ASSOCIATION BETWEEN HOMOPHOBIA AND PERCEIVED DISCRIMINATION IN HEALTH CARE SERVICES AMONG LESBIANS IN CHENGDU, CHINA

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ความสัมพันธ์ระหว่างความกลัวการรักเพศเดียวกันและการรับรู้การเลือกปฏิบัติในการรับบริการทางด้านสุขภาพของหญิงรักหญิงเมืองเฉิงตู สาธารณรัฐประชาชนจีน

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หลิง ฮง เหลียว : ความสัมพันธ์ระหว่างความกลัวการรักเพศเดียวกันและการรับรู้การเลือกปฏิบัติในการรับบริการทางด้านสุขภาพของหญิงรักหญิงเมืองเฉิงตู สาธารณรัฐประชาชนจีน. (ASSOCIATION BETWEEN HOMOPHOBIA AND PERCEIVED DISCRIMINATION IN HEALTH CARE SERVICES AMONG LESBIANS IN CHENGDU, CHINA) อ.ที่ปรึกษาหลัก : ผศ. ดร.เนาวรัตน์ กาญจนาคาร, อ.ที่ปรึกษาร่วม : อ. ดร.นุชนาฏ หวนนากลาง

หญิงรักหญิงเป็นกลุ่มที่มีความเฉพาะในสังคมที่ถูกแยกออกมาจากสังคมแบบหญิงชาย ในสังคมจีนหญิงรักหญิงถือได้ว่าเป็นสิ่งที่ต้องปกปิดและถูกเพิกเฉยจากสังคม ความกลัวการรักเพศเดียวกันเป็นเรื่องที่พบได้เป็นปกติในสังคมของหญิงรักหญิงซึ่งมักรู้สึกว่าคนในสังคมจะเลือกปฏิบัติเนื่องจากรับรู้ว่าพวกเขาเป็นหญิงรักหญิง ในสถาณการณ์เช่นเดียวกันอาจเป็นสาเหตุที่นำไปสู่การได้รับบริการด้านสุขภาพน้อยลง งานวิจัยนี้มีวัตถุประสงค์เพื่อหาความสัมพันธ์ระหว่างความกลัวการรักเพศเดียวกันและการรับรู้การเลือกปฏิบัติในการรับบริการทางด้านสุขภาพของหญิงรักหญิงเมืองเฉิงตู สาธารณรัฐประชาชนจีน การวิจัยนี้เป็นการศึกษาแบบภาคตัดขวางโดยใช้แบบสอบถามในการสำรวจทางออนไลน์ที่เมืองเฉิงตู ตั้งแต่เดือนมีนาคม-พฤษภาคม 2021 ในกลุ่มตัวอย่างที่เป็นหญิงรักหญิงที่มีอายุตั้งแต่ 18 ปีขึ้นไปและอาศัยอยู่ในเมืองเฉิงตูอย่างน้อย 6 เดือน จำนวน 196 คน กลุ่มตัวอย่างมีอายุเฉลี่ย 32.77 ± 7.99 ปี คะแนนเฉลี่ยความกลัวการรักเพศเดียวกันเท่ากับ 31.14 ± 5.29 กลุ่มที่มีอัตลักษณ์ทางเพศเป็นชายมีคะแนนความกลัวการรักเพศเดียวกันสูงกว่ากลุ่มที่มีอัตลักษณ์ทางเพศเป็นหญิง คะแนนเฉลี่ยของการรับรู้การเลือกปฏิบัติเท่ากับ 63.78 ± 9.71 คะแนน การรับรู้การเลือกปฏิบัติระดับคะแนนในกลุ่มที่มีอัตลักษณ์ทางเพศเป็นชายมีค่าสูงสุด รองลงมาได้แก่กลุ่มที่มีอัตลักษณ์เป็นหญิงและ ไม่ระบุอัตลักษณ์ทางเพศตามลำดับ และกลุ่มที่มีอัตลักษณ์เป็นหญิงมีคะแนนเฉลี่ยจากแบบวัดการรับรู้การเลือกปฏิบัติแบบพหุมิติในระดับต่ำสุด ส่วนกลุ่มที่มีอัตลักษณ์ทางเพศเป็นชายมีคะแนนเฉลี่ยในระดับสูงที่สุด การทดสอบโมเดลการวิเคราะการถดถอยเชิงเส้น พบว่า กลุ่มที่มีอัตลักษณ์เพศชายจะรับรู้ถึงการเลือกปฏิบัติสูงกว่ากลุ่มอื่น (β -0.171 P=0.017) จากการศึกษานี้ยังพบความน่าสนใจอีกคือ ความกลัวการรักเพศเดียวกันจะมีความสัมพันธ์เชิงเส้นแบบตามกันกับการรับรู้การเลือกปฏิบัติ (β 0.316 P<0.001) อย่างไรก็ตามจำนวนสถานบริการสุขภาพที่กลุ่มตัวอย่างเคยใช้ไม่มีความสัมพันธ์กับการเลือกปฏิบัติ (β -0.007 P=0.915) จากผลการศึกษาครั้งนี้บ่งชี้ว่ากลุ่มที่มีอัตลักษณ์ทางเพศเป็นชายมีแนวโน้มการรับรู้การเลือกปฏิบัติเนื่องจากมีลักษณะเฉพาะและกลัวหวั่นเกรงภายใน กลุ่มนี้ควรได้รับการจัดการอย่างเหมาะสมเพื่อลดการเลือกปฏิบัติ

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The lesbians and its unique subculture have always been excluded by the heterosexual society. In Chinese society, they are an invisible and neglected minority group. Internalized homophobia is common where they tend to reject themselves and afraid that the people will discriminate them because they are lesbians. This situation might occur in health care service which could lead into lower healthcare utilization by the lesbians. This study aimed to assess whether the internalized homophobia has an association with the perceived discrimination while receiving health care service among lesbians in China. A cross-sectional online survey was conducted in Chengdu, China from March to May 2021 involving adult lesbians above 18 years old and live in the study area for at least 6 months. A total of 196 participants (mean age 32.77 years old ± 7.99) were involved in this study. The mean total score of Internalized Homophobia was 31.14 ± 5.29 and is higher in masculine gender compared to female gender and non-significant. The mean of perceived discrimination total score was 63.78 ± 9.71. Feminine lesbian has the least average score of MSPD compared to non-significant whereas masculine type has the highest average. In the final model the masculine gender shows higher perceived discrimination (β -0.171 p=0.017). Interestingly, higher internalized homophobia was linear to perceived discrimination (β 0.316 p<0.001). However, the number of health care service ever used has no association with discrimination (β -0.007 p=0.915).This study results indicate that masculine-gender lesbians were prone to perceived discrimination because of their distinctive feature and internalized homophobia. This group should be managed accordingly in order to reduce their perceived discrimination.

Field of Study:	Public Health	Student's Signature .....
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Chapter I

Introduction

1.1. Background and rationale

Homosexuality in China has been decriminalized in 1997 and non-diseased in 2000 according to the law. Since more than 20 years of decriminalization, society has become more tolerant of the LGBT community, but discrimination against them persists in today's society and medical institutions.(Burki, 2017) LGBT community consists of Lesbian, Gay, Bisexual and Transgender. Although WHO defines health as state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. However, the right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity or any other status. Non - discrimination and equality requires the government to take steps to readdress any discriminatory law, practice or policy (Human rights and health, WHO). Despite years of efforts, LGBT people in China still face significant barriers to their health and human rights. This is due to Chinese long tradition, religion and ruling policies.(Burki, 2017)

This study is only for lesbians, and it is important to mention here the particular cultural and family context of China. The gender belief system perspective that men are better than women is deeply rooted in Chinese culture, and this perception that may violate traditional gender makes the situation of lesbians potentially worse(Yu, Xiao, & Xiang, 2011); on the other hand is the pressure of the family, where the fulfillment of fertility and marriage becomes a filial duty to parents.(Lo, Kim, Small, & Chan, 2019)

As individuals, lesbians themselves are reluctant to disclose their sexual orientation. This is partly due to the homophobia of others towards lesbians. In previous studies, the presence of homophobia towards lesbians among healthcare professionals has been well documented. Hence, the lesbians face challenges in accessing adequate healthcare. Homophobia is defined as personal discomfort, fear or hatred toward homosexuals and emphasizes only the affective component of disliking homosexuality. The Irish general practitioners and medical students do not understand the patient's sexual orientation(Stott, 2013). In China, the

medical students and the nurse's attitude towards homosexuality is even more negative(Yen et al., 2007; 张渝成，吴正吉，& 张春雨，2012). Lack of understanding of lesbians and even homophobia makes lesbians less deserving of health services than others. Lesbians want health care providers to know more about their health needs. Therefore, health professionals need to improve their knowledge and increase their cultural sensitivity to lesbians.

