



HEALTH PROFESSIONAL'S  
ATTITUDES TOWARD  
**SEXUAL ORIENTATION &  
GENDER DIVERSITY**  
in the northern part of Cyprus

Queer Cyprus Association  
August 2023



Funded by  
the European Union



**QUEER**  
CYPRUS

# HEALTH PROFESSIONAL'S ATTITUDES TOWARD SEXUAL ORIENTATION & GENDER DIVERSITY in the northern part of Cyprus

## Research Expert

Prof. Dr. Shenel Hüsnü Raman

## Research Assistants

Uzm. Psk. Ziba Sertbay

Uzm. Psk. Kaan Berkan

## Data Collector

Statica Research Consultancy

## Editor

Faika Deniz Paşa

Derviş Taşkiranlar

## Graphic Design

Cypdes Factory Advertising

## Publication Date

August 2023

 +90 542 858 58 47

 [info@queercyprus.org](mailto:info@queercyprus.org)

 Ferruh Cambaz Street, 4, Köşklüçiftlik,  
Human Rights House, Nicosia, Cyprus



This publication was funded by the European Union. Its contents are the sole responsibility of Queer Cyprus Association and do not necessarily reflect the views of the European Union.





## ABOUT ASSOCIATION

### Queer Cyprus Association

Queer Cyprus is a civil society organization that started out as the "Initiative Against Homophobia" in 2007 to change sodomy legal texts in the northern part of Cyprus and to raise awareness on the rights and freedoms of Lesbian, Gay, Bisexual, Trans and Intersex people. In 2012, we changed our name to Queer Cyprus Association. Queer Cyprus imagines a world where no one is subject to discrimination on grounds of nationality, language, religion or belief, disability, race, colour, ethnicity age., sexual orientation, gender identity, gender expression and sex characteristics. Therefore, Queer Cyprus embraces diversity and adopts feminist, anti-militarist, ecologist and veganist values. Queer Cyprus works in various areas such as law, education, psychology, health with a view to ensure equal and effective access of LGBTI+s' to human rights in cooperation with local and international organizations.



## ABOUT THE PROJECT

### Rainbow Project

The Rainbow Project is funded by the European Union under the Cypriot Civil Society in Action VII Grant Scheme and implemented by the Queer Cyprus Association, from April 2022 until October 2024.

The project aims to increase LGBTI+ inclusiveness in the education and health sectors in the northern part of Cyprus. With the support of relevant stakeholders, the Rainbow Project aims to ensure that LGBTI+s' rights to education and health are safeguarded, and community members' access to these rights are guaranteed. The activities planned under the project include surveys to map the attitude of educators and health workers towards LGBTI+s, gap analysis of the school curriculums, focus group meetings with experts, developing modules for LGBTI+ inclusive education, round table discussions, capacity building trainings for trainers in the education and health sectors, trainings conducted by trained trainers in health and education sectors, advocacy visits to relevant stakeholders, in-kind support to individuals and organisations to implement rights-based activities on LGBTI+ issues through Rainbow Fund, informative brochures, billboards, and promotional materials and seminars on education and health.

The project also aims to contribute to increasing the diversity of the Queer Cyprus Association's supporters through community-building activities such as focus group meetings, socialising events, local and international networking events and thematic discussions. Moreover, free social welfare services are also provided under the scope of this project.



## PREFACE

Queer Cyprus Association (QCA) is a non-governmental organization working to end discrimination based on gender, sexual orientation, gender identity and expression, and sex characteristics. QCA continuously strives to ensure LGBTI+s have equal access to human rights in the northern part of Cyprus. Thanks to its efforts, a number of significant steps have been taken toward this goal, however a number of hurdles still exist, particularly with regard to certain institutions the education and health care systems being the most prominent.

The Rainbow Project project was undertaken with the aim of increasing LGBTI+ inclusivity in both education and healthcare sectors in the northern part of Cyprus. We therefore conducted extensive surveys with teachers and health care professionals to understand their attitudes and myth endorsement toward the LGBTI+ community. By doing so we hope to further develop LGBTI+ inclusive curriculums for both sectors on the road to equality and inclusivity.

**On behalf of Queer Cyprus Association,**  
Shenel Husnu Raman  
Ziba Sertbay  
Kaan Berkan

# Table of Content

<b>ABOUT ASSOCIATION</b>	ii
<b>ABOUT THE PROJECT</b>	ii
<b>PREFACE</b>	iii
<b>TABLE OF CONTENT</b>	iv
<b>LIST OF SYMBOLS / ABBREVIATIONS</b>	iv
<b>LIST OF FIGURES</b>	v
<b>LIST OF TABLES</b>	v
<b>CHAPTER 1</b>	1
<b>INTRODUCTION</b>	2
1.1 Rainbow Project – Aims and Goals	2
1.2 Negative Attitudes Toward LGBTI+s in the northern part of Cyprus	2
1.3 Health Professional`s Attitudes Toward LGBTI+	3
1.4 Current Research	3
<b>CHAPTER 2</b>	5
<b>SAMPLE</b>	7
<b>CHAPTER 3</b>	9
<b>RESEARCH FINDINGS</b>	10
3.1 General Findings of Health Professionals Regarding LGBTI+	10
3.1.1 Knowledge Regarding LGBTI+	10
3.1.2 Myths Regarding LGBTI+s	11
3.1.3 Attitudes Toward LGBTI+s Within the Healthcare Setting	14
3.1.4 Knowledge of Health Disparities for LGBTI+s	17
3.1.5 General Attitudes and Emotions Toward LGBTI+s	19
3.1.6 Training Regarding LGBTI+	20
3.1.7 Experience with LGBTI+ Patients/Clients	21
3.2 Predictors of Health Professionals' Attitudes Toward LGBTI+	22
<b>CHAPTER 4</b>	25
<b>IMPLICATIONS AND SUGGESTIONS</b>	26
<b>REFERENCES</b>	27

## LIST OF SYMBOLS / ABBREVIATIONS

- LGBTI+:** Lesbian, Gay, Bisexual, Trans, Intersexes and Pluses
- CDC:** Centers for Disease Control and Prevention
- NGO:** Non-governmental Organisation
- QCA:** Queer Cyprus Association
- LGB:** Lesbian, Gay and Bisexual
- WHO:** World Health Organisation
- PAP TESTS:** The Papanicolaou test

## LIST OF FIGURES

<b>FIGURE 1:</b> Percentage of health professionals who indicated that they knew the acronym of LGBTI+	10
<b>FIGURE 2:</b> Percentages on knowledge of change in the "criminal code" regarding sexual intercourse between consenting adults of the same sex	11
<b>FIGURE 3, 4, 5, 6:</b> Some results regarding myths regarding LGBTI+	12
<b>FIGURE 7 ve 8:</b> Some results regarding myths regarding LGBTI+	13
<b>FIGURE 9:</b> Do you automatically assume your patient/client is homosexual? ____	14
<b>FIGURE 10:</b> Do you automatically assume your patient/client is cisgender (non-trans)? ____	14
<b>FIGURE 11:</b> Are you reluctant to ask your patients/clients questions regarding their gender identity and/or sexual characteristics? ____	15
<b>FIGURE 12:</b> How often do you use neutral language (e.g.: "partner" instead of "husband/wife", "parent" instead of "mother/father" etc.) when asking about family relations? ____	15
<b>FIGURE 13:</b> Do you feel more anxious when treating LGBTI+s compared to the rest of the population? ____	15
<b>FIGURE 14:</b> "I think that LGBTI+ perspective should be an integral part of the medical staff education curriculum." ____	16
<b>FIGURE 15:</b> "If I could decide myself, I would feel comfortable to change my practice (e.g. the way my office looks like, documentation, communication style) to be more LGBTI+ friendly." ____	16
<b>FIGURE 16:</b> "I would like all my patients/clients to know that I care about the specific needs of LGBTI+ patients/clients." ____	16
<b>FIGURE 17, 18, 19, 20:</b> Some results regarding knowledge of health disparities for LGBTI+s	17
<b>FIGURE 21, 22 ve 23:</b> Some results regarding knowledge of health disparities for LGBTI+s	18
<b>FIGURE 24:</b> Percentages on the 'feelings thermometer' regarding LGBTI+s, from 0°(coldest) to 100°(hottest)	19
<b>FIGURE 25:</b> Percentage of health professionals who participated in LGBTI+ training	20
<b>FIGURE 26:</b> Percentage of health professionals who would like to participate in LGBTI+ training	20
<b>FIGURE 27:</b> Percentage of LGBTI+ clients reported by healthcare professionals	21

## LIST OF TABLES

<b>Table 1:</b> Demographic Characteristics of Sample	7
<b>Table 2:</b> Summary of Findings	22



# INTRODUCTION



# 1 Introduction

**Sexual orientation** refers to a person's romantic and/or sexual attraction to another person. Sexual orientation has been typically categorized to include attraction to members of one's own gender (**gay or lesbians**), attraction to members of the other gender (**heterosexuals**), and attraction to members of other genders (**bisexuals**). Some people might identify as **'queer'** in terms of their sexual orientation, which means they define their sexual orientation outside of the gender binary of **'male'** and **'female'** only. While these categories continue to be widely used, research suggests that sexual orientation can actually occur on a continuum and not be defined by such clear categories (APA, 2012).

**Gender identity** refers to one's sense of self as male, female or nonbinary or none of these specific categories. When one's gender identity and assigned gender at birth are not congruent, the individual may identify as nonbinary or along the transgender spectrum (APA, 2012).

