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FH Zentralschweiz

Health of LGBT people in Switzerland

Summary of the final report

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Background

International studies indicate that lesbian, gay and bisexual people (LGB) have a poorer state of health than the general population and have more difficulty accessing healthcare. However, the data and scientific evidence on the situation in Switzerland in this regard are still lacking. By accepting postulate 19.3064 from Samira Marti, the Federal Council was mandated to describe the state of health and healthcare access of LGB people in a report and to compare with the general population. The Federal Office of Public Health (FOPH) commissioned Lucerne University of Applied Sciences and Arts – School of Social Work to prepare a sound basis for the drafting of the postulate report that not only focuses on the state of health of LGB people and their access to the healthcare system, but that also records and analyses the situation of trans and non-binary people (T) in Switzerland in this context. Trans and non-binary people are those who do not identify with the sex they were assigned at birth. As well as analysing the data sets from the Swiss Health Survey (SHS) from 2012 and 2017, the FOPH assignment also involved conducting an extensive and broad-based online survey in all parts of Switzerland aimed at Switzerland's LGBT community. A literature review on the state of current research was also requested.

Objective

The objective of this report is to identify areas where LGBT people face health inequalities compared with the general population in Switzerland using SHS data sets (2012, 2017) and the specially conducted national online survey on the health of LGBT people and their access to healthcare ('LGBT Health').

Methodology

The literature review comprised relevant studies conducted in Switzerland in the last 20 years, supplemented by selected international reviews, meta analyses and studies from other countries from the last five years. In line with Postulate 19.3064 NR Samira Marti, the focus was on the areas of access to medical services and healthcare, physical health, sexual health, substance use and mental health. The analysis of the available SHS data sets (2012, 2017) was mainly – albeit not exclusively – carried out in line with these topic areas. The Health Equity Promotion Model (HEP) (Fredriksen-Goldsen et al., 2014) served as a conceptual framework. It shows in a highly nuanced way how health outcomes are influenced at structural and individual levels and through health-promoting and adverse pathways. The HEP model was therefore also crucial to the design of the quantitative nationwide online survey, 'LGBT Health', which was conducted from mid-May to mid-July 2021 in German, French, Italian and English. Data from 2,064 people from all parts of Switzerland were included in the analyses. The survey was geared towards the SHS, supplemented by other known influencing factors on the health of LGBT people (e.g. internalised homonegativity, discrimination and experiences of violence), and by questions to identify potential Covid-19 pandemic related effects. The generated data were analysed using descriptive and inferential

statistical methods and compared with the SHS data from 2012 and 2017¹ with the aim of identifying areas in which LGBT people face health inequalities compared with the general population in Switzerland. Certain limitations should be borne in mind with regard to both surveys (SHS, 'LGBT Health'). In particular, we should take account of the fact that while the SHS allows conclusions to be drawn about the Swiss general population (aged 15+), 'LGBT Health' does not as the persons surveyed are a so-called convenience sample. However, there is one caveat regarding the SHS: a relatively small number of LGBT people were surveyed. These limitations should be borne in mind when interpreting the results.

Results

The (health) areas in which LGB(T) people experience health inequalities compared with the general population in Switzerland and therefore face worse outcomes, are the following:

Mental health: In line with the international evidence, the Swiss data also indicate that the LGBT population is significantly disadvantaged when it comes to mental health compared with the general population in Switzerland. There is a significant and pressing need for action in this area. This is reflected, for example, in the significantly higher prevalence of depression, suicidal thoughts and suicide attempts, and by the less pronounced social and mental protective factors in LGBT people living in Switzerland compared with the general population. The likelihood of attempting suicide (lifetime prevalence) is around four times higher in LGB people than in the general Swiss population (data from the SHS). Eleven per cent of the LGB people surveyed as part of the SHS and 18% of the LGBT people surveyed last year (data from LGBT Health) have attempted suicide at least once in their lives, mostly during adolescence. Trans and non-binary people are particularly affected. Not only do they suffer greater mental distress than cis LGB people, they also attempt suicide more often, and more than once in their lives. Regarding the one-year prevalence of depression, trans and non-binary people are also the most affected within the LGBT community.

Experience of discrimination and violence, failure to seek medical treatment and barriers to healthcare access: In line with many international studies, the findings of the 'LGBT Health' survey also reveal that many Swiss LGBT people have experienced discrimination or violence on the basis of their sexual orientation and/or gender identity (67.6% at least once in their lives). These experiences have also occurred in healthcare settings (26.6% at least once in their lives), with trans and non-binary people the worst affected. LGBT people need to be better protected from stigmatisation, discrimination and violence in Switzerland, both in general and also specifically in healthcare. We can assume that a portion of the LGBT population fails to seek medical care, as international studies have also shown. The percentage of LGBT people who fail to seek medical care due to a lack of trust in doctors, hospitals etc. is twice as high as in the general resident population in Switzerland (16.2% vs. 6.9%). It is unlikely that this is merely a sample effect given the clear international evidence on the barriers to healthcare access for LGBT people. Clear action is also needed in Switzerland to eliminate these barriers for the LGBT population.

¹ The SHS dataset from 2007 was not included as ten years passed between the SHS 2007 and 2017 in which significant changes occurred with regard to the indicators that are relevant to the study. Together with 'LGBT Health', inclusion of the 2007 SHS would have meant the survey covered a 14-year period.

