet kimliklerine işaret etmektedir. Natrans ve heteroseksüel olmayanların bu sistem içerisinde hayatlarının çeřitli alanlarında zorluklarla karşılařması kaçınılmazdır. LGBTİ+ların dünyadaki mevcut durumları farklılık arz etse de LGBTİ+lar temel insan haklarını kullanırken, istihdam piyasasına katılırken, sađlık hizmetlerine ve eğitime erişirken de çeřitli zorluklar yaşamaktadırlar. Dünyada, eşcinsellik ya da eşcinsel davranışın yasaklandığı ülkeler bulunsa da, Türkiye'de eşcinselliđi veya eşcinsel davranışı ve transseksüelliđi yasaklayan bir düzenleme yoktur. Ancak, LGBTİ+lar Türkiye'de birçok sorunla karşı karşıya gelmektedirler. Avrupa ve Merkez Asya'da LGBTİ+ hakları alanında hak savunuculuđu yapan örgütlerin řemsiye kuruluđu olan ILGA Europe'un her yıl LGBTİ+ların o ülkedeki durumuna ilişkin olarak çeřitli faktörleri göz önünde bulundurarak yaptıđı deđerlendirme sonucu yayımladıđı Gökkuřađı Haritasının 2019 versiyonunda Türkiye 49 ülke içerisinde 48. sırada yer almıřtır ([www.rainbow-europe.org/](http://www.rainbow-europe.org/)). Keza, Trans Cinayetleri İzleme'nin raporuna göre Türkiye'de 2008 ile Haziran 2016 arasında 43 trans cinayeti işlenmiřtir ([www.transrespect.org](http://www.transrespect.org)).

Kasım 2017'de Ankara Valiliđi tüm LGBTİ+ etkinlik ve toplantılarını, kamu düzeni, genel sađlık ve güvenlik sebeplerine dayanarak yasaklamıřtır. Çeřitli LGBTİ+ hak savunuculuđu yapan derneklerin gösterdiđi aba ve yaptıkları başvurular

sonrasında Mahkemelerce yapılan inceleme neticesinde bu yasak kaldırılmıştır. Ancak bu süreç devam ederken, OHAL'in kaldırılmasını takiben, Ankara Emniyet Müdürlüğü ile Ankara Valiliğinin bir iç yazışması dayanak gösterilerek Ankara'da başka bir yasak söz konusu olmuştur. Ayrıca, Mayıs 2019'da ODTÜ'de dokuzuncusunun gerçekleştirileceği ilan edilen ODTÜ Onur Yürüyüşü, Üniversite Rektörlüğünce yasaklanmış, bu yasak kararı e-posta yoluyla tüm üniversite mensupların bildirilmiştir. Bu yasağa karşın o gün polis üniversite kampüsüne girmiş, pek çok aktivist göz altına alınmıştır. Akabinde ilgili kişiler hakkında ceza davası açılmıştır ve bu yargılama hala devam etmektedir. (kaosgl.org). Temel haklara erişimlerinin zorlu olduğu bilinen LGBTİ+lar, birlikte mücadele etmek ve hak kazanımları için savunuculuk yapmak adına bir araya geldikleri alanlar da ortadan kaldırılmaya çalışılmış ve örgütlenme özgürlükleri ihlal edilmiştir. Bu yasaklar ve LGBTİ+lara yönelik baskı değerlendirildiğinde Türkiye'de, LGBTİ+lar için güvenli ve özgür bir alan sağlanamadığı görülmektedir.

Türkiye'de yaşayan LGBTİ+lar için eğitim, istihdam ve sağlık hizmetlerine erişim zorludur. LGBTİ+ kimliğinin yanısıra, toplumda önyargılı olunan başka bir kimliğe sahip olmak, ayrımcılığa uğrama veya bu hizmetlere erişirken engellerle karşılaşma ihtimalini daha da artırmaktadır. Toplumsal cinsiyet de sağlık hizmetlerine ve özellikle cinsel sağlık ve üreme sağlığı hizmetlerine erişimde önemli bir faktördür. Lezbiyen veya biseksüel bir kadın, heteroseksist bir sistemde heteroseksüel kadınlara göre daha fazla engelle karşılaşacaktır. Sağlık hizmetlerine erişirken toplumsal cinsiyetin ve cinsel yönelimin hangi oranda etkisi olduğunu ortaya koymak önemli olsa da, bu çalışmada heteroseksüel kadınlar ile lezbiyen ve biseksüel kadınların sağlık hizmetlerine erişimde yaşadığı engeller arasındaki farkı ortaya koyacak bir araştırma yapılmamıştır.