**LGBTI+** stands for lesbian, gay, bisexual, trans, intersex and other sexual orientations or gender identities.

## 1.1 Rainbow Project – Aims and Goals

The Rainbow Project was launched in April 2022 by Queer Cyprus Association with the goal of increasing LGBTI+ inclusivity in both education and health care sectors in the northern part of Cyprus. The project is funded by the European Union under the Cypriot Civil Society in Action VII Grant Scheme and is planned to run for two and half years and includes a number of activities including expert focus groups meetings and module development for LGBTI+ inclusive education, to name a few.

As part of the project one goal was to assess attitudes toward the LGBTI+ community among teachers and health care professionals in the northern part of Cyprus. This report will include data obtained from health professionals alone. The findings will then be utilized toward developing educational material and organising training sessions designed specifically to meet the needs of health professionals in schools in the northern part of Cyprus.

## 1.2 Negative Attitudes Toward LGBTI+s in the northern part of Cyprus

Research conducted in the northern part of Cyprus has shown that attitudes toward the LGBTI+ community is mostly negative (Husnu, 2021) with high levels of homophobia and transphobia (Uluboy & Husnu, 2020). In a recent study conducted by Queer Cyprus Association (QCA) assessing the experiences of LGBTI+s in the northern part of Cyprus (Erzeybek & Uluçaylı, 2021), two areas in which LGBTI+ prejudice is particularly apparent was that of education and health. It is due to this finding that the Rainbow Project was formulated in order to tackle such biases by teachers and health professionals.

## 1.3 Health Professional`s Attitudes Toward LGBTI+

Although endorsement and execution of human rights of LGBTI+s have significantly increased, people from sexual minority groups still struggle to receive full recognition of their fundamental rights in social rights such as healthcare settings and are more likely to experience health inequalities (Pennant et al., 2009; Zeeman et al., 2018). Health inequalities are more likely to occur in contexts of heteronormativity and gender normativity that is, where heterosexuality is regarded the cultural norm. Hence LGBTI+s' access healthcare in settings in which it is most likely they are by default assumed to be heterosexual and cisgender (and not trans or intersex). Since LGBTI+ people diverge from these norms in terms of their sexual orientation (LGB), gender identity (trans), or sex characteristics (intersex) they are more likely to experience discriminatory attitudes, prejudice or disparaging behavior from healthcare professionals (Zeeman et al., 2018). Such high levels of discrimination, social exclusion and stigmatization does not simply result in social injustice, but also links these experiences with health inequalities and shows that discriminatory behavior in healthcare services have a strong negative impact on LGBTI+s' mental and physical health (regarded as 'minority stress' Meyer, 2003; Meads et al., 2012; Goldbach et al., 2014).

Studies have found that people from the LGBTI+ community are more likely to report unfavorable and negative experiences regarding healthcare, including poor levels of communication with healthcare providers and dissatisfaction with the service and treatment that they have received (Pennant et al., 2009; Thyen et al., 2014). Relatedly, as a consequence of such discrimination, LGBTI+s` are less likely to consult a healthcare provider or frequently delay their routine screening and inspections (Rubio & Echem, 2022). For instance, research has shown that lesbians seek fewer Pap tests and mammograms compared to their heterosexual counterparts (McKay, 2011).

An extensive amount of research has found that most of healthcare providers are not well-trained and desensitized to the health needs of LGBTI+s, reporting that they often find it difficult to discuss topics like sexuality, gender identity and sexual orientation with their LGBTI+ counselees (Meckler et al., 2006; Meystre-Agustoni et al., 2011). Such inadequate levels of training and heterosexist attitudes result in additional barriers for LGBTI+s to effectively access healthcare. Relatedly, research in the context of Turkey, a country with close ties to the northern part of Cyprus, has shown that LGBTI+s experience difficulties accessing healthcare services due to the discriminatory and negative attitudes of professionals in the healthcare system (Güldal et al., 2019).

These findings clearly show that the attitudes of healthcare professionals restrict LGBTI+s' right to access health care services, which directly or indirectly affect the health of LGBTI+s negatively. Therefore, it is crucial to understand what the attitudes of healthcare professionals are in the northern part of Cyprus to better address the inequalities and needs of LGBTI+s. By doing so, we can then prepare specific interventions and training programs for health care professionals in order to overcome these health inequalities experiences by LGBTI+s.

## 1.4 Current Research

To assess health professionals' attitudes toward LGBTI+s in the northern part of Cyprus, a number of reliable and valid questionnaires were utilized. A general measure of attitudes toward LGBTI+s (Wright et al., 1997), feelings thermometer (Esses et al., 1993), myths regarding LGBTI+s (Mudrey & Medina-Adams, 2006) and medically-related risk factors of LGBTI+ stigmatization (Lick et al., 2013; Savage et al., 2004; Smith-Millman et al., 2019) were utilized. In addition, items specifically designated to the medical climate (Donisi et al., 2020) were included.<sup>1</sup>

<sup>1</sup> Each scale used was analyzed for reliability and found to have high Cronbach Alpha coefficients which are indices of a psychometrically sound assessment tool.













**SAMPLE**



## 2 Sample

A total of **N=268** participants who are health workers currently employed at both public and private hospitals (or both) in the northern part of Cyprus completed the survey. They were a representative sample based on distribution of population in the northern part of Cyprus however, since it is common for some health workers to travel to different hospitals around the northern part of Cyprus it was difficult to maintain a strict representative sample based on location. The data was collected by a consultancy and research centre over a period of 4 months during 2022–23. The demographic characteristics of participants can be seen in **Table 1**. None of our participants identified as non-binary or trans, therefore the remainder of the report will refer to the binary division of female and male.<sup>2</sup>

**TABLE 1:** Demographic Characteristics of Sample

	PROPERTIES	N (%)
	<b>Age, years</b>	21–67 years Mean=35.71, SD=11.18
	<b>Gender</b>	Female Male Non-specified
	<b>Sexual Orientation</b>	Heterosexual Bisexual Prefer not to answer Other
	<b>Nationality</b>	Turkish Cypriot Turkish Dual Turkish Cypriot & Turkish Other
	<b>Type of Hospital</b>	Private Public Both
	<b>Medical Profession</b>	Doctor Nurse Clinical Psychologist Dentist Physiotherapist
	<b>Region of Practice</b>	Nicosia Famagusta Kyrenia Morphou/Güzelyurt Trikomo/İskele Lefka/Lefke
	<b>Years of Practice</b>	1–44 years Mean=11.46, SD=10.68
	<b>Years of practice in the northern part of Cyprus</b>	1–40 years Mean=8.49, SD=8.62
	<b>Residency</b>	Urban Rural

<sup>2</sup> Each scale used was analyzed for reliability and found to have high Cronbach Alpha coefficients which are indices of a psychometrically sound assessment tool.



# RESEARCH FINDINGS

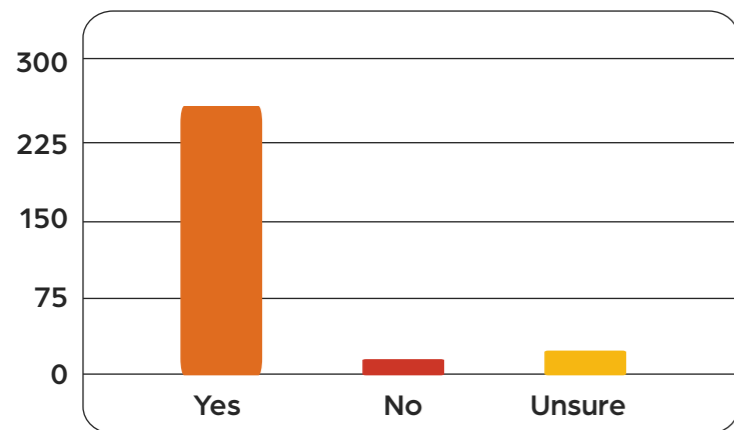


## 3 Research Findings

### 3.1 General Findings of Health Professionals Regarding LGBTI+

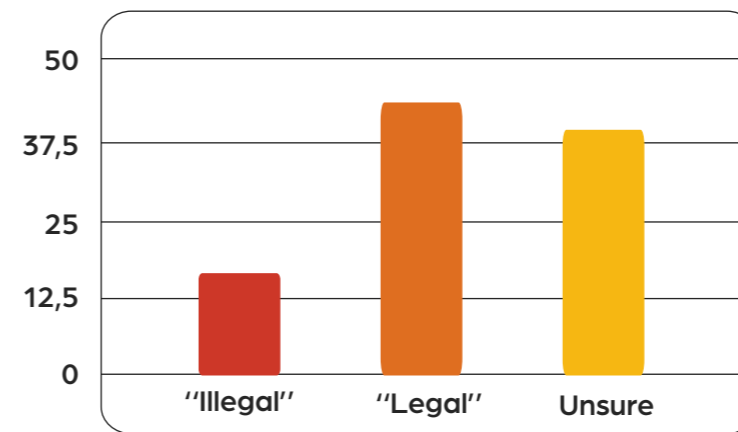
#### 3.1.1 Knowledge Regarding LGBTI+

Health professionals were asked whether they knew what the acronym of LGBTI+ stood for to which 236 (87.7%) said they did, 10 said they did not (3.7%) and 23 (7.4%) said they were unsure as to its meaning. As can be seen below, the majority of health professionals were familiar with the synonym.