Homophobia is observable in critical and hostile behavior such as discrimination andviolence on the basis of sexual orientations that are non-heterosexual. Because homophobia behavior involves discrimination and violence. homophobia and discrimination are two inseparable parts. lesbians experience discrimination in housing, employment, health care, social status, family relationships or shopping etc.(Averett, Yoon, & Jenkins, 2013) Scholars agree that homosexuality is not a mental illness, but discrimination persists(Burki, 2017). In fact, lesbians are more likely to be discriminated than heterosexuals when they perceive the negative psychological effects of discrimination and even lead to a decline in mental health.(Burgess, Lee, Tran, & Van Ryn, 2007) This is another aspect that causes lesbians in China choosing not to disclose their orientation in order to reduce the risk of discrimination, which is also reflected in the field of health services. As shown in figure 1, In a survey of 2,066 lesbians in china, discrimination was experienced in different environments, lesbians had the highest rate of sexual orientation disclosure to health workers of health service (75.3%).(Y. Wang et al., 2020)

Figure 1. Disclosure in different Environments

	Lesbian	
	N	%
Disclosure to family	1449	70.1
[a]Disclosure in school	1390	67.3
[b]Disclosure in workplace	412	36
[c]Disclosure to religious group	73	24.7
Disclosure in medical service	1555	75.3
Disclosure in social service	172	8.3

a: all samples received education, b: all samples had employment experience, c: all samples had religious affiliations

So in the health services, Homophobia and perceived discrimination are also common.(Cheng, 2018) While Chinese hospitals claim to treat equally, but the survey shows that only 36.8% of lesbians visited general hospital with disease symptoms, only 10.5% of lesbians had told the doctor about their female sexual experience. Some studies show that lesbians are less likely to test for breast cancer because of poor relationships and discrimination by the service providers.(Hart & Bowen, 2009) Since there are limited studies on the lesbians in China, therefore, the number, demographic characteristics, health status, psychological status and psychological status of the lesbians in China are still unclear. To date, no data on lesbian access to health services according to the Chinese population has been published, only in the literature based on existing lesbian access to health services; heterosexuals are higher than lesbians.(Diamant, Schuster, & Lever, 2000; Tjepkema, 2008) The experiences of lesbians in the health service mainly include: unmet medical needs, poor communication with professionals, discrimination, and patients' concealment of sexual orientation.(Bonvicini & Perlin, 2003; Meckler, Elliott, Kanouse, Beals, & Schuster, 2006)

The lesbians and its unique subculture have always been excluded by the heterosexual society. Lesbians are more specific than heterosexual women. Lesbians are an invisible and neglected minority group in Chinese society.(Leung, 2002)The social network survey research in Chinese vast population of 12 million

lesbians is still limited, and this exploratory study will look at the experience of discrimination in health services.(Cheng, 2018)

In China, the lack of reliable research on the status of lesbians in the gender minority and related specific issues makes it difficult for policy makers and the public to fully and objectively understand the relevant facts and take more reasonable action. The aim of this study is to provide basic data for government agencies, international agencies, health agencies, businesses and community service agencies that have or will provide health services in the lesbian community. At the same time, the author also wants to promote the improvement of health services and the equal participation of the lesbian community in health services.

In this study, the prevalence of discrimination experienced by lesbians in health care services will be explored. Besides, the relationship between homophobia and discrimination among Chinses lesbians in health care services in Chengdu will be studied.

1.2. Research Questions

1.2.1 What is the discrimination perceived in health care services among lesbians in Chengdu China?

1.2.2 What is the association between internalized homophobia and perceived discrimination among lesbians in Chengdu China?

1.3 Objectives

1.3.1 To identify the perceived discrimination in health care services among lesbians in Chengdu China.

1.3.2 To evaluate the association between internalized homophobia and perceived discrimination in health care services among lesbians in Chengdu China.

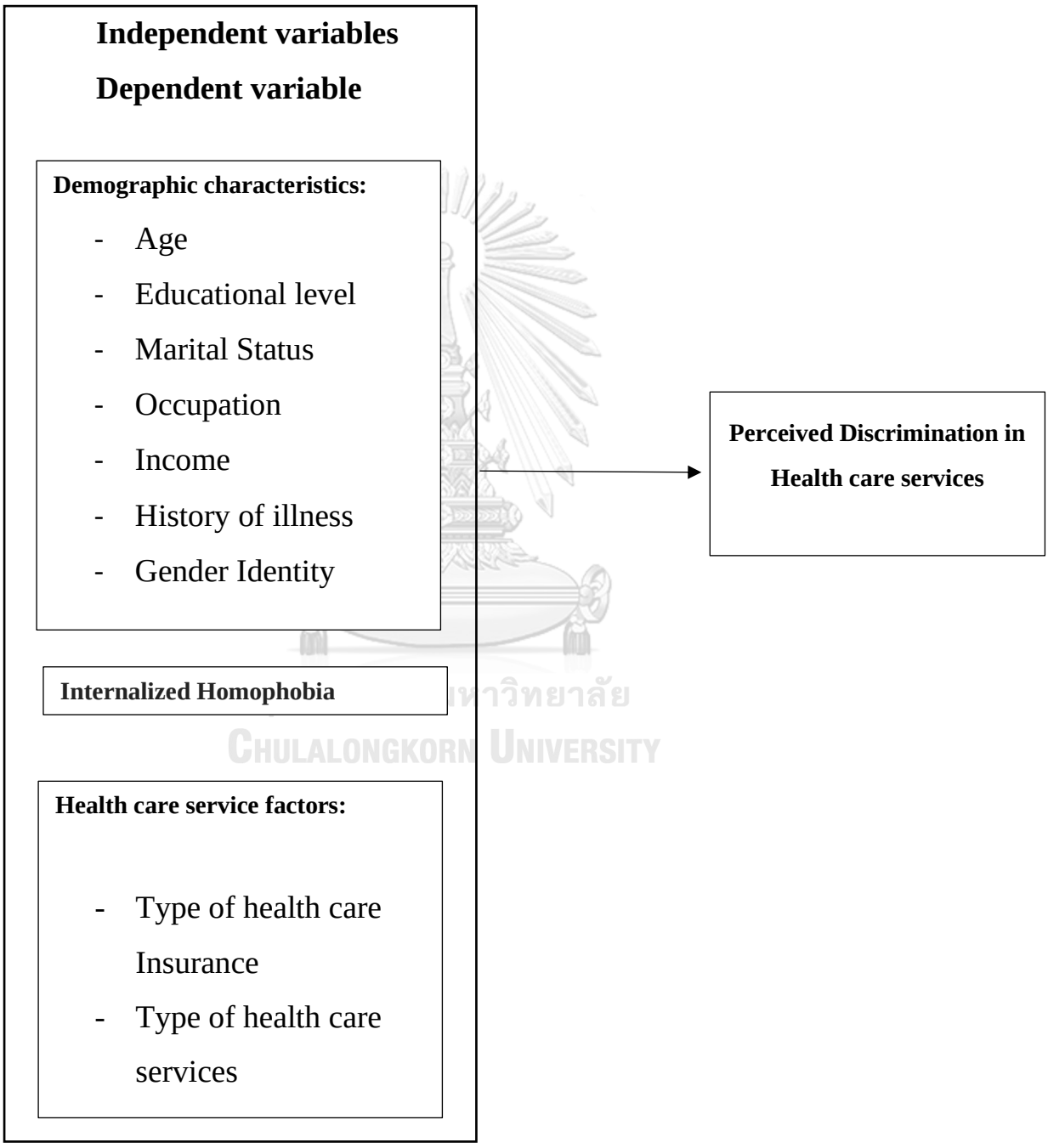
1.4 Hypothesis

1.4.1 There is no association between the internalized homophobia and

perceived discrimination among lesbians in Chinese health care services.

1.4.2 There is association between the internalized homophobia and perceived discrimination among lesbians in Chinese health care services.

1.5 Conceptual framework



1.6 Operational Definition

Lesbians: Chinese women who study or work in Chengdu are over 18 years old，have had sexual or relationship experiences with women and have remained same-sex attraction in their self- perception.

Age: The legal age of majority for Chinese citizens is more than 18 years old.

Educational level：In four parts, lower than middle school , middle school and high school; andBachelor master's or above.

Marital status：Including single, married, divorced and cohabiting.

Occupation：There are eight main categories， students, government workers, business employees, self-employees, business owners, artist, unemployed and others.

Income：Income is categorized as annual after-tax Chinese Yuan(RMB) income of less than 30,000, 30,000 to 100,000, 100,000 to 200,000, or more than 200,000.

History of illness：Had one of these diseases: heart disease, HIV, breast cancer, gynecological diseases, pregnancy problems, autoimmune diseases, depression anxiety and others had experience with health services in Chengdu, China.

Internalized Homophobia: it is refer to negative attitudes and feelings toward people who are identified or perceived as being lesbian. It's measure from The Internalized Homophobia Scale. (Ren & Hood Jr, 2018)

Perceived discrimination： It refers to the prejudice and unfair treatment of lesbians, according to their self-report. The measure of the multidimensional scale of perceived discrimination(MSPD). (Molero, Recio, García-Ael, Fuster, & Sanjuán, 2013)

Health care services: Health care consists of both public and private medical institutions and insurance programs.