Araştırmadanın savı, genç natrans lezbiyen ve biseksüel kadınların cinsel sağlık ve üreme sağlığı hizmetlerine çeşitli sebeplerle erişemedikleridir. Bu sebepler içerisinde en önemli olanı, cinsel yönelim temelli ayrımcılığa ilişkin bilişsel engellerdir. Lezbiyen ve biseksüel kapsayıcı sağlık hizmeti sunucularının yeterli olmayışı ve LGBTİ+ nüfusun cinsel sağlık ve üreme sağlığına ilişkin yeterli bilgisi olmayan sağlık personeli de eş önemdeki yapısal engelleri teşkil etmektedir.

Elbette, bu çalışmanın Türkiye'nin başkentinde yürütüldüğü ve ülkenin kalanına göre sağlık bakım kaynakları açısından zengin olduğu göz önünde bulundurulmalıdır.

Ataerkil değerlerin içselleştirildiği bir ülkede, bu değerlere uygun şekilde yaşamayan bir kadın olarak var olmanın zorluğunun yanısıra açık bir lezbiyen veya biseksüel kadın olarak var olmak daha da zordur. Kadın kimliği ile lezbiyen/biseksüel kimliği yan yana geldiğinde çoklu bir ayrımcılıkla karşı karşıya gelinmesi kaçınılmazdır. Sağlık hizmetlerine erişirken homofobi/bifobinin yanısıra sağlık kurumlarına nüfuz etmiş olan heteroseksist düzenlemeler de bu ayrımcılıkların deneyimlenmesinde etkilidir.

Konuya ilişkin uluslararası düzlemde ve Türkiye'de yapılan araştırmalar çok sınırlıdır. Mevcut kısıtlı kaynaklar içerisinde de lezbiyen ve biseksüel kadınların temsiliyeti yok denecek kadar azdır. Bunun üzerine özellikle lezbiyen ve biseksüel kadınların temsil edildiği ve sağlık hizmetlerine erişim deneyimleri ile sağlık hizmetlerine erişirken karşılaştıkları engelleri ortaya koyacak bir çalışma kurgulanmıştır. Bu çalışma, Volkan Yılmaz ve İpek Göçmen'in bir çalışması ile yine Volkan Yılmaz, İpek Göçmen ve Cansu Atlay'ın Türkiye'de yaşayan LGBTİ+lara ilişkin yaptıkları bir çalışmasından ilham almıştır.

Literatürde, LGBTİ+ların sağlık hizmetlerine erişimi konusu çeşitli disiplinlerden araştırmacılarca farklı yönlerden ele alınmıştır. Bu çalışmalarda ortak olan homofobi/bifobi ve heteroseksizm kavramları ayrıca kendi literatüründe taranmış ve bu kavramlar açıklanarak irdelenmiştir. Homofobinin, daha bireysel bazda ele alınabileceği ancak heteroseksizmin, heteroseksüelliğin homoseksüelliğe üstün kılınan bir yapı olarak sistemin bir parçasını teşkil ettiği görüşleri ele alınmıştır. Ayrıca, toplumsal cinsiyetin sağlık hizmetlerine erişime olan etkisi ortaya konmuştur. Toplumsal cinsiyet de sağlık hizmetlerine erişimde bir engel teşkil etmektedir.

Sağlık Hizmetlerine Erişim Engelleri Modeli incelenerek yürütülecek çalışma sonrası analiz için bir model seçilerek sağlık hizmetlerine erişimde karşılaşılan



engeller bu modele göre bilişsel, yapısal ve finansal olmak üzere üçe ayrılmıştır. Bilişsel engeller hasta ile sağlık personeli arasındaki iletişime dayanan, dil engeli, ayrımcılık gibi engelleri ifade etmekte iken yapısal engeller bekleme süreleri, sağlık kuruluşuna ulaşım gibi engelleri ifade eder. Finansal engeller ise cepten yapılan masrafları ve sigortalılık durumu gibi olası engellere atıfta bulunur.