**Figure 1:** Percentage of health professionals who indicated that they knew the acronym of LGBTI+

With regards to the meaning of *'intersex'* the majority of health professionals knew the correct definition (36.8%), however 34.6% believed it meant *'having both genitalia'* and 4.8% believed it equated to homosexuality. An additional 23.8% stated *'not knowing the meaning of being intersex'*. Health professionals were next asked whether *'sexual orientation'* *'gender identity'* and *'sex characteristics'* were essentially synonymous or different terms. It was found that 60.6% believed they were *'different, and they are not necessarily related nor do necessarily affect/imply certain specific development of the other ones'* whereas 27.9% agreed that they were *'synonyms as they all refer to a person's specific set of characteristics'*. However, 11.5% stated being unsure. Finally, health professionals were tested regarding their knowledge on the change in the "criminal code" in the northern part of Cyprus and asked whether they thought that *'sexual intercourse between people of the same gender is "illegal" according to the legal texts in the northern part of Cyprus'* to which 16.7% replied that *'it was "illegal"'*, 43.5% stated that *'it wasn't'* and a further 39.8% *'did not know the answer'*. As can be seen below a significant proportion of health professionals were uninformed of the "legal context". Further, health professionals were also questioned whether they knew of the existence of an NGO working for LGBTI+ rights, in which 42.4% did so and 57.6% did not.



**Figure 2:** Percentages on knowledge of change in the "criminal code" regarding sexual intercourse between consenting adults of the same sex

Having completed these preliminary knowledge questions participants were then given clear instructions regarding the definitions of LGBTI+ so that they could complete the remaining questions with the correct definitions in mind.

#### 3.1.2 Myths Regarding LGBTI+s

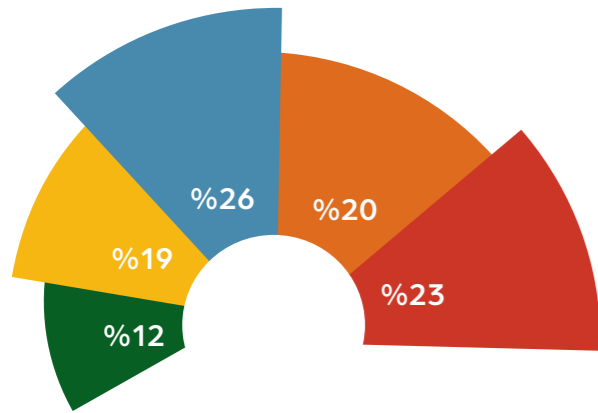
To assess myth endorsement a number of questions such as 'There is a good chance of changing homosexual persons into heterosexual men and women' and 'A person becomes a homosexual (develops a homosexual orientation) because he/she chooses to do so' were included. Additional questions pertaining to the context of the northern part of Cyprus were included such as 'Being LGBTI+ is a Western phenomenon' and 'Many young people's gender identity and sexual orientation is influenced by Western TV shows like those shown on Netflix'. On a scale of **1 (Strongly disagree)** to **5 (Strongly agree)** health professionals scored an average of **2.40**, showing low myth endorsement.

A selection of items from the scale is presented below in order to show the distribution of views on critical items, low scores indicate disagreement whereas high scores indicate agreement with the question. These results demonstrate that health professionals can often distinguish between common false assumptions and true/scientific knowledge.

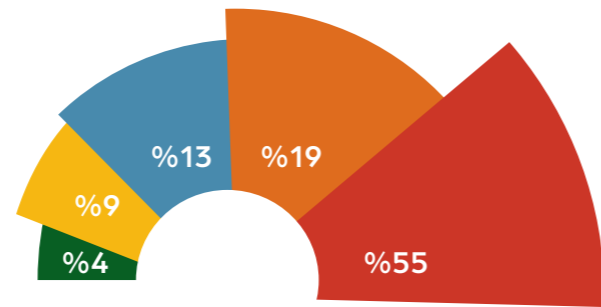
However as can be seen in some of the key items below, regarding intersex babies, gender identity and sexual orientation as an illness, false beliefs prevail. For instance, although it was a relatively small percentage, still nearly 27% believed or were unsure as to whether *'according to WHO, homosexuality is a disease'* suggesting that such misperceptions are still prevalent even in the health community.

Similarly, over 30% of health professionals agreed or strongly agreed that sexual orientation could be changed via conversion therapy, whereas 26% were undecided. Once again, a small but significant percentage of health professionals agreed that AIDS was a *'gay disease'* and 14% were undecided.

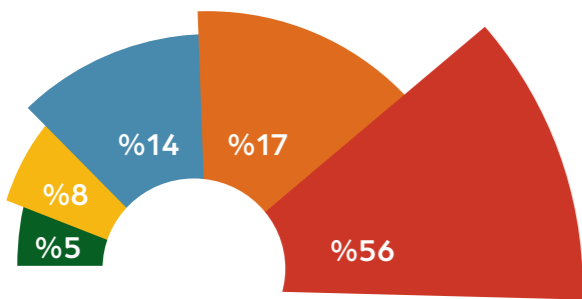
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



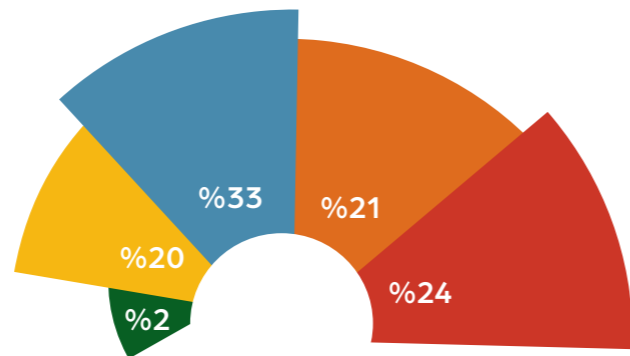
**Figure 3:** Sexual orientation can be changed via reparation therapies.



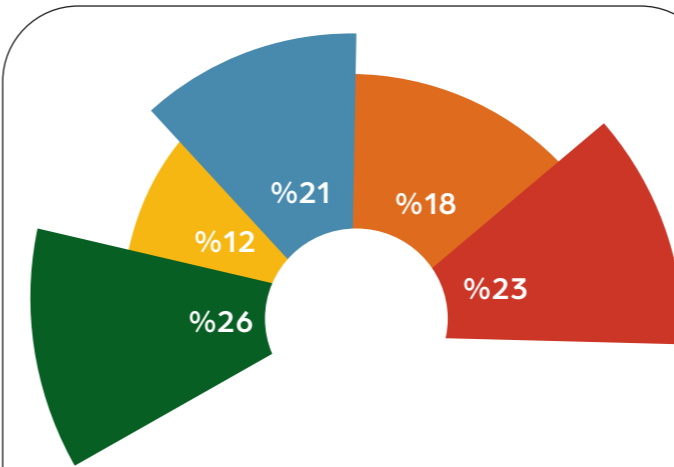
**Figure 4:** According to WHO homosexuality is an illness.



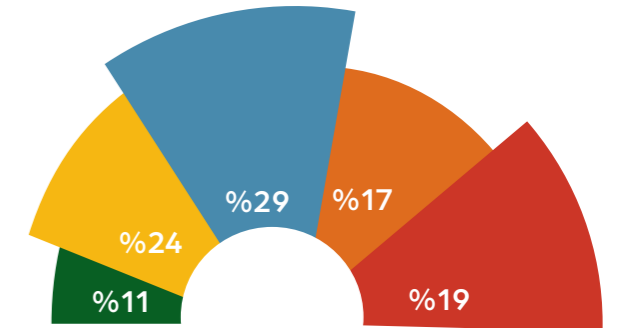
**Figure 5:** AIDS is an illness of gays.



**Figure 6:** Most gay men were abused in their childhood.



**Figure 7:** Intersex babies should be surgically treated for their physical and mental health.



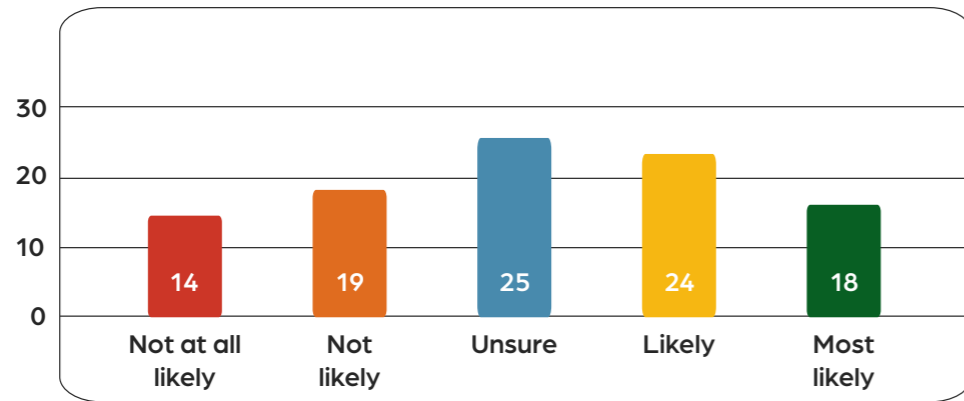
**Figure 8:** Gender identity issues can be cured by psychiatrists and psychologists.

