**Book Review**

*Preventive health measures for lesbian and bisexual women*

Edited by Shelly Kerr and Robin Mathy (Haworth Medical Press: New York, 2006), 143 pp., US$24.00 (paperback), ISBN 13 978-0-7890-3333-8, US$46.00 (hardback), ISBN 10: 0-7890-3332-1.

One of the many joys of doing research comes from finding that one article or one book that appears to perfectly encapsulate all that you have been seeking in your seemingly endless review of the literature. You believe you have found the work that will tie together and substantiate your latest theoretical proposition. It is all there, perfectly spelled out in the title. And then you start reading and realize you have in fact judged a book by its cover. And you have judged erroneously.

Such is the case with *Preventive health measures for lesbian and bisexual women*, another in the continuing series of Haworth publications that are simultaneously published as special issue journals and as books. Rather than a book focused on prevention as it pertains to lesbian and bisexual women, the book is a pastiche of articles, with varying degrees of attention paid to preventive health measures, including some with no such attention at all. The thematic disconnect is foreshadowed in the introduction: while the editors stress the importance of preventive health, they provide no working definition or explanation to their readers of precisely what constitutes preventive health within the context of the book or why they have chosen the articles they have.

This said, there are a number of worthy additions to lesbian and bisexual women's health literature in this book. For example, Gruskin and colleagues report on their qualitative study of lesbians that explored bar-going behaviours and their consequences. Given the prevailing – though, as of yet, largely untested – theory that the socio-cultural relevance of the lesbian bar contributes to elevated drinking and drinking problems among lesbians, this study is an important contribution.

A number of themes emerged from the 35 interviews they conducted, perhaps the clearest being that reasons for bar-going are complex and rarely singular in intent or focus. Rather, there is an interplay between putatively ‘negative’ reasons for bar-going, for example to facilitate coping and self-medication through alcohol consumption, and more positive factors, for example to build social support and networks or to establish a sense of identity and self. The inextricable intertwining of these factors and the fact that they may confer important health benefits while simultaneously promoting potentially dangerous behaviours, such as binge drinking, highlights the challenges inherent to designing prevention programmes around this issue.

The two chapters devoted specifically to preventive health are unfortunately somewhat wanting. The chapter by Grindel and others, based on the American Cancer Society (ACS) guidelines for cancer prevention and screening, is disorganized and hard to follow. The sheer amount of information presented and lack of a comparison group make assessing the validity of the results difficult. Ultimately the authors found that lesbians did in fact meet most of the ACS guidelines. While on its face this is good news, given that it was a self-report survey utilizing a convenience sample and that many of questions are subject to social desirability bias (for example, questions about frequency of exercise and practicing safer sex), results should be interpreted very cautiously.
The better of the two chapters describes a study by Wells and colleagues, in which the authors report on their research of preventive health behaviours among lesbian and bisexual women. Results showed that, on the one hand, lesbians were more likely to report breast self-examinations during the past year, while bisexual women were more likely to report receiving cholesterol screenings. There was no heterosexual comparison group to contextualize findings or offer a point of contrast and, on the whole, lesbians and bisexuals did not differ very much from one another. Moreover, as is often the case, these findings are compromised by a small sample size (102 lesbians and 23 bisexual women) as well as a problematic sampling methodology (women were recruited while attending a large LGBT event in New York City).

While the utility and validity of the empirical findings is necessarily limited, Wells and colleagues should be commended for their attention to more theoretical and conceptual issues vis-à-vis sexual orientation and health. More specifically, the authors move the field forward by carefully considering the difference between sexual identity and sexual behaviour and how these may differentially affect health behaviours and health outcomes. Heretofore the field of LGBT research has done a sloppy job of distinguishing these categories and has often treated them as equivalent; for example, any report of same-sex sexual behaviour in one’s lifetime places one in the ‘homosexual’ category. Furthermore, research to date has been overwhelmingly descriptive, with little explication or testing of theoretical frameworks that might account for health disparities.

Thankfully, the field has started to become more sophisticated in its understanding of the complexity of sexual orientation and, correspondingly, how it may be associated with health. In Chapter 1, the authors rightly suggest that lumping all sexual minority women together into one group, whether based on behaviour or identity, will obscure differences within sexual minority groups. The association between sexual identity and health, they suggest, likely differs for lesbian and bisexual women. As such, they should not be treated as the same without an explicitly stated reason for doing so. This is a necessary position given the dearth of information specifically about bisexual women’s health in the small body of extant literature that suggests both bisexually-identified and behaviourally bisexual women fare poorer than heterosexual and lesbian women on a number of health outcomes.

In addition to the Gruskin chapter mentioned previously, there are two chapters detailing qualitative studies on lesbians living with breast cancer and a third chapter on the topic that is strictly quantitative. While the inclusion of numerous qualitative or mixed-method studies is a major strength of the book, it is not entirely clear how three chapters about sexual minority women living with breast cancer fit into the overall theme of the book. This is certainly not to suggest that doctor-patient rapport, how and from whom lesbians with cancer obtain social support or how lesbians respond to their diagnosis are not important areas of inquiry. Such information is vital for practitioners and health educators, but will they come looking for it in a book that bills itself as an analysis of preventive measures?

Another chapter only indirectly related to preventive health behaviours, but valuable and well-written on its own terms, is the final chapter by Bowen, Bradford and Powers. The authors provide an excellent overview of the different sampling methodologies that are typically utilized in studies of sexual minority women’s health and then go on to compare results across four different studies. As the authors themselves note, researchers do not always understand the implication of the sampling methodologies they utilize. This brief yet rich chapter brings much-needed coherence to the often-disparate findings in the literature, arguing for a more sophisticated and thoughtful approach to the methods utilized in LGBT health research.

In addition to the relevant and important contribution to the discussion of methodology that this chapter provides, the results from their analyses also confirm what health researchers have long known: people who volunteer for studies are more likely to be healthy. For example, as compared to population-based and probability samples, sexual minority women in the two volunteer samples had significantly better mental health, reported higher levels of mammography screening and, though not statistically significant, were less frequently current smokers.
Additionally, Bowen and colleagues found that women in volunteer samples had significantly more education, which is one of the more robust predictors of health.

What this tells us is that we must be mindful that reliance on convenience samples likely underestimates health disparities among sexual minority women. Furthermore, to the extent that we continue to rely on convenience samples, we must do a much better job of recruiting a diverse range of women into our samples, particularly racially and ethnically diverse women.

In conclusion, there are fundamental differences between books and special issue journals, at least in this reviewer’s mind, and this publication highlights some of the problems in assuming they can be treated as equal, not the least of which is the deceptively coherent title that attempts to impose order on the seven chapters. Nevertheless, in a field that is in need of more qualitative research, more careful attention to definitions and a better understanding of how methodology affects outcomes, this book proves a valuable resource. On the whole, Preventive health measures for lesbian and bisexual women has a number of chapters to recommend it – even though the chapters may not specifically be related to preventive health.

Wendy Bostwick
Adler School of Professional Psychology
Chicago, USA