Uluslararası çalışmalar incelendiğinde, LGBTİ+ların, sağlık hizmetlerine erişirken farklı ülkelerde olsalar da benzer deneyimlere sahip olduğu ortaya konmuştur. LGBTİ+ların sağlık hizmetlerine erişirken homofobiye maruz kaldıkları çeşitli araştırmalarda vurgulanmıştır. LGBTİ+lar bu endişeyle, cinsel yönelimlerini açıklamamakta ve bu kimi zaman yeterli sağlık hizmeti alamamalarına sebep olmaktadır. Yeterli sağlık hizmeti alamamalarının bir sebebi de, LGBTİ+ların sağlık ihtiyaçlarına ilişkin yeterince bilgisi olmayan sağlık profesyonelleridir. Kimi çalışmalar, LGBTİ+lar ve sağlık konusunda yapılan Halk Sağlığı çalışmalarının Çoğunlukla Cinsel Yolla Bulaşan Enfeksiyonlara odaklandığını, bu çalışmalarda da lezbiyen ve biseksüel kadınlar ile transların temsiliyetinin çok az olduğunu göstermiştir. Cinsel sağlık eğitime ilişkin olarak LGBTlerle yapılan araştırmalar göstermiştir ki cinsel sağlık eğitimi LGBTleri kapsamamaktadır. Biseksüellere odaklanan bir çalışma ise biseksüellerin hem LGBTİ+ komünitesi hem de heteroseksüeller tarafından dışlandıklarını ve bunun onlar üzerinde çok fazla olumsuz etkisi olduğunu ortaya koymuştur. LGBTİ+lara özgülenmiş kamu sağlık hizmet sunucularının olmayışı da başka bir çalışmada vurgulanmış, ayrıca LGBTİ+lara özgü korunma yöntemlerinin sunulmayışı da belirtilmiştir. Aile hekimlerinin LGBTİ+ sağlığına ilişkin bilgi seviyelerinin yetersiz olduğunu ve LGBTİ+larla iletişime ilişkin bilgi sahibi olmadıklarını beyan ettikleri çalışmalar da bulunmaktadır.

Türkiye özelinde yapılan araştırmalar göstermektedir ki, LGBTİ+lar, Hasta Hakları Yönetmeliğine ilişkin yeterli bilgi sahibi değildir ve bu sebeple kendilerine herhangi bir ayrımcılık uygulanmaması yönündeki taleplerini iletememektedirler. Ayrıca, hemşirelerin de heteronormatif sistemi içselleştirmeleri sebebiyle LGBTİ+lara yeterli sağlık hizmetini veremedikleri ortaya konmuştur. Çalışma için önem teşkil eden, lezbiyen ve biseksüel kadınların jinekolojik hizmetlere erişiminde engel teşkil

eden ve lezbiyen ve biseksüel kadınların rutin taramalarını yaptırmamalarında etken olan jinekoloji alanındaki ayrımcılık da Türkiye’de yapılan bir araştırmada vurgulanmıştır. Yine Türkiye’de yapılan başka iki araştırmada da, sağlık personelinin LGBTİ+ konuların ilişkin bilgi eksikliği, LGBTİ+ların varlığını meşru görmemeleri ve ayrımcılık korkusunun LGBTİ+ların sağlık hizmetlerine erişirken yaşadıkları engeller olduğu ortaya konmuştur. Yine benzer bir araştırma, LGBTİ+ların sağlık hizmetlerine erişirken gizlilik endişelerinin olduğunu ve ayrımcılığa uğramaktan korktuklarını açıklamıştır.

Bu çalışmada, saha çalışması yapılmış ve tez danışmanı ile birlikte yarı yapılandırılmış bir mülakat hazırlanarak, 22 lezbiyen ve biseksüel kadına ulaşılmış ve mülakatlar gerçekleştirilmiştir. Katılımcıların özellikleri 18-30 yaş aralığında olmaları, kendilerine doğumda atanan cinsiyet ile cinsiyet kimliklerinin aynı olması(natrans) ve lezbiyen ya da biseksüel olmalarıdır. Bu görüşmeler sonucunda çeşitli bulgular elde edilmiştir.