**Figure 3, 4, 5, 6, 7 ve 8:** Some results regarding myths regarding LGBTI+

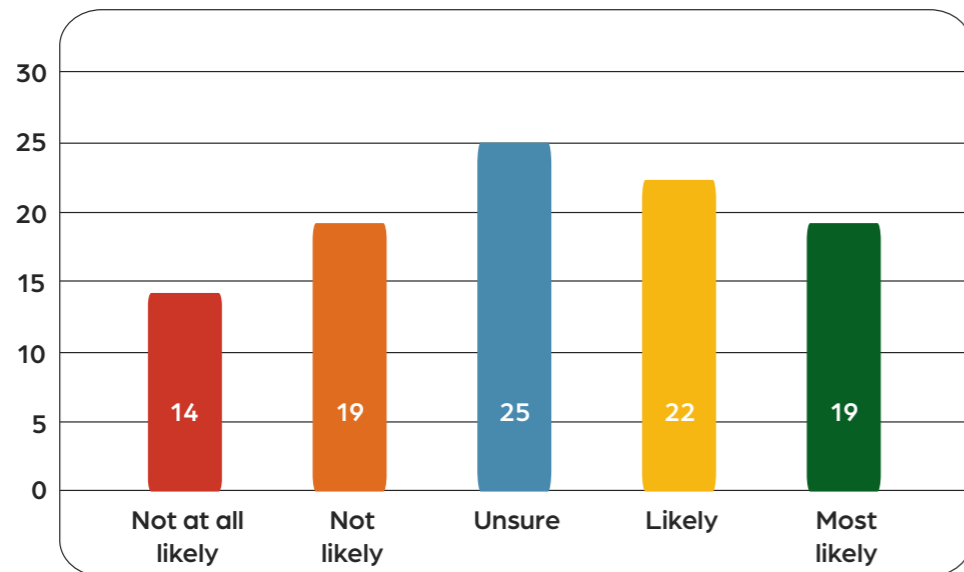
There was a generally equal distribution of agreement vs. disagreement regarding the necessity of gender normalising surgeries on intersex babies and whether gender identity issues could be 'cured' by psychiatrists and psychologists. Lastly, the majority of respondents were 'unsure' (scoring mostly around '3') with regards to whether gay men were more likely to have been abused in their childhood, once again endorsing false beliefs and myths.

### 3.1.3 Attitudes Toward LGBTI+s Within the Healthcare Setting

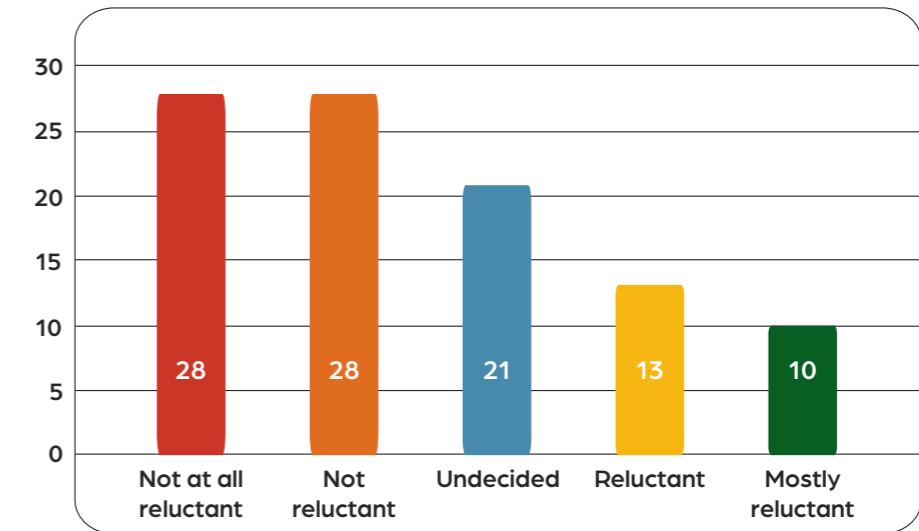
Health professionals were asked specific questions regarding working with LGBTI+s within the healthcare setting. Below are the responses once again on a scale 1 (Strongly disagree/Not at all likely) to 5 (Strongly agree/Most likely).



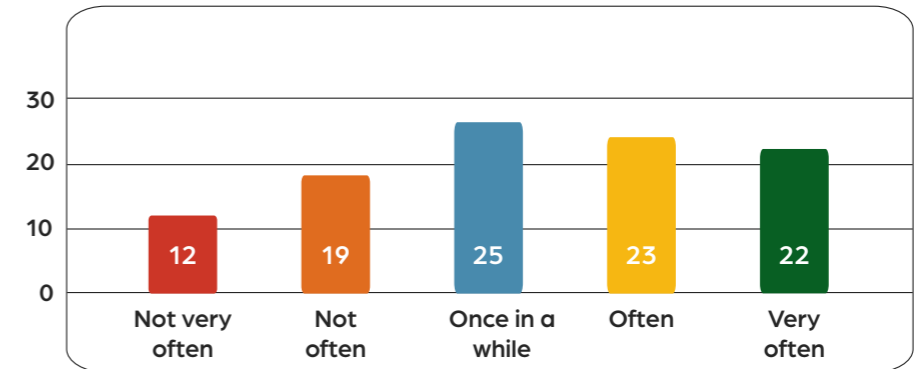
**Figure 9:** Do you automatically assume your patient/client is heterosexual?



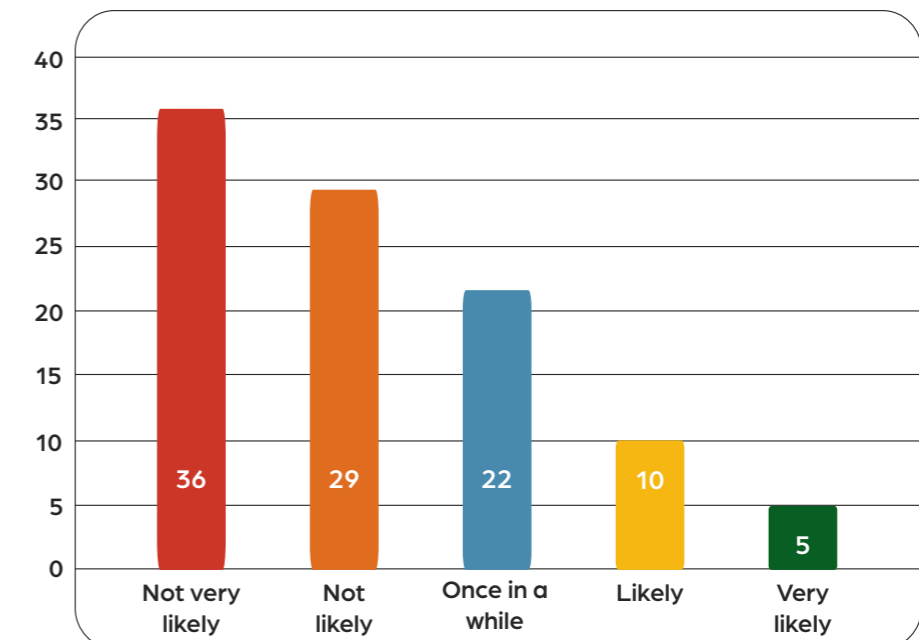
**Figure 10:** Do you automatically assume your patient/client is cisgender (non-trans)?



**Figure 11:** Are you reluctant to ask your patients/clients questions regarding their gender identity and/or sexual characteristics?



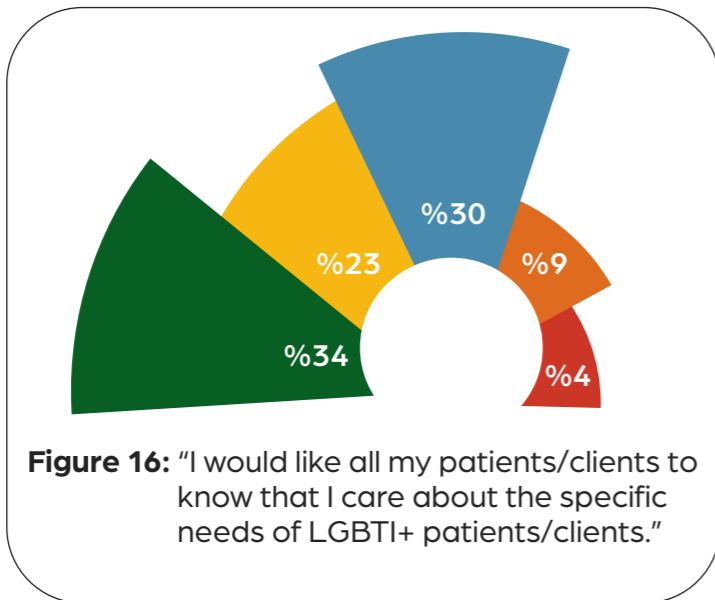
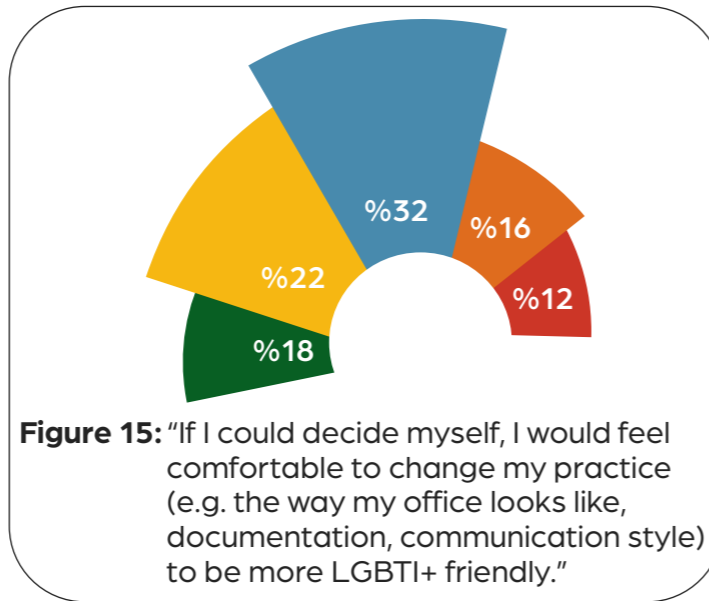
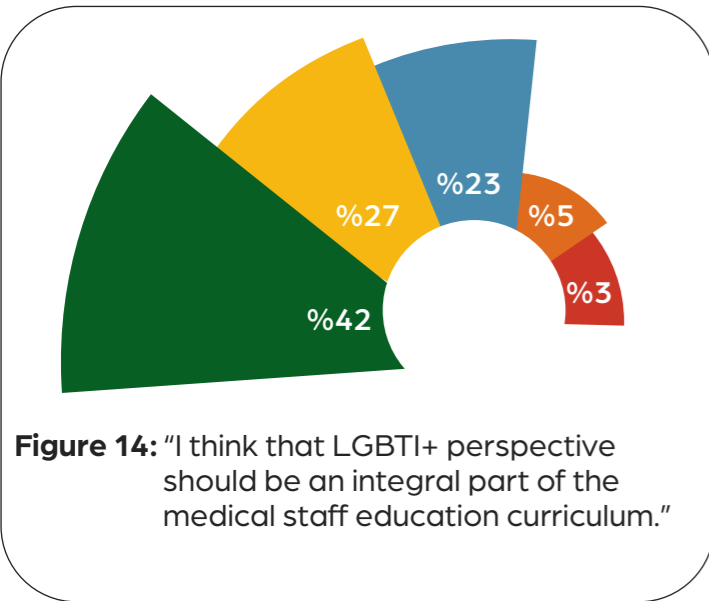
**Figure 12:** How often do you use neutral language (e.g.: "partner" instead of "husband/wife", "parent" instead of "mother/father" etc.) when asking about family relations?



