

CLAIMING THE RIGHT TO CARE

SEXUAL & REPRODUCTIVE HEALTH
FACTS, TOOLKIT & RIGHTS



WHY SEXUAL & REPRODUCTIVE HEALTH CARE MATTERS FOR BI+ PEOPLE

Bi+ people are routinely excluded from sexual and reproductive health messaging, screenings, and prevention efforts. Assumptions about partners, risk, and behavior leave bi+ patients under-screened, stigmatized, and under-served.



Claiming the right to
care means receiving
accurate, relevant
health care regardless
of who a provider
assumes you love.

WHAT AFFIRMING SEXUAL & REPRODUCTIVE HEALTH CARE LOOKS LIKE

- Treats bisexuality+ as a legitimate orientation, not a risk category
- Asks about current partners and behaviors instead of assuming them
- Explains testing, PrEP, and contraception recommendations clearly and without shame
- Asks about pregnancy goals once without repeatedly centering fertility in unrelated care
- Respects bodily autonomy, consent, and trauma history during exams
- Offers alternative testing and exam options when requested without treating the request as a burden

You are not asking for “special treatment.” You are asking for competent and informed care.

FAST FACTS



39.3% of bi+ men and 32.6% of bi+ women aren't out to their doctors compared to 10% of gay men and 12.9% of lesbians.¹

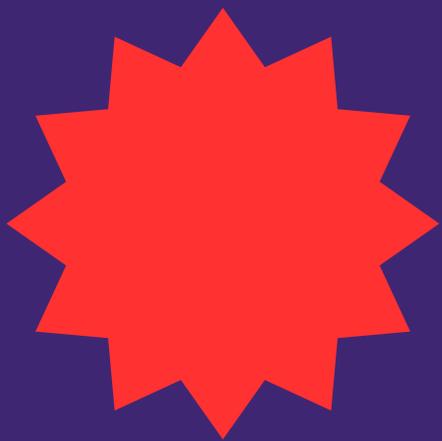


Nearly 50% of bi+ patients expect to face biphobia and bi-antagonism in the exam room, preventing them from seeking care.²

1. Durso, L. E., & Meyer, I. H. (2013). Patterns and Predictors of Disclosure of Sexual Orientation to Healthcare Providers among Lesbians, Gay Men, and Bisexuals. *Sexuality research & social policy : journal of NSRC : SR & SP*, 10(1), 35–42.
<https://doi.org/10.1007/s13178-012-0105-2>

2. Human Rights Campaign. (2012). Health disparities among bisexual people (Bi Health Brief).
https://assets2.hrc.org/files/assets/resources/HRC-BiHealthBrief.pdf?_ga=2.227602205.1807617501.1678110433-1167001237.1678110433

FAST FACTS



79.3% of bi+ women and 56.4% of bi+ men experience sexual violence in their lifetime.³



Bi+ men in relationships with women report more frequent intimate partner aggression than those in relationships with men.⁴

3. LGBTQ+ IPV Institute. (2021). *Support for bisexual survivors*. <https://lgbtqipvoinstitute.org/support-for-bisexual-survivors/>

4. Smith, M. S., Feinstein, B. A., Mustanski, B., & Newcomb, M. E. (2023). Partner Gender and Binegativity Uniquely Impact Relationship Quality among Bisexual Men. *The Journal of Sex Research*, 60(3), 359–367. <https://doi.org/10.1080/00224499.2022.2106350>

FAST FACTS



Bi+ women are 3x **more likely** to be diagnosed with an STI than heterosexual and lesbian women due to lack of trust in health care providers.⁵

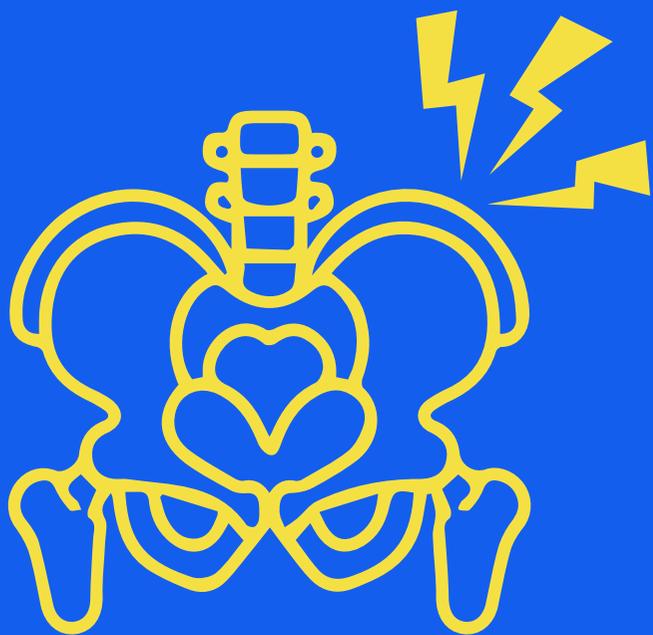


Bi+ men share similar HIV and Mpox risk profiles with gay men but are less likely to access testing, medicines such as PrEP, or vaccination.⁶

5. Agénor, M., Muzny, C. A., Schick, V., Austin, E. L., & Potter, J. (2017). Sexual orientation and sexual health services utilization among women in the United States. *Preventive Medicine*, 95, 74–81. <https://doi.org/10.1016/j.ypmed.2016.11.023>

6. Carpino, T. R., Atkins, K., Abara, W., Edwards, O. W., Lansky, A., DiNenno, E., Hannah, M., Delaney, K. P., Murray, S. M., Sanchez, T., & Baral, S. (2024). Mpox and vaccine knowledge, beliefs, and sources of trusted information among gay, bisexual, and other men who have sex with men in the U.S. *AJPM Focus*, 3(6), 100267.