Katılımcıların demografik bilgi formu aracılığıyla rızaları alınarak toplanan demografik bilgileri şu şekildedir. Katılımcılardan yaşı en küçük olanın yaşı 19, yaşı en büyük olanın yaşı 30’dur. Katılımcıların yaş ortalaması 24,3’tür. Katılımcılardan 18’i kendini kadın olarak, 2 katılımcı kendini kuir olarak tanımlamıştır. 2 katılımcı cinsiyet kimliğine ilişkin herhangi bir beyanda bulunmamıştır. 9 katılımcı kendini lezbiyen, 8 katılımcı biseksüel, 1 katılımcı panseksüel, 1 katılımcı kuir, 1 katılımcı homoflexible, 1 katılımcı ise poliseksüel olarak tanımlamıştır. 1 katılımcı ise cinsel yönelimine ilişkin herhangi bir beyanda bulunmamıştır. 9 katılımcı tek eşli bir ilişki içerisinde olduğunu, 2 katılımcı çok eşli bir ilişki içerisinde olduğunu, 2 katılımcı açık bir ilişki içerisinde olduğunu, 8 katılımcı herhangi bir ilişki içerisinde olmadığını beyan etmiştir. 1 katılımcı ise flört ilişkisi içerisinde olduğunu ifade etmiştir. Eğitim durumlarına ilişkin olarak ise 11 katılımcı tamamladığı son düzeyin lise olduğunu, 11 katılımcı tamamladığı son düzeyin lisans olduğunu beyan ediyor. 1 katılımcı öğrenci/part time kahveci, 1 katılımcı mütercim-tercüman, 1 katılımcı proje koordinatörü, 1 katılımcı inşaat mühendisi, 1 katılımcı doktor, 1 katılımcı sosyolog, 1 katılımcı arkeolog, 1 katılımcı mühendis, 1 katılımcı makina mühendisi, 1 katılımcı sosyolog olduğunu, 1 katılımcı ise grafik tasarımcı olduğunu beyan ediyor. İş arama

durumları hususunda, 7 katılımcı çalışmadığını, 3 katılımcı iş arıyor olduğunu, 12 katılımcı ise çalıştığını beyan etmiştir. Katılımcılardan 19'u Ankara'da, 3'ü ise İstanbul'da yaşıyor. Hayatının büyük çoğunluğunu büyükşehirde geçiren katılımcı sayısı 18 iken, 3 katılımcı İl'de, 1 katılımcı ise ilçede hayatının büyük bir çoğunluğunu geçirdiğini ifade etmiştir.

7 katılımcı Türk kökenine, 1 katılımcı Türk ve Çerkes kökenine, 1 katılımcı Balkan göçmeni kökenine, 1 katılımcı Türk ve Kürt kökenine, 1 katılımcı Türk, Arap, Arnavut, Ermeni, Laz ve Azeri kökenine ait hissetmektedir. 2 katılımcı bunlar dışındaki bir kökene ait hissederken, 9 katılımcı ise hiçbir gruba ait hissetmediğini beyan ediyor. Aylık geliri 500 TL'ye kadar olan 2 katılımcı, 500-1000 TL olan 5 katılımcı, 1000-1500 TL olan 4 katılımcı, 1500-2000 TL olan 2 katılımcı, 2000-2500 TL olan 2 katılımcı, 2500-3000 TL olan 3 katılımcı ve 3000-3500 TL olan 5 katılımcı vardır. Bu katılımcılardan, ailesinin düşük gelir grubunda olduğunu 2, orta gelir grubunda olduğunu 13 ve yüksek gelir grubunda olduğunu söyleyen 7 katılımcı bulunmaktadır. Son olarak, 9 katılımcı herhangi bir LGBTİ+ örgütlenmesi içerisinde bulunmadığını, 1 katılımcı LGBTİ+ örgütlenmesi içerisinde yer almadığını ancak yer almak istediğini, 12 katılımcı ise en az 1 LGBTİ+ örgütlenmesi içerisinde yer aldığını beyan etmiştir.