**Figure 13:** Do you feel more anxious when treating LGBTI+s compared to the rest of the population?

In addition to the above items, participants were asked 9 questions on their general attitudes regarding an LGBTI+-inclusive hospital climate & training. Toward this aim, they were asked questions such as *"I think that LGBTI+ perspective should be an integral part of the medical staff education curriculum"* and *"At this point in my professional development, I feel that I have the competences and skills to provide service to LGBTI+ patients/clients"* whereby higher scores indicate more positive attitudes. The respondents on average scored **3.80/5** suggesting generally neutral to positive attitudes. A select number of items are presented below:

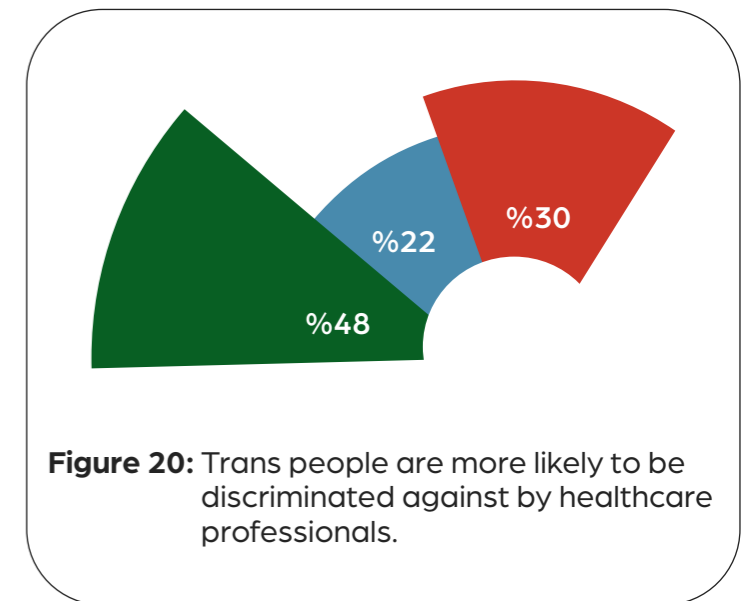
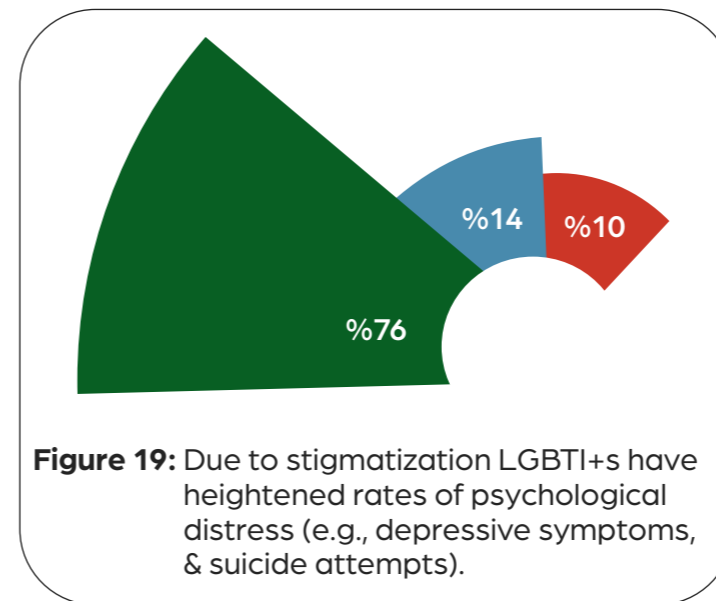
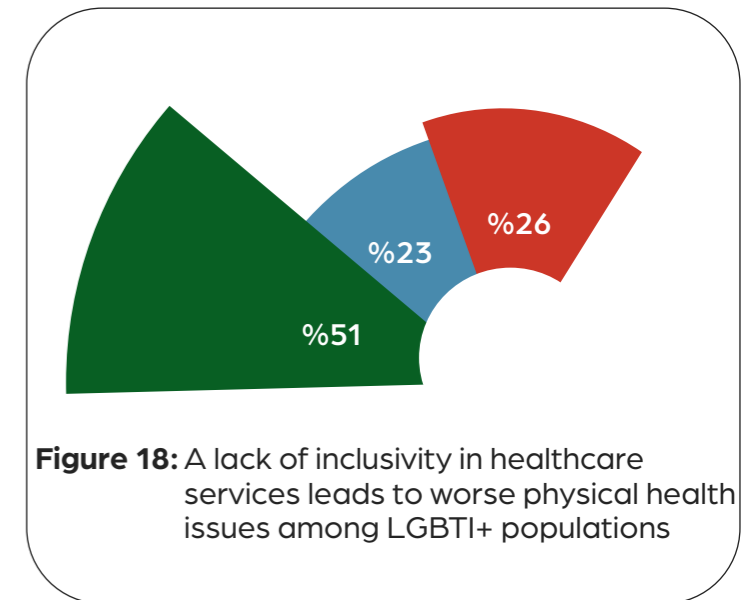
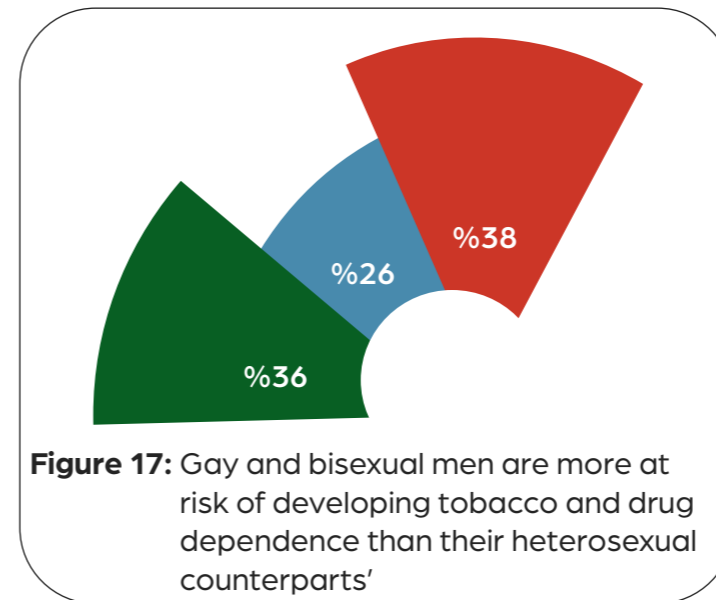
■ Strongly agree  
 ■ Agree  
 ■ Neither agree nor disagree  
 ■ Disagree  
 ■ Strongly disagree



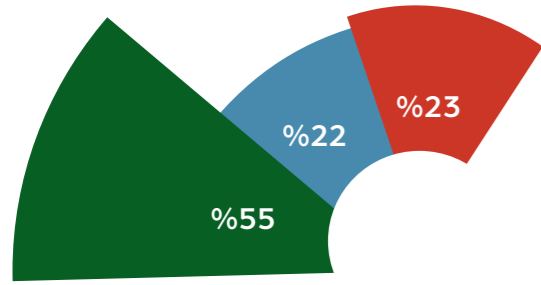
### 3.1.4 Knowledge of Health Disparities for LGBTI+s

Health professionals were also asked questions regarding their knowledge on likely LGBTI+ health disparities and minority stress related health issues. It included questions such as *'Gay and bisexual men are more at risk of developing tobacco and drug dependence than their heterosexual counterparts'*. The highest points that could be obtained on the scale was 6. Out of the participants only 6% scored the top points, showing knowledge of LGBTI+-specific health disparities are quite low. In fact, nearly 47% only received half the points (3 or lower) suggesting a low knowledge minority stress related health disparity, although this result might be best explained by knowledge on human rights of trans and intersex as a vast majority of the healthcare professionals believed intersex babies needed surgical treatment and trans people should not decide on their own hormonal treatment.