Insurance: According to the participants, they reported what kind of insurance do they have.1) urban employment-based basic medical insurance. 2) Urban resident basic medical insurance.3) The new rural cooperative medical care scheme.4) Private health insurance.

Gender Identity：T: refers to Tomboy, a woman with a masculine male appearance and character; P: refers to a pure girl, a woman with a more feminine appearance compared to "T"; H: refers to half, with no obvious distinction in appearance and character.

Chapter II

Literature Review

2.1 Lesbian

2.1.1 Definition of the lesbian

The definition of lesbian is a challenge, and the prevailing definitions are inconsistent. The definition of lesbian from previous research literature is used to describe women who have sex only with women, or who have sex with men is also included in the classification of lesbian. There are other definitions as well, such as self-identification or attractiveness as being lesbian, but the difference is that this definition excludes self-identified bisexual women. There is no standard definition to assess who is lesbian, but one important reason is that the study sample was obtained in different ways and places.(Whitlow & Ould, 2015)

So now in China, Lesbians often call themselves lazi ,leisi or lala. These terms are transliterations of the English word “lesbian”. These slang expressions are also commonly used in mainland China.in a previous pilot study there were 12 million lesbians in China, and

8.2 million of them were active in sexual relations between men and women. This is a vulnerable group that has developed under conditions of neglect.(Cheng, 2018)Therefore, it is necessary to define lesbians in this study in terms of sexual identity and social challenges. Because being a lesbian is a self-belonging label, it describes a person's original sexual, emotional and relational connection with other women. Whether this sexual attraction is expressed through behavior or for some reason is not expressed through behavior, it persists. Therefore, the definition of lesbians in this study is: A woman who has had a sexual or relationship with a woman or who has long-term same-sex attraction in their self-perception. (Women who have sex with men are included.)(Szymanski & Chung, 2001)

2.1.2 Prevalence of lesbians

Statistics on the prevalence of lesbianism are a controversial topic. Accurate demographic data on lesbianism are difficult to obtain for a variety of reasons, and different survey participants may also influence the results of the survey.

In western countries, on average,10% of women are mostly heterosexual,0.5 % of men and 1% of women are evenly bisexual,0.5% of women are mostly homosexual, and 0.5% of women are completely homosexual.(Bailey et al., 2016)

In a larger Australian survey (20,055 participants), respondents were aged 16-69. The study found that lesbians make up 1.2% of the population.(Taylor, Power, & Smith, 2020) In a women-only survey, eight percent of Canadian women identified as gay, lesbian or bisexual. 4% of French women identify lesbian or bisexual. In the category of women under 25 years old, 1% said they were lesbians. 1% of Italian women consider themselves lesbians 4% of British women identify as lesbians(Bourque, 2009) More than 2,500 Germans (55% of women) 4% were lesbians in a national face-to-face survey.(Haversath et al., 2017)

For chinses vast population about 12 million lesbians.(Cheng, 2018)At present, lesbians are mainly concentrated in Beijing, Shanghai, Chengdu, Guangzhou, Chongqing, Xi 'an and other big cities. This data is based on data from Internet users only, the official data is not explicit.

2.2 Homophobia

Encompasses a range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). Homophobia is defined as personal discomfort, fear or hatred toward homosexuals and emphasizes only the

affective component of disliking homosexuality. Homophobia is observable in critical and hostile behavior such as discrimination and violence on the basis of sexual orientations that are homosexuals. It may even cover casual jokes aimed specifically at lesbians, such as "男人婆(man-woman)". It is interesting to note that there is also internalized homophobia in the lesbian community after being subjected to unfriendly and negative homophobic treatment by others. Lesbians internalize negative attitudes and assumptions about homosexuality as well.

For internalized homophobia, or what some clinicians call internalized homonegativity represents lesbians and gay men's internalization of these negative attitudes and assumptions regarding homosexuality.(Szymanski & Chung, 2001)For example, homosexuals may accept the negative attitudes and beliefs of other homosexuals, and then make those negative beliefs to their own, rather than their own desires. This may mean they feel uncomfortable and disapproving of their homosexuality, or not accepting that they are lesbians.

The manifestation of internalized homophobia in lesbians mainly include: isolation, fear of discovery, deception, and passing, self-hatred and shame, moral and religious condemnation of homo- sexuality, horizontal oppression which involves negative attitudes about other lesbians, uneasiness with the idea of children being raised in a lesbian home. Other manifestations of internalized homophobia include short-term relationships and restricting attractions to unavailable women as a way of restraining full expression of one's lesbianism.(Szymanski & Chung, 2001)

Attention to internalized homophobia is necessary because it is a significant cause of psychological stress for lesbians, and because it is a developmental process that all lesbians experience to varying degrees because they live in a heterosexual society that is opposed to homosexuality. Decreasing or increasing is often an important goal of lesbian therapy, and can also be an outcome measure. It can be measurable as a construct that organizes the unique factors of lesbians in the development, counseling, and prevention of psychological distress.(Szymanski & Chung, 2001)

In previous literature, some associations between internalized homophobia and other variables in health services have been revealed. The internalized homophobia is associated with certain lower levels of health care behavior: the frequency of pap smears and gynecological examinations. Lesbians do not take full advantage of traditional health care (such as regular physical care) due to their discomfort with medical institutions. The data suggest that this discomfort may be partly rooted in the negative attitude about lesbians themselves.(McGregor et al., 2001)

2.3 The discrimination

Discrimination is the act of making an unfavourable distinction for a being based on the group, class, or category to which they are perceived to belong. Discrimination can be justified or prejudicial. Discrimination against homosexuals has always existed, and they have experienced it or are still experiencing it: they are treated with electroshock therapy as mentally ill. Subject to discriminatory laws, including criminal prohibitions of same-sex sexual practices. Public participation in the armed forces is not permitted. The discrimination in employment and access to health care. Physical and verbal harassment from people against homosexuals and so on. From previous literature and research, it can be known that discrimination against LGBT people exists in all aspects of society. Research on LGBT in the United States has found that it is based on discrimination against minorities.(Sutter & Perrin, 2016)LGBT 16 to 24-year-olds.In Ireland also experienced chronic stress from stigma related discrimination and prejudice, leading to negative health consequences.(Kelleher, 2009)At the youth level, this discrimination also exists in schools. In the last decade of research in the United States, LGBT youth were disadvantaged in school.(Stringer-Stanback, 2011)LGBT also suffer from discrimination in housing and employment.(Kattari, Whitfield, Walls, Langenderfer-Magruder, & Ramos, 2016)And the study in Spain detected more subtle than outright discrimination, and that subtle discrimination had a greater negative impact on happiness of lesbians and gay men than outright

discrimination.(Molero, Silván-Ferrero, de Apodaca, Nouvilas-Pallejá, & Pérez-Garín, 2017)This kind of discrimination is more obscure, let a person produce deeper effect psychologically.So discrimination against LGBT people is complicated in many ways. Discrimination, also in the lesbian community, in the social and political attitudes to Turkey's lesbian can see they experienced silence and suffocating factors: moral, discourse, religion, and approved by the state laws and gay, fear of violence in employment, housing, family life, public health and health care are violated the rights of lesbian.(Yenilmez, 2017)Gender discrimination and family responsibilities also reflect differences in salary. It also reflects the pay gap between gay men and lesbians.(J. Wang & Gunderson, 2019)The Australian study also provides evidence of discrimination based on sexual orientation and wages, with highly skilled gay men in better paid positions.(Preston, Birch, & Timming, 2019)The results for parenting desire and minority pressure showed that only lesbians were negatively correlated with parental desire in the context of bigoted events, while concealing sexual orientation and internalizing heterosexuality were negatively correlated with parental desire.(Amodeo et al., 2018)Therefore, the phenomenon of discrimination makes lesbians in the minority more tolerant and bear the pressure of not being seen. Especially in the social stereotype that the status of women is generally lower than that of men, it also extends the discrimination against women to the discrimination against lesbians.

In Asia, Indonesia had the highest negative attitudes (66%), and negative attitudes were also present.(Manalastas et al., 2017) lesbian rights have grown in many western countries, including an expansion of same-sex marriage laws, but in east Asia they have been less accommodating. This is due to the influence of religion, public opinion and politics. But it has taken more than two decades for South Korea to openly discuss homosexuality, rather than turn a blind eye to it.(Rich, 2017) Following more than 20 countries around the world, Taiwan legalized same-sex marriage in 2017, which is a factor directly related to mental health.(Huang, Chen, Hu, Ko, &

Yen, 2020)And In the Asia-pacific region, the world's most populous region, laws, policies and social norms surrounding homosexuality vary widely, and sexual minorities experience sexual humiliation and are associated with depression.