Çalışmada genç lezbiyen ve biseksüel kadınların genel sağlık hizmetlerine erişirken ve özel olarak cinsel sağlık ve üreme sağlığı hizmetlerine erişirken karşılaştıkları engeller, cinsel sağlık ve üreme sağlığına ilişkin bilgi kaynakları, genel sağlık hizmetlerine ve cinsel sağlık ve üreme sağlığı hizmetlerine erişirken başvuracakları sağlık hizmeti sunucusunu seçerken başvurdukları referanslar ve cinsel yönelimlerini açık, özgür ve güvenli bir şekilde yaşayıp yaşamadıkları incelenmiştir.

Bulgular göstermektedir ki genç natrans lezbiyen ve biseksüel kadınlar çoğunlukla kendilerini sağlıklı olarak nitelendirmemektedirler. Katılımcıların yalnızca %20'si sağlıklı olduklarını ifade etmekte, %10'u kendisini bazen sağlıklı olarak değerlendirmekte, %60'ı ise kendisini sağlıksız bulmaktadır.

Genel sađlık hizmetlerine eriřirken, yapısal ve finansal engellerle karřılařtıklarını beyan etmektedirler.

Katılımcıların %80'i aile hekimlerinden sađlık hizmeti aldıđını ifade etse de, bu katılımcıların yalnızca %40'ı aile hekimine muayene veya tedavi olmak için bařvurmaktadır. Aile hekiminden hizmet alanların %45'i aile hekiminden sađlık raporu almak veya reęete yazdırmaktadır. Bunların arkaplanında aile hekimlerinin yeterli bilgiye sahip olmadığı dűřüncesi yatmaktadır. Katılımcıların %10'u aile hekimleriyle dűzenli bir iletiřim sűrűrmekte ve rutin controller ve kűçük sađlık sorunlarında tedavi ile enjeksiyon hizmeti almaktadırlar.

Katılımcılar, devlet sađlık hizmeti sunucularını özel sađlık hizmeti sunucularına gűre daha gűvenilir bulmakta, özel sađlık sunucularının kar odaklı anlayıřı bir řűphe dođurmaktadır.

Katılımcıların %15'i genel sađlık hizmetlerine eriřirken finansal engellerle karřılařtıklarını, MR, rűntgen gibi hizmetler ile kim ilaęları sigortalarının karřılamadıđını belirtmiřlerdir. Katılımcılar, cinsel sađlık ve űreme sađlıđı hizmetlerine eriřirken yine yapısal, finansal ve biliřsel engellerle karřılařtıklarını beyan etmiřlerdir. zel sađlık sunucuları ile devlet sađlık sunucularından sađlık hizmeti alma hususunda ok bűyűk farklar olmasa da fark mevcuttur. Cinsel sađlık ve űreme sađlıđı hizmeti almak için sađlık sunucularına bařvuran katılımcılar, bu kuruluřların LGBTİ+ kapsayıcı olmadığı ve LGBTİ+ların ihtiyaęlarına yanıt vermediđini beyan etmiřtir. Bu katılımcıların %50'si hizmet aldıkları hekimin durumlarına iliřkin yeterince bilgi sahibi olmadığını, %25'i ise hekimlerin hikaye alırken kapsayıcı olmadıklarını ifade etmiřlerdir.

Biliřsel engeller sűz konusu olduđunda, katılımcıların hiębirinin aile hekimlerinden cinsel sađlık ve űreme sađlıđı hizmeti almamıř olması arpıcı bir bulgudur. Ayrıca katılımcıların neredeyse hiębiri aile hekimlerinden bu hizmeti alabileceklerini bilmemektedirler.

Katılımcıların %65'i cinsel yönelimlerini açık, özgür, ve güvenli bir şekilde yaşayamadıklarını, yalnızca %20'si kontrollü alanlarda cinsel yönelimlerini açık, özgür ve güvenli bir şekilde yaşayabildiğini belirtmiştir. Yine katılımcıların %20'si bunun Türkiye'de bir ayrıcalık olduklarından dem vurarak cinsel yönelimlerini açık, özgür ve güvenli bir şekilde yaşayabildiklerini beyan etmişlerdir.