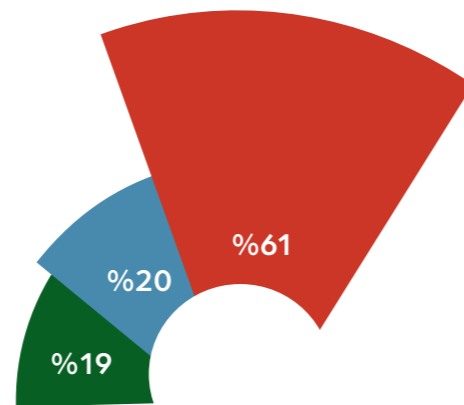
■ Yes  
 ■ I don't know  
 ■ No



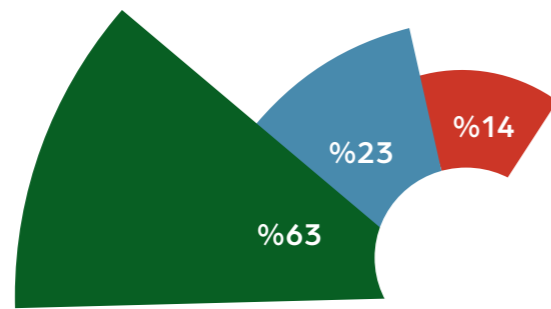
■ Yes   
 ■ I don't know   
 ■ No



**Figure 21:** LGBTI+s are more likely to experience unfavorable experiences of primary care provision compared to the general population.



**Figure 22:** Trans youth should decide when they receive hormone blockers rather than doctors.



**Figure 23:** Intersex babies should receive immediate corrective surgeries and/or other medical, hormonal and psychological treatments as having both male and female sex characteristics can lead to problems in the future.

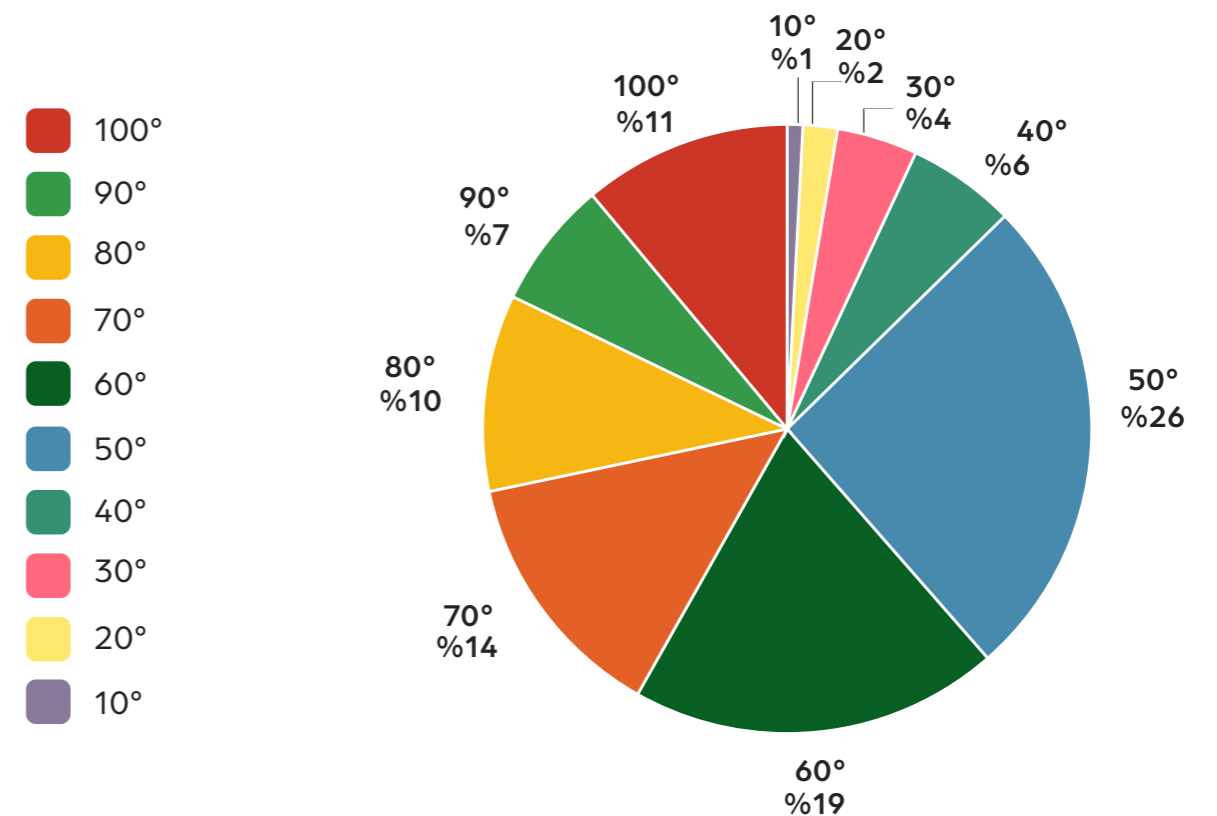
**Figure 17, 18, 19, 20, 21, 22 ve 23:** Some results regarding knowledge of health disparities for LGBTI+s

### 3.1.5 General Attitudes and Emotions Toward LGBTI+s

To assess more general attitudes, we benefited from a common measure used in research, asking participants about general feelings toward the LGBTI+ community as **cold-warm; friendly-hostile; envious-disgusted**; etc. We found a mean score of **3.67** indicative of more positive as opposed to negative general attitudes.



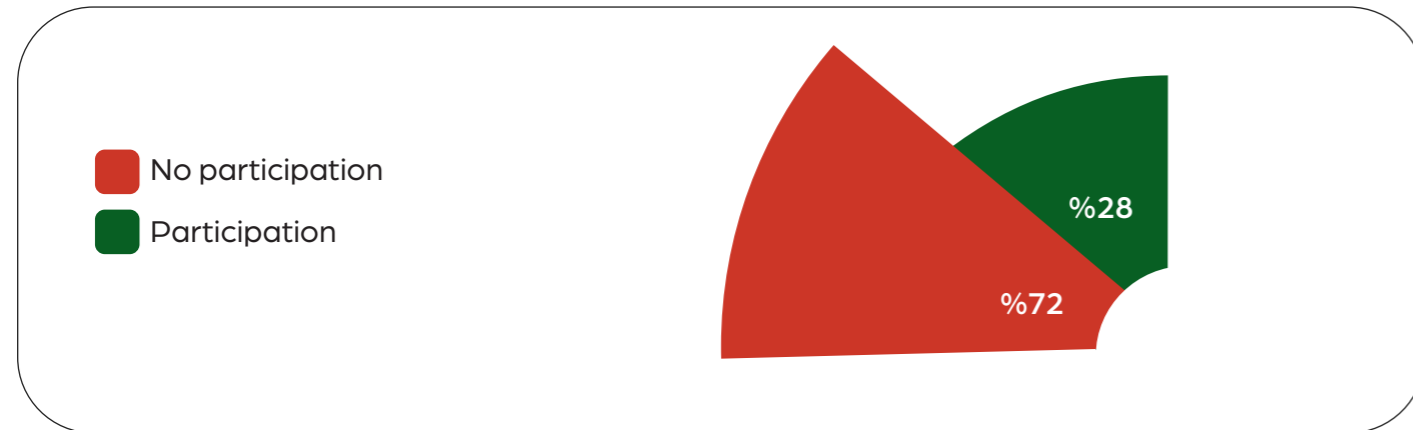
In addition, a single item called the 'feeling thermometer' was used to ask participants to express their overall feelings and attitudes towards LGBTI+ with the analogy of a thermometer in which **0°** indicates the **coldest (most negative)** attitudes to **100°** which refers to the **hottest (most positive)** attitudes and feelings, with **10°** increments. On average participants rated this as **64°** which is once again more on the positive side of the scale. Approx. **13%** of the sample were on the 'colder' side of the thermometer.



**Figure 24:** Percentages on the 'feeling thermometer' regarding LGBTI+s, from 0° (coldest) to 100° (hottest)

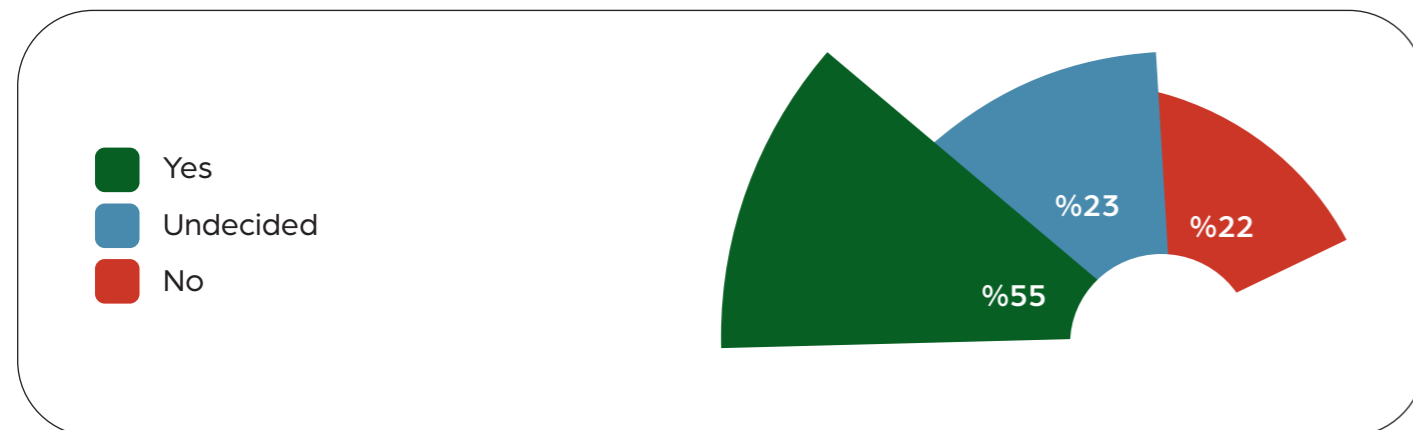
### 3.1.6 Training Regarding LGBTI+

71.7% of the health professionals reported having never participated in a training regarding LGBTI+ issues. Out of the 28.3% who had participated in trainings, most had done so as part of their medical training (13.3%), provided by the hospital they worked for (8.2%) or by QCA (3%). Although the majority of participants who received training regarding LGBTI+ issues did so within the last 5–10 years, a small majority had received this training prior to the 2000s, hence suggesting outdated knowledge regarding LGBTI+ issues. Twenty-two participants (8.2%) reported that they were taught that being an LGBTI+ was a form of illness and against morality.