The scarcity of health resources for LGBT health care (e.g., surgeons, endocrinologists, and psychiatrists) and the high rates of medical staff discrimination reported by interviewees.(Zhu et al., 2019)

As the most populous country, China also has the largest lesbian population in the world. Although the Chinese Society of Psychiatry stopped considering homosexuality as a mental disorder in 2001, discrimination persists. This discrimination is experienced in the family, the media, health services, religious communities, schools, social services, and the workplace. Two things to consider about discrimination are the strong influence of traditional Chinese culture, which is considered a shame for the family (humiliation), and the one-child policy, which makes it difficult to continue family relationships. So, discrimination from the family is one of the highest in the literature.(Hart & Bowen, 2009) In a separate report, 199 lesbians from mainland China and 231 from Hong Kong were reluctant to disclose their sexual orientation for fear of family pressure and discrimination. They also feel shame for their heterosexual friends' discriminatory attitudes.(Kwok & Wu, 2015)Also discrimination in society is widespread, and although there is no direct ban on LGBT-related programs in the public media, the results of the State Administration of Press, Publication, Radio, Film and Television's censorship of these programs are unsuitable for the general public.(Y. Wang et al., 2019) A study on discrimination against LGTB based on different regions and provinces of the country mentions lesbians (Y. Wang et al., 2020)， Therefore, the focus of this study was narrowed to a more precise group. which is why lesbians were chosen as the study population.

Finally, with regard to discrimination against lesbians in China, it is important to consider the thousands of years of traditional thought

dominated by a culture of "male superiority over female".(Yu et al., 2011) This barrier, like a natural one, makes discrimination pervasive in all aspects of life for the minority of women with same-sex orientation.

2.4 Socio-Demographic and perceived discrimination

In socio-demographic and perceptual discrimination, 1) With regard to discrimination based on age, it is clear from the previous literature that older people are more discriminated against, there are known references to age- related discrimination in the literature. the 1,943 people surveyed with an average age of 67, 25.1% had experienced discrimination. On the other hand, age in the workplace will affect salary and benefits due to discrimination with different ages. So that's going to affect income. Discrimination against older lesbians is also in the rest of the literature. Does a similar situation arise for older lesbians in China? 2）About the history of illness, People with chronic mental or physical illness also had more common experiences of discrimination than people without these conditions and who rated their health status as fair or poor. Among lesbian populations with a high prevalence of mental illness, a history of mental illness may trigger additional discrimination. Of concern here is the rapid growth of lesbian AIDS in recent years, as well as the lack of data on risk analysis of sexual relationships between lesbians and the strong public dislike of lesbians. (Yu et al., 2011) 3)And the level of education in previous studies, LGBT people in schools were more vulnerable, discriminated against and bullied. The higher the level of education, the less discrimination there should be. (37)(Yu et al., 2011) 4) Different occupations can also create income gaps and lead to discrimination. In previous studies of gay employment in Europe, the United States, and Taiwan, gays also faced more challenges in employment because of patriarchal and heterosexual hegemony.(邵涵琳, 2010)5) On the other hand, Different income status will also be subject to social discrimination and medical care. High-income people tend to experience less discrimination

and receive better services and a better quality of life.(Buchcik, Westenhöfer, Fleming, & Martin, 2017)Another undeniable point is: No other more prominent discrimination in employment and employment is the rigid thinking on the principle of equal opportunities and equal treatment for men and women, and on the gender and occupation.(Mulder, 2018)So these aspects of discrimination are perceived by lesbians as necessary for research. The interrelationship between age, socioeconomic status, health status and experience of discrimination is complex. Lesbians suffer discrimination in all fields, and even more than other sexual minorities.

2.5 Insurances in China

Different insurance can influence the choice of different health services and thus the outcome of the services received. For example, individual insurance can be a good choice among private health services that may be more lesbian-friendly.

In China, every citizen is entitled to basic medical care. Universal health insurance coverage was achieved in 2011. China now has three major insurance plans. 1)urban employment-based basic medical insurance for urban workers 2) urban resident basic medical insurance covers urban residents, including children, students, the elderly who were previously unemployed and the unemployed. 3)The new rural cooperative medical care scheme (NRCMS) covers rural residents.(Sun, Gregersen, & Yuan, 2017)

Public health insurance coverage is almost universal, with more than 95% of the population covered since 2011.

All Chinese citizens have been covered by the basic medical insurance for urban works, the basic medical insurance for urban residents and the new rural cooperative medical care system for rural residents. In addition to the three basic medical insurance, there are also major illness, medical assistance and emergency medical assistance insurance. Together, they form an integrated insurance system that protects Chinese citizens from medical costs.

Public financed health insurance: city-based health care is funded

primarily by payroll taxes on employers and employees, and must be covered by employees in urban areas. In 2014,

283.3 million people were insured, excluding unemployed families who employed. Basic medical insurance for urban residents is voluntary and covered 314.5 million self-employed workers, children, students and the elderly in 2014. The new rural cooperative medical scheme is mainly managed by the national health and planning commission, administered by the government and voluntary by families. In 2014, it covered 736 million rural residents, or 98.9% of them.

Private health insurance: Private health insurance is also known as commercial health insurance because it is mainly provided by profit-making companies. Purchase of supplemental private health insurance to cover the co-pays, co-pays and other cost-sharing and coverage gaps in medicare. Private insurance, bought mainly by high-income individuals and some employers for their employees, usually leads to better quality of care and higher reimbursement. Private insurance business is growing rapidly in China, with an annual growth rate of 28.9% from 2010 to 2015. In 2015, private health insurance accounted for 9.9% of the total premiums and 5.9% of the total health expenditure of the entire insurance industry by Hai Fang, Peking University.(Fang, Meng, & Rizzo, 2014)

2.6 Health care services in China

There are two main categories in health services, public and private hospitals. The services of public hospitals are oriented to the general public, while the services of private hospitals are more private.

The current health care services in China are roughly divided into three parts. 1) Specialized public health services. These services are provided by the centers for disease control and prevention (CDC) and women's and children's health services. The national center for disease control and prevention (CDC), which oversees public health management in China, is usually divided into administrative groups, with centers for disease control and prevention from the central to local county-level

governments.(Sun et al., 2017)In 2014, China had 3,490 centers for disease control and prevention and 3,098 health institutions for women and children.(NBoSo, 2013)Primary public and clinical health care services are provided by street health centers, community health centers (stations) in urban areas, township health service centers, and rural clinics in rural areas.(Sun et al., 2017)In 2014, the total number of primary health care institutions reached 917,335, including 595 sub-district health offices, 34,238 community health service stations, 36,902 township health service centers, 645,470 rural clinics and 200,130 outpatient clinics.(NBoSo, 2013)

3) Curative health care (secondary and tertiary). The agencies providing treatment services are divided by ownership into public (66% government) and non-public. Hospitals in China are further divided into one to three levels, with the first level hospitals generally corresponding to primary hospitals at the township level and the second level hospitals corresponding to county and prefecture-level hospitals, which provide comprehensive medical services in certain areas. Tertiary hospitals are more likely to provide comprehensive or advanced medical services covering the whole province or even the whole country at the provincial level.(41) In 2014, China had 16,524 general hospitals, 3,115 specialized TCM hospitals and 5,478 specialized hospitals.(NBoSo, 2013)

Chapter III

Methodology

3.1 Study Design

This study was designed as a cross-sectional study.

3.2 Study Area

The study area is in Chengdu, China. Sichuan Province is seen as an example of "true freedom" for LGBT people. It has relative political openness and minimal cultural and social pressure on LGBT people. Chengdu, the capital of the province, has one of the most mobile and economically active populations in southwest China, and economic growth has provided opportunities for lesbians to leave their hometowns and move to urban centers, which tend to be more accepting of them and generally have established LGBT communities.(Hildebrandt, 2012)

3.3 Study Period

Data is collected from April-May to 2021.

3.4 Study Population

The study population are Chinese adult lesbians (≥18 years old) in Chengdu, China.

Inclusion criteria:

1) Lesbians 18 years or older.

2) Have Chinese ID card.
3) Able to access internet.
4) Previously received health services in Chengdu.
5) Willing to participated.

Exclusion criteria:

1) Incomplete questionnaires.
2) Lesbians who have has lived in Chengdu for less 6 mouths

3.5 Sample size

The sample size of this study was calculated by Cochran's formula.

$$n = \frac{(Z\infty_{/2})^2 \; p(1-p)}{d^2}$$

$Z_{\alpha/2}$	= 1.96	:	critical value for 95% confident level
α	= 0.05	:	level of significant
d	= 0.03	:	mergin of error 3%
p	= 0.04	:	estimated of lesbians population=0.04

$$n = \frac{(1.96)^2(0.04)(1-0.04)}{(0.03)^2}$$

n=167

increased by10% (17) n=184

From the above formula, the results of participants are 167 subjects. To predict the number of people who declined to participate in the study, the sample was increased by 10% (17 people), for a total sample size of approximately 184 participants.

3.6 Sampling Technique

This research adopts the network questionnaire sampling method. Through the snowball sampling technique, in a snowball or chain referral sample, the researchers will first identify ten lesbians with names that meet the

inclusion criteria for the study. They were then asked to recommend people they might know who met the criteria. Although this method is difficult to produce a representative sample, it may sometimes be the best method available. For hidden populations that are difficult to find publicly.