Katılımcılar çoğunlukla başvuracakları sağlık hizmeti sunucularını ve hekimleri referans ile seçmektedirler. Feminist ağlara, LGBTİ+ ağlara ve daha önce benzer hizmeti almış arkadaşlarına danışmaktadırlar. İnternet de başvurulan kaynaklardan biridir. En çok başvurulan kaynak, katılımcıların %50'sinin beyanıla arkadaşlar olmuştur. Katılımcıların yalnızca %10'u cinsel sağlık ve üreme sağlığı hizmetlerine başvurmadan önce referans aramamaktadır.

Cinsel sağlık ve üreme sağlığı hizmetlerine başvururken en çok duyulan endişe ayrımcılığa uğramaktır. Katılımcıların %55'i bu ayrımcılığın cinsel olarak aktif bekar bir kadın olmak temelli olduğunu söylemişlerdir. Bu, cinsel yönelim temelli ayrımcılıktan daha ağır basmaktadır. Yine de, katılımcıların %30'u ayrımcılığa uğramak endişesiyle bu hizmetleri alırken cinsel yönelimini açıklamamayı tercih etmekte ve %40'ı da yalnızca gerekli olduğunda cinsel yönelimlerini açıklayacaklarını ifade etmektedirler. Ayrıca, katılımcıların %30'u ayrımcılığa uğrayacakları endişesiyle sağlık hizmetlerine erişmeyi ertelemiştir.

Gizlilik, ailesine açık olmayan ve ailesinin sağlık bilgi sistemlerine erişimi olan katılımcılar için genellikle bir meseledir. Ancak, gizliliklerinin ihlal edileceği korkusu katılımcıların sağlık hizmetlerine erişimini engellememektedir.

Katılımcılar ayrıca yaşadıkları ayrımcılık deneyimlerini paylaşmışlardır. cinsel sağlık ve üreme sağlığı hizmetlerine erişen katılımcıların %80'i ayrımcılığa uğradıklarını ifade etmişlerdir. Ayrımcılık deneyimi olma katılımcıların %60'ı bu deneyimlerinin cinsel olarak aktif bekar kadın olmalarından kaynaklandığını belirtmişlerdir. Ayrımcı davranışlar hekimler tarafından uygulandığı gibi diğer sağlık personeline de uygulanmıştır. Cinsel olarak aktif bekar kadın olmak, lezbiyen veya biseksüel olma ile tek eşli olmama helleri ayrımcılık sebebi olmuştur.

Katılımcıların çoğu anonim test merkezlerinden haberdar değildir. Bu merkezlerden haberi olanlar ise merkezlerden sosyal medya aracılığıyla haberdar olmuşlardır. Bu merkezlerden hizmet alan katılımcılar aldıkları hizmetten memnun kalmış ve bu merkezleri LGBTİ+ dostu olarak değerlendirmişlerdir. Ancak, bu merkezlerin sayısının yetersiz olduğu ifade edilmiştir. LGBTİ+ odaklı veya LGBTİ+ kapsayıcı sağlık hizmet merkezlerinin Türkiye’de faaliyete geçmesi halinde, katılımcıların neredeyse hepsi bu merkezlerden sağlık hizmeti alacağını söylemişlerdir. Buna sebep olarak yeterli bilgi sahibi kişilerden sağlık hizmeti alacak olmak ve ayrımcılığa uğrama endişesi yaşamamaktır.

Cinsel sağlık ve üreme sağlığı hizmeti için kimi katılımcılar özel sağlık sunucularına başvurduklarını bildirmiş ve bu sebeple bazı finansal engeller yaşadıklarını belirtmişlerdir. CYBE testleri ve aşı gibi illave maliyetler, lezbiyen ve biseksüel kadınlar için engel teşkil etmektedir.