**Figure 25:** Percentage of health professionals who participated in LGBTI+ training

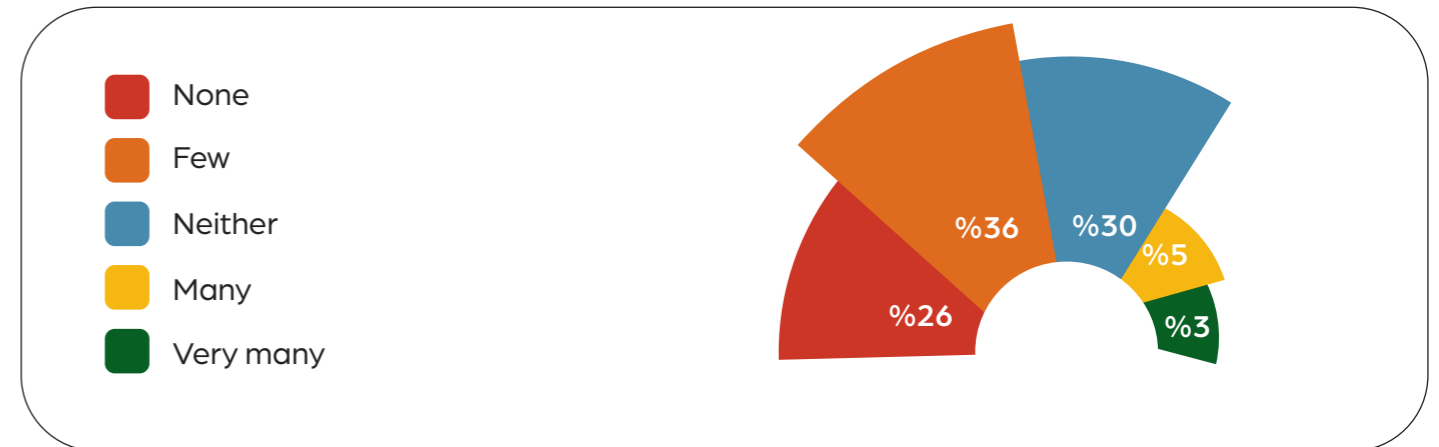
Health professionals were asked whether they were interested in being trained on LGBTI+ issues, on a scale of **1 (not at all)** to **5 (most definitely)** the mean score was **3.94**, showing more than an average interest in being trained on this topic. Only 6.7% and 5.9% answered 'not at all' and 'not much' respectively, whereas 71.7% responded as 'mostly' and 'most definitely' (approx. 16% were undecided). A follow up question inquired the extent to which health professionals thought knowledge on LGBTI+ issues was imperative for health professionals, health professionals mostly agreed with this (4.29/5.00) such that a total of 83% 'agreed' and 'definitely agreed' whereas only 4% did not think they needed to be aware of LGBTI+ topics. Similarly, 83% believed their fellow health professionals should also be aware of these matters.



**Figure 26:** Percentage of health professionals who would like to participate in LGBTI+ training

### 3.1.7 Experience with LGBTI+ Patients/Clients

We asked respondents how many LGBTI+s they knew, the majority (40%) reported that they only knew 2–3 LGBTI+s. In terms of their patients/clients, the majority (60%) believed that none or only a few of their patients/clients identified as LGBTI+, just 8% said they had many LGBTI+ patients/clients.



**Figure 27:** Percentage of LGBTI+ clients reported by healthcare professionals

We also asked health professionals their experience with dealing with patients/clients who were diverse on sexual orientation and gender identity, in which a vast majority (60%) reported no such experience. Only 10% reported having lots of experience with this community.

### 3.2 Predictors of Health Professionals' Attitudes Toward LGBTI+

PREDICTORS	SIGNIFICANCE	EFFECT
<b>Gender</b>	Yes	Males more negative than females
<b>Nationality</b>	Yes	Turkish Cypriots more positive than Turkish nationals
<b>Type of Profession</b>	Yes	Doctors and clinical psychologists most positive; nurses least
<b>Age</b>	Yes	Older age more positive than younger
<b>Training and Education</b>	Yes	Training improves positive attitudes
<b>Contact with LGBTI+s</b>	Yes	Contact improves positive attitudes
<b>Type of Hospital</b>	No	No difference between public and private hospitals
<b>Years of Experience</b>	No	No effect on attitudes

**Table 2:** Summary of findings

In line with the previous findings worldwide, we found that male health professionals on average had more negative attitudes toward LGBTI+s in general than female health professionals. No significant difference was found with regards to myth endorsement or knowledge regarding the risk factors for LGBTI+s. There was a significant difference between Turkish Cypriots and Turkish nationals in terms of general attitudes toward LGBTI+s, such that Turkish Cypriots reported more positive attitudes. As age increased myth endorsement dropped, positive attitudes regarding LGBTI+s increased and so did knowledge of risk factors. This is generally not found to be the case however; it might be explained via increased exposure and experience with LGBTI+s.

We found that those health professionals who had received training regarding LGBTI+ issues reported more positive attitudes in general, more positive emotions and were more likely to be aware of the health disparities. These findings highlight the importance of raising awareness of and providing training to health professionals on LGBTI+ topics.

An important predictor of more positive attitudes and less myth endorsement was knowing LGBTI+s in one's own personal life, highlighting the importance of contact and friendships for challenging false beliefs.

A general comparison of all professions showed significant differences. To start with, regarding attitudes toward LGBTI+s within the health care settings and more general attitudes toward LGBTI+s doctors had the most positive attitudes along side clinical psychologists, followed by dentists and physiotherapists, while nurses had the worst attitudes among the professions. In terms of health disparities clinical psychologists were most aware of these in comparison to all other professions, however surprisingly they were also most likely to believe in myths regarding LGBTI+s. Similarly, nurses were also high in myth endorsement. The profession least likely to endorse myths were doctors.

To sum up the results, a number of variables played an important protective role regarding discriminatory attitudes, these include being female, being Turkish Cypriot, older in age, receiving prior training on LGBTI+ issues and personally knowing LGBTI+s. We found crucial evidence on the importance of health professionals receiving training on factors that affect LGBTI+ health outcomes, specific health needs of LGBTI+s as well as the barriers present in the current medical system in the northern part of Cyprus preventing proper care for LGBTI+s. Healthcare professionals should be trained about heteronormativity, gender normativity and issues pertaining to minority stress, so that they have more detailed information about the health inequalities LGBTI+s' experience. This seems to be most pertinent for clinical psychologists, a profession most likely to have LGBTI+ clients looking for guidance and support. It is vital that they receive this support from a professional with correct knowledge regarding LGBTI+ needs and experiences.

As part of this training, healthcare professionals should be made aware of LGBTI+ healthcare experiences such as stigmatization, prejudicial attitudes of doctors, nurses or administrative staff, denial of treatment as well as needs being ignored. Healthcare professionals should be informed of the importance of using inclusive language, approaches that are more accepting and non-judgmental as well as ways in which they can create a more welcoming practice for LGBTI+s.



# IMPLICATIONS AND SUGGESTIONS



## 4 Implications and Suggestions

The aim of the report was to understand the attitudes, knowledge and myth endorsement of health professionals in the northern part of Cyprus. As mentioned in the Research Findings and Discussion part, the findings generally show that health professionals hold relatively more positive than negative attitudes. However, it should be noted that four out of ten participants do not have sufficient knowledge of LGBTI+ terminology, while more than half of them are not aware of "legal changes" of the decriminalization of homosexuality in northern part of Cyprus. On the other hand, more than half of the participants do not have clear knowledge that sexual orientation cannot be changed or cured by therapies or encouragement. Finally, it is clear that there is serious information pollution about intersex that needs to be tackled. Therefore, there is a clear need to implement education and training programs specific to LGBTI+s' and their health needs, introducing anti-discrimination legal texts and/or provisions, and eliminating the deficiencies in their implementation and supervision that will create a more inclusive health system. This is also an important consideration since the existing anti-discrimination provisions in legal texts on health makes no specific reference to LGBTI+s and only makes reference to 'sex/gender'. Since it will not be possible to prevent prejudice and discrimination within the binary system, these legal texts need to be revised to be more inclusive to all gender identities and diverse sexual orientations.

The results of the study showed that close to one third of the health professionals report wanting to receive more training regarding LGBTI+s and their wellbeing. In this context, it is recommended that the local body responsible for health, associations of doctors, nurses, midwives as well as psychologists should organize LGBTI+ specific trainings for health professionals in order to increase their knowledge base. This seems to especially be required for nurses who have significant one-to-one contact with LGBTI+s in healthcare settings yet seem to be one of the most negative professions in this regard. Similarly, clinical psychologists who are well aware of health disparities and hold relatively positive attitudes might at the same time, still endorse myths pertaining to LGBTI+s. This brings to attention the importance of choosing clinical psychologists carefully, which is why Queer Cyprus Association's clinical psychologists network includes professionals who have received training in this area.