Through the form of network questionnaire, the personal information of interviewees is effectively protected in the form of anonymity, so that interviewees can participate more confidently.

From the above formula, the results of participants are 167 subjects. To predict the number of people who declined to participate in the study, the sample was increased by 10% (17 people), for a total sample size of approximately 184 participants.

3.7 Measurement Tools

Part 1. The general questionnaire

Tests on factors such as age, education level, occupation, income, disease history and self-gender identity 7 parts. There were 7 items, and the participants volunteered to answer according to their own situation.

Part 2. Internalized Homophobic questionnaire

Based on Ren's (2018) measure of intrinsic homophobia among gay men in China. The article references both Eastern and Western scales of intrinsic homophobia, which also refer to the lesbian scale. The conclusions highlight the Chinese social and cultural context as parts that had to be considered: internalized homophobia, socially oriented identity and family-oriented in this way, an internalized homophobia scale specific to the Chinese community and culture is created. (Ren & Hood Jr, 2018)And in previous literature on comparative studies of lesbians in mainland China and Hong Kong, it is also reflected that lesbians in mainland China differ in the Shame and internalized homophobia that culture and family bring to them.(Chow & Cheng, 2010) Therefore, in

choosing the scale, we focus on the one that is more suitable for Chinese people.

The scoring is simple, a total score that adds up the individual responses to all 11 items. The higher the total score, the stronger the internalized homophobia. The internalized homophobia scores of lesbians were positively correlated with feelings. It is worth noting here that (no.3 and no.6) in the questionnaire is a positive question, which is the opposite of a negative question when it comes to scoring.(Ren & Hood Jr, 2018)

The internalized homophobic test by the Internalized homophobia scale (IHS) of 11 items . Each statement is rated on a 5-point Likert scale from "1=strongly disagree" to "5=strongly agree."
The range for the total score is 11 to 55, with higher scores representing greater internalized homophobia.

Part 3. Discrimination questionnaire

The discrimination test by the Multidimensional Scale of Perceived Discrimination (MSPD) of 20 items. The focus was on discrimination in health care services, concentrating the questionnaire on this particular area. From the point of view of the lesbian's own feelings. Each statement is rated on a 5-point Likert scale from "1=strongly disagree" to "5=strongly agree." The range for the total score is 20 to 100,with the higher scores representing greater perceived discrimination.(Molero et al., 2013)

Part 4. Health service questionnaire

Use the form of selective questionnaire, in the form of multiple choices 4 items that measure 4 parts, and the participants volunteered to answer according to their own situation.

3.8 Instrument Development

3.8.1.Grant permission for operating questionnaires from researchers/

authors of the Internalized homophobia scale (IHS) and the Multidimensional Scale of Perceived Discrimination (MSPD) (See Appendix)

3.8.2. Translated questionnaires from English version to Simplified Chinses version. Back

translated from Simplified Chinses version to English version by an English expert

Progressed and reviewed items of questionnaires according to comments and suggestions of the three experts. Then, attained validity of measurements (to measure whether the questionnaires were corresponding to the objective of the study).

3.8.2 The Item-Objective Congruence (1OC)

Scoring +1 = certain that the test is congruent

Scoring 0 = uncertain/ unsure that the test is congruent Scoring-1 = certain that the test is NOT congruent

The equation of IOC

IOC=R/N

R = sum of scores

N = number of specialists

If the value of IOC was higher than 0.5, then the questionnaire was acceptable. However, if the value of IOC was less than 0.5, then the

questionnaire was unacceptable.

3.8.3 Reliability

Reliability calculations by SPSS 26, to calculate the reliability of the measurement tool. To obtain reliable measurements, it used the same way each time, the same conditions and the same participants. the Cronbach's coefficient alpha ranges from 0 to 1. reliability coefficients close to 0.9 is excellent, between 0.8 and 0.9 is good, between 0.8 and 0.7 is acceptable, between 0.6 and 0.7 is questionable, between 0.5 and 0.6 is poor and less than 0.5 is unacceptable.

In order to obtain reliability of measurements (to measure the consistency and stability of the questionnaires), the questionnaires were given to 30 lesbians. After the online questionnaires were given to 30 lesbians, Cronbach's alphas were calculated to measure reliability of measurements. Cronbach's coefficient alpha for Internalized Homophobic questionnaire was 0.722, Cronbach's coefficient alpha for Discrimination questionnaire was 0.895.

3.9 Data Collection

1. After obtaining ethical approval, researchers used social media to find reliable snowballing first candidates and built social groups.
2. After obtaining the consent of the participants, the researchers collected lesbians with standard characteristics of inclusion to obtain the target sample size.
3. Data collection took the form of online questionnaires and data collection. Informed consent was communicated in the groups where participants has been identified, online questionnaires were distributed, the questionnaires were explained, and the purpose of the study, the study methods and details of the questionnaires were explained, and the ethical situation of the study participants was studied.
4. The researcher used a mobile link to share the questionnaire to

willing participants, using both a Google questionnaire and a form called Wenjuaxing (Wjx.cn), which is one of the most popular questionnaire applications in mainland China and similar to Google Forms. The forms were created in both applications, taking care to set each option as mandatory to ensure the completeness of the questionnaire. Participants spent 20 to 30 minutes answering the 42 questions. The questionnaires were automatically and stored in the internet cloud. Checked the number of questionnaires daily until the population was complete and download the Excel sheet.

3.10 Data Analysis (Statistics)

The researcher used SPSS 22 to perform all analyses

1. Descriptive statistic for describing information of Demographic and clinical characteristics, homophobia, Health care service factors and Perceived Discrimination.
2. Multi Variable Logistic Regression for finding association between Homophobia and Perceived Discrimination in health care services among lesbians in Chengdu, China.

3.11 Ethical Consideration

The study was conducted on lesbians as the majority of participants. The Ethic Approval was approved from the Research Ethics Review Committee for Research Involving Human Research Participants, Health Sciences Group, Chulalongkorn University. The certificate of approval number is COA No.111/2021.

Human Subjects Protection

As the researcher considers for the rights of participants, the researcher conducted the study and collected the data after the research proposal approved by The Research Ethics Review Committee for Research

Involving Human Research Participants, Health Sciences Group, Chulalongkorn University.

Once the participants were informed about the study, they had the right to choose whether they wanted to participate or not to participate in the study, The lesbians were informed that their participation of the study based on voluntarily. They notified that they can withdraw from the study at any time and without any consequences. The data only be used for the current research study.

Additionally, the participants have informed and confirmed that, all of the questionnaires and any information related to the study were kept confidentially, and they terminated after the thesis was completed.

3.12 Limitation

There are no official public health data on the lesbian population, and academic articles on lesbians are lacking. There are also barriers to finding participants, as COVID-19 researchers cannot reach the study area, making it more difficult to find this hidden population. To solve this problem, the researchers used high-trust friends to help to find participants locally.

3.13 Expected Benefit & Application

1. Through the findings of this study, we will know about the association between homophobia and perceived of discrimination among Chinese lesbians.
2. This research will also provide ideas for further research in this field. It will enhance our understanding of the causes of discrimination against Chinese lesbians in health services.

3. The findings of this study can be used as an important reference for future studies on the public health of lesbians in China.

3.14 Obstacles and strategies to solve the problems

Obstacle:

1. Difficulties in distributing online questionnaires.
   First of all, there are certain restrictions on the choice of online questionnaire tools, for example, Google form is not available in mainland China. And there are some Chinese words in the questionnaire that are blocked by the network regulator. For example: 女同(lesbian), 同性恋(homosexual), etc.
2. Difficult to find qualified participants.
   In such a heterosexual society, it is difficult to find willing participants among unknown lesbians. Even though the questionnaire was anonymous and did not involve personal information, it could cause rejection among lesbian people. "Because it's like coming out to a stranger and being open about being a lesbian," said one of the participants.

strategies to solve the problem:

1. Difficulties in distributing online questionnaires.
   For lesbians currently living abroad who have lived in Chengdu for more than six months, continue to use Google Forms. In addition, an online form that is popular in mainland China was used: Wenjuanxing, and also shared in the form of images that were transferred. Some sensitive terms were handled with similar pronunciation or larger letters, such as: “L” or “女通讯录”etc.
2. Difficult to find qualified participants.
   During COVID only through the online form, can’t replace face to

face to give a kind of communication, the only way to solve this problem is time and patience. Time is needed to give the upcoming participants some time to get to know and trust. Through my close lesbian friends and me share our experiences and try to make the participants feel taken care of and comfortable. In this way, slowly the participants became our friends as well.