FAST FACTS



Bi+ women report higher rates of chronic pelvic pain (CPP) than heterosexual and lesbian women.⁷



Bi+ women are less likely to seek cervical cancer screenings than heterosexual and lesbian women.⁸

7. Arora, D., & Mehta, V. (2026). Epidemiology of chronic pelvic pain. In A. Abd-Elseyed (Ed.), *Interventional management of pelvic pain* (pp. 33–42). Elsevier.

8. Baumann, K., Matzke, H., Peterson, C. E., Geller, S., Flores, R., Prachand, N. G., & Holt, H. K. (2024). Sexual Orientation and Cervical Cancer Screening Among Cisgender Women. *JAMA Network Open*, 7(5), e248886. <https://doi.org/10.1001/jamanetworkopen.2024.8886>

WHAT CLAIMING THE RIGHT TO CARE LOOKS LIKE

- Sexual health care based on **behavior and needs**, not assumptions
- Inclusive screening and prevention guidelines
- Providers who ask open, non-judgmental questions
- Access to trauma-informed exams that prioritize consent and bodily autonomy
- Documentation that reflects your identity accurately, without erasure

COMMON BARRIERS

In sexual and reproductive health settings, bi+ patients often experience:

- Risk assessed based on identity label rather than behavior
- Assumptions of promiscuity or irresponsibility
- Providers avoiding conversations about multiple partner genders
- Under-screening for STIs when partnered with women
- Overemphasis on pregnancy prevention without asking about actual reproductive goals
- Pelvic pain minimized, psychologized, or attributed to stress without investigation
- Trauma histories not considered during exams

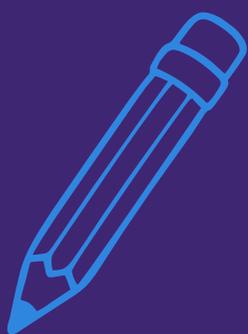
TOOLS



Ask providers to base care on behavior, not assumed identity.



Request inclusive screening intake forms even if they're "not standard."



If care is denied, ask for the rationale in writing.



Bring a trusted friend or family member into the exam room or request a patient advocate.

BEFORE STARTING CARE

Know your goal.

STI testing? Contraception? Pain? Fertility?
Routine care?

Know your history.

Last STI test? Last Pap smear? Current birth
control?

Know your current risk.

What partners do you have right now?
What types of sex? Is pregnancy possible?

Know your comfort level.

Are there exams, questions, or topics you
want explained? Bring questions.

Set a boundary in advance.

"I want this visit to focus on ____."

IF SEXUAL & REPRODUCTIVE CARE FEELS HARMFUL

Red flags include:

- Questioning the legitimacy of your bisexuality+
- Framing bisexuality as inherently “high risk”
- Ignoring your description of partners
- Centering fertility in unrelated care
- Using shame, jokes, or moral language during exams
- Performing procedures without clear explanation or consent

You can:

- Ask how a recommendation is medically indicated
- Request a different provider or referral
- Ask for documentation if care is denied
- Pause or stop an exam
- Seek a second opinion
- End care that is causing harm

"Can you explain why this is necessary?"

"Please don't assume based on my orientation."

"I want to focus on the reason I came in."

"Please base recommendations on my current partners and practices."

"I'm not comfortable answering that."

**LANGUAGE
YOU CAN
USE**

PROVIDER GUIDANCE

- Do not treat bisexuality+ as a risk category
- Base screening and contraception counseling on behavior and physiology, not partner gender alone
- Do not assume promiscuity, concurrency, or instability
- Avoid centering pregnancy unless it is clinically relevant
- Believe patients when they describe their partners and risk realities
- Explain STI testing, PrEP, and fertility discussions without moral framing
- Document sexual orientation accurately when disclosed

Clinical care shaped by stereotypes is not evidence-based care.

WHAT ARE YOUR RIGHTS?

1. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.
2. To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment. Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.
3. To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.

WHAT ARE YOUR RIGHTS?

4. To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.
5. To have the physician and other staff respect the patient's privacy and confidentiality.
6. To obtain copies or summaries of their medical records.
7. To obtain a second opinion.

WHAT ARE YOUR RIGHTS?

8. To be advised of any conflicts of interest their physician may have in respect to their care.
9. To continuity of care. Patients should be able to expect that their physician will cooperate in coordinating medically indicated care with other health care professionals, and that the physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.

RESOURCES

LGBTQ+ Healthcare Directory

lgbtqhealthcaredirectory.org

National LGBTQIA+ Health Education Center

lgbtqiahealtheducation.org

Planned Parenthood

plannedparenthood.org

The Network la Red

tnlr.org

Anti-Violence Project

avp.org

RAINN's National Sexual Assault Hotline

rainn.org



#BiHealthMonth