Cinsel sağlık ve üreme sağlığına ilişkin bilgi kaynağı olarak çok çeşitli kaynaklar ifade edilmiştir. En önemli ve yaygın kaynak internettir. Katılımcılar ayrıca bilimsel makalelere ve konuya ilişkin broşürlere de bilgi almak adına başvurumaktadırlar. Katılımcıların %55’i cinsel sağlık ve üreme sağlığına ilişkin yeterince bilgi sahibi olmadıklarını ifade etmişlerdir. Üniversite öğrencisi olan katılımcılar, üniversitelerinde yer alan LGBTİ+ topluluklarına bilgi ve danışmanlık için başvurumaktadırlar. LGBTİ+ hak savunucusu dernekler de bilgiye ulaşmada yardımcı olarak görülmektedir. Cinsel sağlık ve üreme sağlığı alanında çalışan dernekler ise katılımcılar tarafından yeterince tanınmamaktadır. Bu kuruluşlara ilişkin bilinirliğin, katılımcının LGBTİ+ komünitesi ve LGBTİ+ hak savunucusu dernek ve LGBTİ+ toplulukları ile ilişkisine bağlı olduğu ortaya çıkmıştır.

Bu çalışmadan elde edilen bulgular, göstermektedir ki, Bölüm 2’de bahsedilen dünyadaki LGBTİ+ların deneyimleri ile Türkiye’de yaşayan LGBTİ+ların deneyimleri örtüşmektedir. Homofobi/bifobi ile karşılaşma endişesi ile cinsel yönelimini açıklamama, sağlık personelinin LGBTİ+ sağlığı hakkında yeterli bilgiye sahip bulmama, lezbiyen ve biseksüel kadın hastalar ile sağlık personeli arasındaki

iletişim sorunları, ayrımcılık deneyimleri ve gizlilik endişeleri, Türkiye bağlamı ile uluslararası literatürde ortak meselelerdir.

Bulgular ışığında çeşitli politika önerileri sunulmaktadır. Öncelikle, lezbiyen ve biseksüel kadınların genel sağlık hizmetlerine erişimi ile özel olarak cinsel sağlık ve üreme sağlığı hizmetlerini erişirkenki ihtiyaçlarını ortaya koymak için geniş kapsamlı araştırmalar yapılmalıdır. Nitel araştırmalar yapılması, lezbiyen ve biseksüel kadınlar homojen bir grup teşkil etmediği ve her kişinin sesinin duyulur olmasını sağlayacağı için önemlidir. Büyük resmi görebilmek adına geniş kapsamlı anket çalışmaları yapılması da önerilmektedir. Katılımcıların yarısından fazlası sağlık hizmeti aldıkları hekimlerin LGBTİ+sağlığı konusunda yeterli bilgiye sahip olmadığını belirtmişlerdir. Ortaya konulan önemli sorunlardan bir olduğundan, tüm tıp ve sağlık bilimleri fakültelerinde LGBTİ+ sağlığının müfredata eklenmesi önerilmektedir. Ayrıca ilgili üniversite ve yüksekokulların öğrenci ve internlerine eğitimler verilmesi önem teşkil etmektedir. Bunların yanısıra, konuya ilişkin bilgilerin güncel tutulması için ilgili sağlık personelinin hizmet içi eğitimler alması önemlidir. Ayrımcılığa uğrama endişesi ve ayrımcılık deneyimleri, katılımcılarda ortak olduğundan, lezbiyen ve biseksüel kadınların hasta olarak haklarını öğrenmeleri, talep edebilecekleri sağlık hizmetini bilmeleri açısından önemlidir. Bu konuda bir farkındalık yaratılması önerilmektedir. Bu, ancak alanda çalışan tüm kuruluşlar ile üniversitelerin, hastanelerin ve uzmanların katkısıyla gerçekleştirilebilir. Ayrıca, cinsel sağlık ve üreme sağlığı konularının eğitimin her seviyesinde müfredata dahil edilmesinin de olumlu bir etkisi olacağı düşünülmektedir.

Çeşitli testelere erişirken ve aşıya ulaşırken finansal engellerle karşılaştığını beyan eden katılımcıların söyledikleri ışığında bu hizmetlerin sigorta kapsamına alınması önerilmektedir.

Cinsel sağlık ve üreme sağlığı hizmetlerine başvuran katılımcıların yarısından fazlasının bu hizmetlerin LGBTİ+ların ihtiyaçlarını karşılayacak yeterlikte olmadığını ve katılımcıların tamamına yakını Türkiye’de eğer LGBTİ+ spesifik sağlık kuruluşlarının olması halinde bu kuruluşlardan sağlık hizmeti alacağını

belirttiği göz önünde bulundurulduğunda bu tarz kuruluşların kurulması tavsiye edilmektedir.

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