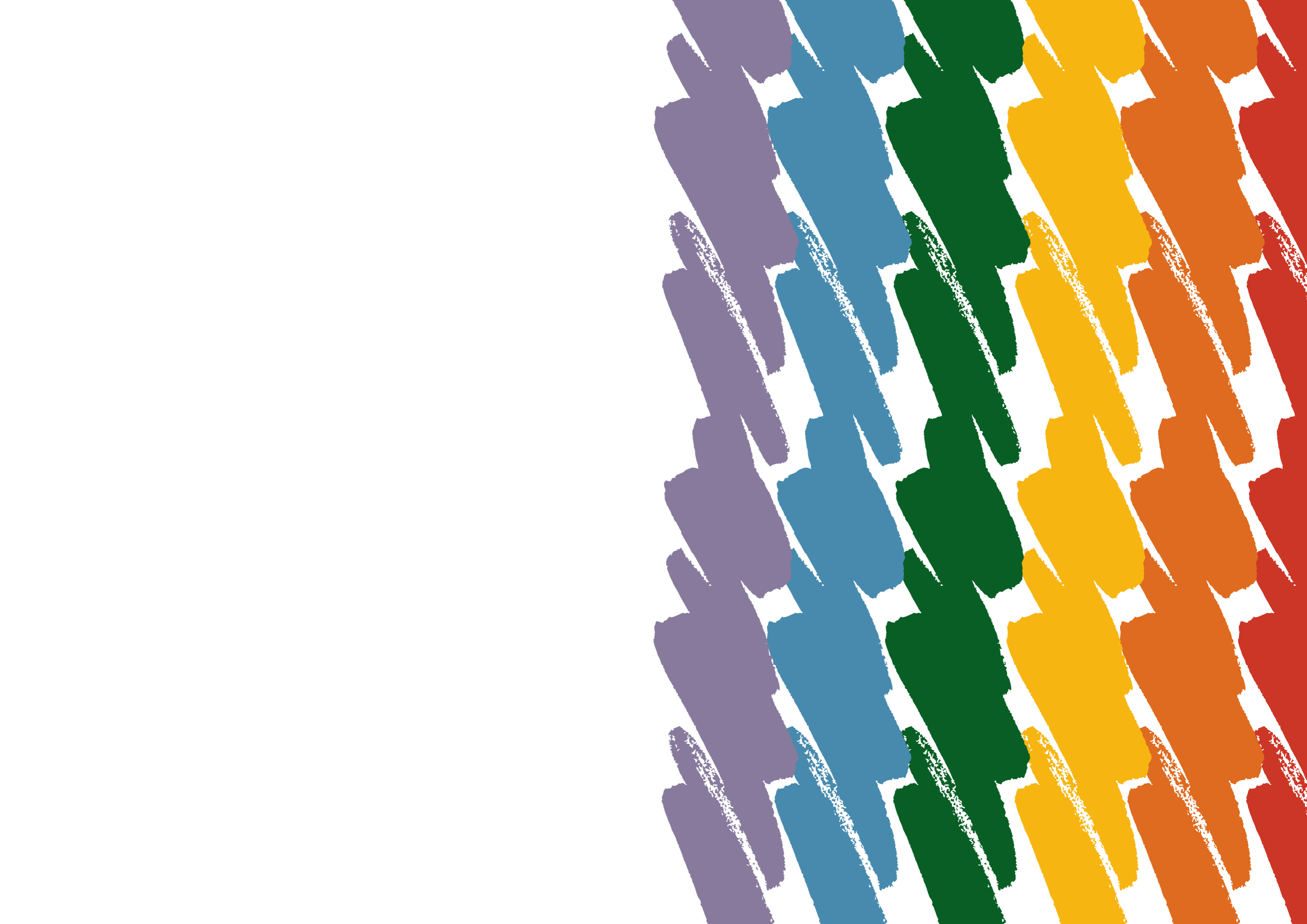
Moreover, when one looks at the results, another predictor of negative attitudes in health professionals is not knowing LGBTI+s. In line with this, it is crucial for both local body responsible for health and all associations of health professionals to work with civil society organizations. By doing so, health professionals will be able to both increase communication and listen to first hand accounts of existing problems and establish a better understanding of the perspectives of LGBTI+s residing in the northern part of Cyprus.

It is also suggested that a focus group with LGBTI+s residing in the northern part of Cyprus be conducted in order to assess whether their experiences in healthcare settings align with the findings reported in this report. By incorporating their feedback and experiences, it will be possible to create a more intensive program dedicated to improving the attitudes and knowledge of health care providers.

Finally, it is recommended to make the necessary legal texts amendments to prevent discrimination, and to monitor whether the legal texts aimed at preventing discrimination are implemented or not. Only by having such rules in place can we ensure equal and dignified access to healthcare services by LGBTI+s.

## 5 References


- Donisi, V., Amaddeo, F., et al. (2020). Training healthcare professionals in LGBTI cultural competencies: Exploratory findings from the Health4LGBTI pilot project. *Patient Education and Counseling*, 103(5), 978–987.
- Erzeybek, B., and Uluçaylı, S (2021). Mapping study on access of lgbti+s'to existing social services in the northern part of Cyprus. Queer Cyprus Association. <https://www.queercyprus.org/wp-content/uploads/2021/11/Mapping-Study-On-ACCESS-OF-LGBTIs-TO-EXISTING-SOCIAL-SERVICES-IN-THE-NORTHERN-PART-OF-CYPRUS.pdf>
- Goldbach, J. T., Tanner-Smith, E. E., Bagwell, M., & Dunlap, S. (2014). Minority stress and substance use in sexual minority adolescents: A meta-analysis. *Prevention Science*, 15, 350–363. <https://doi.org/10.1007/s1121-013-0393-7>
- Güldal, A. D., Çelikkaya, D., Bozdağ, S., & Günvar, T. (2019). Healthcare services experiences of LGBTI individuals: a qualitative research. *The Journal of Turkish Family Physician*, 10(4), 195–204.
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521–548.
- Husnu, S. R. (2021, December). Attitudes toward sexual orientation and gender diversity in a locally representative sample in the northern part of Cyprus. Queer Cyprus Association. <https://www.queercyprus.org/wp-content/uploads/2021/12/Attitude-Survey-2021.pdf>
- McKay, B. (2011). Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Medical Reference Services Quarterly*, 30(4), 393–401. <https://doi.org/10.35654/ijnhs.v5i6.644>
- Meads, C., Kelly, M. P., & Carmona, C. (2012). Lesbian, gay and bisexual people's health in the UK: a theoretical critique and systematic review. *Diversity and Equality in Health and Care*, 9(1).
- Meckler, G. D., Elliott, M. N., Kanouse, D. E., Beals, K. P., & Schuster, M. A. (2006). Nondisclosure of sexual orientation to a physician among a sample of gay, lesbian, and bisexual youth. *Archives of Pediatrics & Adolescent Medicine*, 160(12), 1248–1254. [doi:10.1001/archpedi.160.12.1248](https://doi.org/10.1001/archpedi.160.12.1248)
- Meyer, I.H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129, 674–97.
- Meystre-Agustoni, G., Jeannin, A., & Dubois-Arber, F. (2011). Talking about sexuality with the physician: are patients receiving what they wish?. *Swiss Medical Weekly*, 141(0910). <https://doi.org/10.4414/sm.w.2011.13178>
- Pennant, M. E., Bayliss, S. E., & Meads, C. A. (2009). Improving lesbian, gay and bisexual healthcare: a systematic review of qualitative literature from the UK. *Diversity and Equality in Health and Care*, 6(3).
- Rubio, R. R. M., & Echem, R. (2022). Correlates of Attitudes of Filipino Healthcare Providers' Toward the LGBT Patients. *International Journal of Nursing and Health Services*, 5(6), 475–485. <https://doi.org/10.35654/ijnhs.v5i6.644>
- Ryan, C. (2003). Lesbian, gay, bisexual, and transgender youth: Health concerns, services, and care. *Clinical Research and Regulatory Affairs*, 20(2), 137–158. <https://doi.org/10.1081/CRP-120021078>
- Thyen, U., Lux, A., Jürgensen, M., Hiort, O., & Köhler, B. (2014). Utilization of health care services and satisfaction with care in adults affected by disorders of sex development (DSD). *Journal of General Internal Medicine*, 29, 752–759.
- Uluboy, Z., & Husnu, S. (2020). Turkish Speaking Young Adults Attitudes toward Transgender Individuals: Transphobia, Homophobia and Gender Ideology. *Journal of homosexuality*, 1–19. Advance online publication. <https://doi.org/10.1080/00918369.2020.1813510>
- Walker, K., Arbour, M., & Waryold, J. (2016). Educational strategies to help students provide respectful sexual and reproductive health care for lesbian, gay, bisexual, and transgender persons. *Journal of Midwifery & Women's health*, 61(6), 737–743. <https://doi.org/10.1111/jmwh.12506>



 kuirkibris

  queercyprus

 [www.kuirkibris.org](http://www.kuirkibris.org)

 +90 542 858 58 47

 [info@queercyprus.org](mailto:info@queercyprus.org)

 Ferruh Cambaz Street, 4, Köşklüçiftlik,  
Human Rights House, Nicosia, Cyprus



This publication was funded by the European Union. Its contents are the sole responsibility of Queer Cyprus Association and do not necessarily reflect the views of the European Union.