3.15 Budget Estimation

Table 1. Budget

Expense Lists	**Estimation Amount of Expenses(Baht)**
Personal cost(data collection)	1,000
Photocopies, printings, and blinding of research	1,000
Office supplies(online questionnaires)	2,000
Total	4,000

Chapter IV

Results

A total of 196 questionnaires were collected through the online questionnaire among lesbians in Chengdu, so the N=196.These data were obtained by using a self-reported questionnaire, however, it still exceeded the calculated minimum sample size(N=184). The analysis of this data is focused on addressing the main hypothesis： 1)to identify whether there is an association between internalized homophobia and perceived discrimination among lesbians in Chengdu; 2)these three parts of demographic characteristics, health care service factors, internalized homophobia with perceived discrimination to make another evaluation.

4.1 Data cleaning and discretization complete

A data cleaning of the collected data was next done as shown in Table 2. Data collation of collected demographic characteristics and health service factors (Table 3.) For discretization complete, the main focus is on the first part of the demographic variables and the fourth part of the health service variables. Education level is classified three groups: 1. lower than middle school, 2.middle school and high school, 3.bachelor's or above. Marital Status is classified two groups: 1. Living together (Married, Cohabiting). 0.living alone (Single, Divorced). Occupation is classified two groups: 1.not employed (Students, Unemploeed),0.employed(other categories).Depression and anxiety(1.yes or 0.no) was chosen among History of illness because it has the largest amount of data in comparison. The number of such multiple choices of Number of diseases was counted to no.1 to 8. P4: What kind of insurance do participants have/ often choose to use? They are is classified two groups: 1. government scheme. 0.Non-government scheme. And Number of health care services experiences was counted to no.1 to 9. (Table 3.)

Table 2. Data Collected

P1. General questionnaire

Age

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
18	2	1.0	1.0	1.0
20	4	2.0	2.0	3.1
21	3	1.5	1.5	4.6
22	6	3.1	3.1	7.7
23	9	4.6	4.6	12.2
24	8	4.1	4.1	16.3
25	9	4.6	4.6	20.9
26	10	5.1	5.1	26.0
27	8	4.1	4.1	30.1
28	6	3.1	3.1	33.2
29	13	6.6	6.6	39.8
30	13	6.6	6.6	46.4
31	5	2.6	2.6	49.0
32	5	2.6	2.6	51.5
33	5	2.6	2.6	54.1
34	9	4.6	4.6	58.7
35	11	5.6	5.6	64.3
36	11	5.6	5.6	69.9
37	4	2.0	2.0	71.9
38	5	2.6	2.6	74.5
39	14	7.1	7.1	81.6
40	5	2.6	2.6	84.2
41	1	.5	.5	84.7
42	5	2.6	2.6	87.2
43	5	2.6	2.6	89.8
44	1	.5	.5	90.3
45	6	3.1	3.1	93.4
46	3	1.5	1.5	94.9
47	1	.5	.5	95.4

	48	2	1.0	1.0	96.4
	49	2	1.0	1.0	97.4
	50	2	1.0	1.0	98.5
	54	1	.5	.5	99.0
	55	1	.5	.5	99.5
	57	1	.5	.5	100.0
	Total	196	100.0	100.0	

Education

	Valid	Frequency	Percent	Valid Percent	Cumulative Percent
	lower than middle school	42	21.4	21.4	21.4
	middle school and high school	100	51.0	51.0	72.4
	bachelor	49	25.0	25.0	97.4
	master's or above	5	2.6	2.6	100.0
	Total	196	100.0	100.0	

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	106	54.1	54.1	54.1
	Married	15	7.7	7.7	61.7
	Divorced	21	10.7	10.7	72.4
	Cohabiting	54	27.6	27.6	100.0
	Total	196	100.0	100.0	

Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than ¥30,000	19	9.7	9.7	9.7
	¥30,000 ~ ¥100,000	57	29.1	29.1	38.8

¥100,000 ~ ¥200,000	89	45.4	45.4	84.2
More than ¥200,000	31	15.8	15.8	100.0
Total	196	100.0	100.0	

Occupation

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Students	22	11.2	11.2	11.2
Government workers	26	13.3	13.3	24.5
Business employees	44	22.4	22.4	46.9
Self- employees	40	20.4	20.4	67.3
Business owners	10	5.1	5.1	72.4
Teacher	17	8.7	8.7	81.1
Artist	19	9.7	9.7	90.8
Other	18	9.2	9.2	100.0
Total	196	100.0	100.0	

History of illness

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Heart disease	8	4.0	4.0	4.0
HIV	1	0.5	0.5	0.5
Breast cancer	0	0	0	0
Pregnancy problems	25	12.7	12.7	12.7
Autoimmune diseases	115	58.7	58.7	58.7
Depression and anxiety	116	59.2	59.2	59.2
Gynecological diseases	52	27.0	27.0	27.0
Other	41	20.9	20.9	20.9
Total	196	100.0	100.0	

Self-gender identity

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
T	66	33.7	33.7	33.7
P	69	35.2	35.2	68.9
H	61	31.1	31.1	100.0
Total	196	100.0	100.0	

P4. Health service questionnaire

The type of insurance they have

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Urban employment-based basic medical insurance	132	67.3	67.3	67.3
Urban resident basic medical insurance	58	29.5	29.5	29.5
The new rural cooperative medical care scheme	15	7.6	7.6	7.6
Private health insurance	186	95.0	95.0	95.0
Total	196	100.0	100.0	

The types of insurance they often use

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Urban employment-based basic medical insurance	131	66.8	66.8	66.8
Urban resident basic medical insurance	52	26.5	26.5	93.4

The new rural cooperative medical care scheme	8	4.1	4.1	97.4
Private health insurance	5	2.6	2.6	100.0
Total	196	100.0	100.0	

The type of health service experience they received

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Heart disease	8	4.0	4.0	4.0
HIV	1	0.5	0.5	0.5
Breast cancer	0	0	0	0
Pregnancy problems	25	12.7	12.7	12.7
Autoimmune diseases	115	58.7	58.7	58.7
Depression and anxiety	116	59.2	59.2	59.2
Gynecological diseases	52	27.0	27.0	27.0
Other	41	20.9	20.9	20.9
Total	196	100.0	100.0	

Types of health care services used

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Public hospitals	196	100.0	100.0	100.0
Clinics	190	96.9	96.9	96.9
Private hospitals	101	51.5	51.5	51.5

	School/University health center	41	21.9	20.9	20.9
	Total	196	100.0	100.0	

Table 3. Data discretization complete

P1. General questionnaire	
Education	1.lower than middle school
	2.middle school and high school
	3.bachelor's or above
Marital Status	1. Living together (Married, Cohabiting)
	0.living alone (Single, Divorced)
Occupation	1.not employed (Students, Unemploeed)
	0. employed (other categories)
History of illness (depression and anxiety)	1.yes
	0.no
Number of illness	No.1-8
P4. Health service questionnaire	
Kind of insurance	1. government scheme
	0. Non- government scheme
Number of health care services experiences	No.1-9
Kind of health care services	1.public
	0. private

4.2 Demographic variables in study population among lesbians.

The results showed a mean age of 32 years (mean = 32.77, SD. = 7.99). The minimum age was 18 years and the maximum age was 57 years. Regarding the level of education, we found that

The majority of the sample was junior and senior high school (51%), followed by bachelor and above (27.6%). In addition, the majority of the sample lived alone (64.8%). Nearly half of them (45.4%) had an annual income of RMB 100,000 to 200,000, and most of the sample had sufficient income. Regarding occupation, 88.8% were employed, mainly as business employees (22.4%) and self-employees (20.4%). In the history of illness 40.8% of them were troubled by depression and anxiety. As for self-gender identity, the percentage of variables was close to the average. (Table 4.)

Table 4. Number of Demographic variables in study population among lesbians.

Demographic Variables (N=196)	**n**	**%**
Age		
18~30	87	47.0
31~57	109	53.0
Education		
lower than middle school	42	21.4
middle school and high school	100	51.0
bachelor's or above	54	27.6
Level of income		
Less than 30,000 (CNY)	19	9.7
30,000---100,000(CNY)	57	29.1
100,000---200,000(CNY)	89	45.4
More than 200,000(CNY)	31	15.8
Marital Status		
Living together	69	35.2
living alone	127	64.8
Occupation		

not employed	22	11.2
employed	174	88.8
History of illness		
depression and anxiety	80	40.8
Self-gender identity		
T	66	33.7
P	69	35.2
H	61	31.1

4.3 Level of Internalized Homophobia Scale (IHS) and The Multidimensional Scale of Perceived Discrimination (MSPD)

The calculated measure of IHS showed that 196 complete questionnaires with scores between 19-46 (mean score = 31.14, standard deviation= 5.29)，Among the lesbians with masculine characteristics (T) had above average scores and were the highest in intersectional IHS scores, indicating that they had more internalized homophobia.

While in MSPD measure collected 196 samples with scores between 32-96 (mean score=63.78, standard deviation =9.70) results showed that 105 lesbians had lower levels (54.00%) of perceived discrimination in health care services while 91 lesbians had higher levels (46.00%). (Table 5.)