Substance use (tobacco, alcohol, illegal psychotropic substances): The findings chime with the international evidence and show a (significantly) higher prevalence of (harmful) use of psychoactive substances among LGBT people than among the general population in Switzerland. For example, over a third to almost half of LGBT people use tobacco, which is much higher than the general population in Switzerland. Because the use of tobacco and excessive alcohol consumption causes serious harm to health, (excessive) substance use is an important and pressing field of action, in which LGBT people are disadvantaged compared with the general population in Switzerland and action is needed. When implementing measures to promote health and prevent addiction, group and gender differences must be taken into account. For example, whereas lesbians and bisexual women are more likely than heterosexual women to engage in chronic and episodic risky drinking (consuming too much alcohol on a regular basis and on a single occasion), gay and bisexual men are slightly more likely than heterosexual men to display episodic risky drinking behaviour.

Sexual health: In line with international studies, the results of this study show that gay and bisexual men² are a vulnerable group with regard to HIV and STIs compared with the general population. On the basis of the existing data and studies, a special focus on this group and on that of trans/non-binary people in the area of sexual health is important and targeted efforts must continue in this area in Switzerland. Lesbians and bisexual women³ should not be forgotten either. They need to be sufficiently educated about HIV/STIs, gynaecological screenings and reproductive health. In addition, healthcare professionals, such as doctors, gynaecologists, nurses and midwives need to be prepared to advise, support and treat lesbian and bisexual women about their sexual health (including reproductive health) in a non-judgemental way. The few available studies, including from French-speaking Switzerland, show that this is not always successful.

Physical health: When it comes to physical health, health inequalities are particularly apparent within the LGBT population. Trans/non-binary people ('LGBT Health') rate their own state of health as much poorer than cis people and were therefore much more likely to have experienced severe symptoms in the four weeks prior to the survey. In addition, trans/non-binary people were more likely to be limited in their everyday lives due to health problems and more likely to suffer from chronic or long-term conditions. As well as improving mental health, action is needed in Switzerland to improve physical health, particularly among trans and non-binary people.

² This also includes men who have sex with men (MSM) but who do not define themselves as gay or bisexual.

³ This also include women who have sex with women (WSW) but who do not define themselves as lesbian or bisexual.

Recommendations

Besides targeted action that needs to be taken in the (health) areas identified above, we would also make the following recommendations:

1. A national programme is needed to promote the social and health equality of sexual and gender minorities.
2. In a 'Health in All Policies' approach (WHO, 2014), policymakers and authorities should improve the lives of LGBT people through policy decisions and strategies and by implementing relevant measures.
3. In health promotion, prevention and treatment (of disease), access that is sensitive to, inclusive of, and specific to LGBT people should not be the exception, but the rule in all sectors (health, social services). Both types of access are needed: universal accessibility of standard structures (LGBT-sensitive and LGBT-inclusive spaces), and specific measures for LGBT people (specific spaces and specific access).
4. Reliable national reporting and support systems (in general and in healthcare) need to be set up so that incidents of violence due to gender identity and/or sexual orientation can be reported. Discrimination, violence and offences against LGBT people must be systematically punished, and an appropriate support network for LGBT people should be made available and/or the existing structures should be made LGBT-inclusive.
5. The national health monitoring programme (Swiss Health Survey SHS) and national monitoring systems in other areas must be designed to be LGBT-inclusive.

The relevant stakeholders in Switzerland should be involved in planning and implementing the recommendations, and existing structures and services that have been set up by LGBT organisations and committed individuals in recent decades in all parts of Switzerland and which are in most cases not funded, need to be taken into account and reinforced.

LGBT glossary

The acronym **LGBTIQ** is an umbrella term that encompasses **lesbian, gay, bisexual, trans, intersex** and **queer**. However, the term LGBTIQ refers to very distinct dimensions of an individual; **sexual orientation (LGB)**, **gender identity (T)** and **sex characteristics (I)**.

Sexual orientation

Lesbian or gay people feel attracted to people of the same sex (e.g. a woman attracted to women). There are other labels that people may use to describe themselves, such as homosexual, queer, same-gender loving, etc.

Bisexual and pansexual people feel attracted to men and women – so to two or more sexes.

Heterosexual people feel attracted to people of the opposite sex (e.g. a woman who is attracted to men).

The terms **MSM** (men who have sex with men) and **WSW** (women who have sex with women) focus on homosexual behaviour. This term allows e.g. HIV and STI prevention campaigns to address men who do not identify as gay or bisexual but regularly engage in sexual activity with men.

Gender identity

Trans people are those (e.g. **trans man, trans woman**) whose gender identity does not correspond to the sex they were assigned at birth. It also includes **non-binary and gender queer people**, in other words, those who do not fit into the binary definition of male and female. There are other labels people may use to describe themselves, such as trans, trans*, transgender.

Cis people are those (e.g. **cis woman, cis man**) whose gender corresponds to the one they were assigned at birth.

Sex characteristics

Intersex people are people “...whose bodies display anatomical or physiological characteristics that do not or only partially correspond to the binary categories generally used to distinguish between ‘female’ and ‘male’ bodies” (Definition according to the Swiss Intersex Association: <https://de.inter-action-suisse.ch/definitions>).

Thanks

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Supporting LGBT organisations (in alphabetical order)

Aids-Hilfe Schweiz (Swiss AIDS Federation)

Fédération romande des associations LGBTIQ

LOS Swiss lesbian association

Pink Cross – umbrella organisation of gay and bisexual men in Switzerland

Transgender Network Switzerland

Research partners (in alphabetical order)

Centre hospitalier universitaire vaudois (CHUV)

Organizzazione sociopsichiatrica cantonale (Ticino)

University Hospital Basel