Table 5. Level of IHS and MSPD

Level of Internalized Homophobia Scale (HIS)		
Variables(N=196)	n	95% C.I. Lower Upper
T	66	31.52 34.47
P	69	29.76 31.62
H	61	28.31 30.92
Total Mean:31.13, SD=5.16, Rang=19-46		
Level of Scale of Perceived Discrimination (MSPD)		

Variables(N=196)	mean	SD	Rang
High	63.78	9.70	32-96
Mean:63.78, SD=9.70, Rang=32-96			

4.4 **Health care services variables in study population among lesbians**

The results showed that 98.9% of the participating lesbians had government insurance, while only 2.6% used private insurance as their first choice. And 82.7% chose to use public health services. Next in the number of experiences using health services was frequent, with a majority of lesbians (58.2%) having five or more experiences. (Table 6)

Table 6. Number of Health care services variables

Variables(N=196)	n	%
Kind of insurance(have)		
government scheme	193	98.9
Private scheme	3	1.1
Kind of insurance(used)		
government scheme	190	97.4
Nongovernment	6	2.6
Number of health care services experiences		
>5	114	58.2
<5	81	41.8
Kind of health care services		
Public	162	82.7
private	34	17.3

4.5 Tests of correlation between the independent variables and the Multidimensional Scale of perceived discrimination (MSPD) variable.

First, the continuous data were assessed for data normality as a prerequisite for the statistical tests that followed. The Kolmogorov-Smirnov values showed that only Total_MSPD was normally distributed. And the p value of age, number of illness, number public health service be used and total-IHS were 0.001, so these were non-normal data. Then the independent variables were tested to see which variables should be included in the correlation with the perceived discrimination among lesbians.

1) Using the bivariate correlation test, the P-value of age and Total_MSPD is 0.867, the P-value of the number of illness and Total_MSPD is 0.029, the P-value of Total_IHS and Total_MSPD is <0.001. It is possible that the higher the number of diseases, the higher the internalized homophobia score are associated with perceived discrimination. And the number of health care services received in experience correlation with MSPD is significant. The P-value is 0.030, r_s -0.115. the P-value number of public health care services used is 0.187, r_s -0.095. So the number of health care services received is more significantly associated with perceived discrimination in health care services. (Table 7.)

Table 7 . Correlation test with total MSPD score

Variables	**P.**	**r.**
Age	0.867	0.012
Number of illness	0.029*	0.156
Total IHS	<0.001**	0.309
Number of health care service	0.030	-0.115

Public health service be used	0.187	-0.095

*Significant at the 0.05 level

**Significant at the 0.01 level

2) Testing the association of more than two categories of variables with a one-way Anova. Analysis were done on Education level: P=0.077, Marital status: P=0.269, Occupation: P=0.077. Income: F(3,192)=0.399,P=0.754,Gender identity : P<0.001,The kind of health insurance: P=0.851.So different gender identity are statistically significant in association with the perceived discrimination. (Table 8.)

Table 8. One-way Anova test

Variables	**F**	**p**
Education level	(2,193)=2.598	0.077
Marital status	(3,192)=1.322	0.269
Occupation	(7,188)=1.869	0.077
Income	(3,192)=0.399	0.754
Gender identity	(2,193)= 25.03	<0.001
Kind of health insurance	(3,192)=0.264	0.851

Dependent viriable:Total_MSPD

p<0.001

3) Third, independent t-tests were used to report the living status as p=0,734.

working status as p= 0612. depression and anxiety is p=0,022<0.05. Kind of insurance is p=0.967. lesbians with a history of disease of depression and anxiety are associated with discrimination in health services. (Table 9.)

Table 9. Independent t-tests**:**

	t	**p**
Living status	(194)-0.340	0.734
Working status	(194)-0.508	0.612
Depression and anxiety	(194)-2.309	0.022
Kind of insurance	(194)-0.042	0.967

Variable is Total_MSPD

p<0.05

4.6 Logistic regression factors related and perceived discrimination among lesbians.

A logistic regression model was used to investigate whether there was a statistically significant association between self-gender identity, number of history illnesses, HIS, Depression and anxiety, and number of health service use as the dependent variable and the independent variable according to the test of correlation. Table 4.8 shows the association of each independent variable with perceived discrimination in health services. Self- gender identity by gender maintained a significant association with discrimination experienced (β -0.171 p=0.017). The number of history illnesses was not significantly related (β 0.153 p=0.057), the number of HIS scores was strongly associated with discrimination (β 0.316 p<0.001), while Depression and anxiety was not significantly related to discrimination (β 0.106 p<0.147), and the number of health services used was also not significantly related β (-0.007 p=0.915) (Table 10.)

Based on the p-value of 0.05, the results show that there is a significant association between gender self-identity, internalized homophobia and perceived discrimination in health services.

Table 10. logistic regression model:

variable	β	p
self-gender identity	-0.171	0.017
number of history illnesses	0.153	0.057
HIS	0.316	<0.001
Depression and anxiety	0.106	0.147
number of health service used	-0.007	0.915

Chapter V

Discussion, Limitation, Conclusion, and Recommendation

5.1 Discussion

The purpose of this study was to find out the association between internalized homophobia and perceived discrimination in health care services and to evaluate the association between them. This study was conducted using a self-reported online questionnaire. Sociodemographic factors including age, education level, occupation, income, disease history and self-gender identity (coded as masculine 1, feminine 2, non-significant 3), Internalized Homophobia (IHS), health care service factors including types of insurance, types of health care services, and types health care setting, and perceived discrimination in health care services. Data were collected from May to June 2021. The number of participants who completed the questionnaire and passed the lesbians was 196. Ultimately, it was concluded that self-identity, internalized homophobia, and perceived discrimination among lesbians in Cheng Du, China were significantly associated in health care services. The results are discussed below.

Part 1. Self-gender identity

From this variable, we expect to see differences in gender identity in the following aspects, the proportion of different gender identities in the participants, respectively, at the level of the number of people in the IHS,33. 7% of lesbians self-reported their gender identity in favor of the masculine-gender, while the IHS scores mean is 33.00, while P (30.69) and H (29.61). After statistical analysis, we found a statistically significant association between gender identity and perceived discrimination in health care services among lesbians, particularly lesbians of the masculine gender. (β -0.171 p=0.017).

In previous studies in Western countries, masculine gender lesbians have also demonstrated an association with their health care services practices. 220 masculine-gender and 296 feminine gender lesbians were surveyed by Hiestand's team, which also looked at experiences of discrimination in health care services. Because of the

bad experiences, lesbians of the masculine-gender had lower acceptance rates for routine gynecological exams and were more likely to avoid receiving health care services. (Hiestand, Horne, & Levitt, 2007)The study area in East Asia has some peculiarities from traditional social and cultural influences that seem to be more negative. The literature from Taiwan, which is also an East Asian cultural context, comes to support the findings of this study. Indirect support for the findings of this study can be found in an article from Taiwan on the impact of lesbian gender identity on body image and breast health: Implications for health care practice. The article highlights the point that lesbians who have a masculine-gender (T) are the ones who have ambivalent negative feelings about their breast health, even leading to psychological disorders. (Y.-C. Wang, Griffiths, & Grande, 2018)And another article in the mental health of lesbians with different gender identities reported more suicidal thoughts from the masculine-gender (71,1%), and 94.9% expressed more unhappiness. Discrimination in health care services and social experiences is one of the main reasons, again due to the fear of discrimination caused by their masculine appearance.(Kuang, Mathy, Carol, & Nojima, 2004) Perhaps this is due to the different identities of lesbians. When T of the masculine-gender, chronic negative emotions lead to increased internalized homophobia, and they also perceive discrimination more in health care services. It cannot be ignored that their masculine appearance and feminine physiology are perceived as inhibiting factors in receiving health care services. This means that the presence of discrimination regarding their masculine appearance is a barrier to accessing health care services. Feminized(P) and non-significant(H) lesbians have more positive feedback than masculine (T) lesbians.

Part2. Internalized Homophobia

Measuring internalized homophobia among lesbians was collected using an 11-item internalized homophobia scale. Higher scores are assumed to indicate who has more internalized homophobia. The current study reported that the mean total score of Internalized Homophobia was 31.14 ± 5.29 and is higher in masculine gender (33.00) compared to female gender (30.69) and non-significant (29.61).

Certainly, it turned out that the association between internalized homophobia and perceived discrimination among lesbians in health services was evident, higher internalized homophobia was linear to perceived discrimination (β 0.316 p<0.001).

The results of this study are supported by the section on Internalized Homophobia, Disclosure, and Health in the Springer publication of Lesbian, Gay, Bisexual, and Transgender Healthcare. The article discusses the disparities in access to health care and health services for LGBT people due to internalized homophobia, primarily due to the negative perceptions internalized by sexual minorities and interestingly, the often hidden discrimination in health services. Although some of this is discrimination that we do not want to admit, it can affect the patient's attitudes and behaviors in hospital or clinic health services. Both intentional and unintentional can cause LGBT patients to have a negative psychology about the service. This may be due to an internalized homophobia that neither patients nor healthcare providers have considered and may have influenced the way LGBT people view themselves and healthcare services and how they are viewed by health care providers. (Fogel, 2016)Also, the article from Walch et al: Discrimination, internalized homophobia, and concealment in sexual minority physical and mental health. mentions their the association between In a sample of 474 LGB adults, the association between perceived discrimination and mental health was explained through the indirect pathway of internalized homophobia, and efforts to reduce discrimination may be beneficial to LGB mental and physical health, requiring special attention to internalized homophobia.(Walch, Ngamake, Bovornusvakool, & Walker, 2016)The results of the current study are also supported by the results of Ren's scale based on a sample of Chinese homosexuals (N=312) on the Chinese internalized homophobia scale (CIHS) which includes 11 items in three dimensions: CFI = .93, TLI = .90, and RMSEA = .008 (90% CI [.0052, .0113]); $\chi 2$ (55 df) = 497.50 was significant ($p < .0001$). This article is the first measure of internalized homophobia in a homosexual population in a Chinese cultural context, and the results also show that scale scores and internalized homophobia are positively correlated, and that internalized homophobia is negatively correlated with the difference in self-identification as gay men. (Ren & Hood Jr, 2018)And another study of internalized homophobia among

435 gay men from southwest China also showed a higher prevalence of internalized homophobia, while high levels of internalized homophobia were associated with greater psychological distress (Wald = 6.49, AOR = 1.66). The authors' study also concluded with the hope of reducing internalized homophobia among gay men and improving public health services. In the Chinese guy men sample, they all showed high levels of internalized homophobia, even higher than the results of the same type of study in the West. (Xu, Zheng, Xu, & Zheng, 2017)Negative self-evaluation is one of the main causes of internalized homophobia, which also exists among lesbians in China, and indeed cannot be ignored without the influence of Chinese society and traditional family values. In particular, the high level of internalized homophobia among lesbians of the masculine gender in this study may have more factors in the cultural and family values of similar self-construction and behavioral choices.

The association between internalized homophobia and discrimination among lesbians in health care services has been less studied in this area compared to other sexual minority populations. It is probably due to the fact that they can be treated uniformly as heterosexual women. In fact, lesbian health inequalities are largely linked to discrimination and internalized homophobia.(Fogel, 2016) There are several articles that reveal that internalized homophobia among lesbians is inversely proportional to the utilization of health care services, such as the study by Bonnie A. McGregor et al: Internalized homophobia among lesbians treated for early breast cancer is a major obsession, which may be due to one of the reasons for neglect and even discrimination in health care services.(Fogel, 2016)Thus, reductions in internalized homophobia are beneficial for health care utilization, such as Sherry Bergeron's study based on 254 Canadian lesbians.(Bergeron & Senn, 2003) There are also a number of articles that have reported on the relationship between discrimination against lesbians in health care services and homophobia from heterosexuality. Here, the authors of the current study emphasize that it is under the influence of internalized homophobia in lesbians, who see themselves and the world in a negative view, that are more sensitive to otherwise more hidden discrimination in health care, which may be unconscious.

5.2 Conclusion

Research Hypothesis:

Hypothesis Null： There is no association between the internalized homophobia and perceived discrimination among lesbians in Chinese health care services.

This hypothesis was not accepted, but confirms that hypothesis alternative was accepted.

Hypothesis alternative: There is association between the internalized homophobia and perceived discrimination among lesbians in Chinese health care services.

A total of 196 participants (mean age 32.77 years ± 7.99) participated in this study. The mean total score for internalized homophobia was 31.14 ± 5.29, and is higher in masculine gender compared to female gender and non-significant. The mean total score for perceived discrimination was 63.78±9.71. The lowest mean MSPD scores were found for female and non-significant identity, while the highest mean scores were found for masculine types.

After correlation testing focused in the factor of self-gender identity and internalized homophobia is and being discriminated is significantly related. In the final model by Logistic Regression, the masculine gender showed higher perceived discrimination (β-0.171 p=0.017). Interestingly, higher internalized homophobia was linearly related to perceived discrimination (β 0.316 p<0.001). However, the number of ever-used health care services was not associated with discrimination (β -0.007 p=0.915).

Overall, There is an association between the internalized homophobia and perceived discrimination among lesbians in Chinese health care services. Lesbians with higher levels of internalized homophobia were more likely to perceive discrimination in health services, and the difference in perception of such discrimination was related to lesbians' self-gender identity, where lesbians with masculine gender identity had higher levels of internalized homophobia and were then able to perceive more discrimination in health services, whereas lesbians of the female gender and those with no apparent gender identity were relatively less likely to perceive discrimination. Our findings can be used by the

general population interested in learning about lesbians as well as by professionals in various fields, especially healthcare providers and policy makers. In particular, our findings can help health care providers understand the reasons why some masculine gender-identified lesbians may specialize, and they can also be used to design and deliver effective care that is sensitive to lesbians.

5.3 Limitation

1. This is a cross-sectional study and cannot show a causal relationship between being an internalized homophobic and perceived discrimination. Therefore, further studies are recommended to confirm this association.

2. The sample size was not large enough and the participants were mainly young, good-educated, well-income, urban-dwelling lesbians. Further research is needed to see if the results can be applied to a larger population.

3. The self-reported questionnaire may have caused recall bias among participants.

5.4 Recommendation

1. policy recommendations based on the results of this study to let us know

that lesbian self-gender identity and internalized homophobia are associated with perceived discrimination in health services. Policy makers should develop appropriate policies to meet the health needs of diverse women.

Incorporate the unique needs of lesbian patients into new policies or modify existing ones, and ensure that both development and adoption are non-discriminatory.

Creating and safeguarding a welcoming environment that is inclusive of lesbian patients means that policy makers will also consistently give health service providers guidelines on health issues specific to lesbian patients. It is also necessary to monitor the development and implementation goals of health care providers and educational programmes.

2. Recommendations for health providers in response to the results of this

study

Training of all staff is essential to create a trusted practice environment for lesbian patients. This population may have difficulty communicating with their physicians, and physicians may feel uncomfortable interacting with sexual minority patients. This is especially true when dealing with lesbians who have a masculine gender identity. Health students and health professionals therefore need to be trained in the situation of lesbian patients (e.g. safer communication techniques, asking open questions. Avoid making assumptions about the patient's gender or sexuality, etc.) to minimize the risk of unconscious discrimination or even harassment and to remove communication barriers in public health services and doctors' work.

Secondly, it is recommended that health service providers pay attention to the feedback form on homosexual patient satisfaction and incorporate it into relevant data and information so that it can be used in practice.

3. An individual recommends, based on the results of this study, to let us know that internalized homophobia is indeed related to perceived discrimination. This greatly affects the experience of lesbian women in receiving health services. This is mainly due to the negative, even denial, mindset of internalized homophobia towards self and surroundings. We wish lesbians would allow themselves to receive more positive feedback, perhaps through LGBT counselor diversion, family members, or partners.

4. To further investigate and incorporate the limitations of the current study, the causal relationship between self-gender identity, internalized homophobia, and perceived discrimination should be examined. It would be clearer what disorders cause negative behaviors and perceived discrimination among lesbians.

For further research, this could be understood by adding a health care provider's perspective or a more multidimensional scale, which could reduce the information bias of the results and may be better than a single item questionnaire for online self-report.

Appendix

Questionnaire of
Association between Homophobia and Perceived Discrimination in health care services among Chinese lesbians

Query Statement

Please answer the screening tool. And you can stop because you meet exclusion criteria of this research. Lastly thank you for you devote your time to do the screening questions.

This questionnaire is to research any " Association between Homophobia and Perceived Discrimination in health care services among Chinese lesbians ". The questionnaire comprises of 4 parts which hold the total amount of 42 items and up to 5 pages. It will take approximately 20-30 minutes to complete the questionnaire.

Part 1 general questionnaire 7 items.
Part 2 Internalized Homophobia Scale (HIS) 11 items.
Part 3 the Multidimensional Scale of Perceived Discrimination (MSPD) 20 items
part 4 Health service questionnaire 4 items.

The information which will be acquired from the study will be used in analyzing the Association between Homophobia and Perceived Discrimination in health care services among Chinese lesbians in Cheng Du. If there is any question regarding to ethics of the study, please contact the Ethics Review Committee for Research and Involving Human Research Subjects, Health

Science Group, Chulalongkorn University. Correspondingly, if there is any question regarding to the questionnaire, please contact Miss Linghong Liao at College of Public Health, Chulalongkorn University.

Thank you for your cooperation

Miss Linghong Liao

College of Public Health, Chulalongkorn University

The English version questionnaire

Part 1. general questionnaire (6 items)
Explanation: Please fill in the blanks or check the boxes in 7 when the passage is true and fill in the blank.
1.Age.....years
2.Education □lower than middle school □middle school and high school □ bachelor □ master's or above
3. Marital Status □Single □Married □Divorced □Cohabiting
4.Level of income (per year) □Less than 30,000 (CNY) □30,000---100,000(CNY) □100,000---200,000(CNY) □More than 200,000(CNY)
5.Occupation (can choose more than one) □Students □Government workers □Business employees □Self- employees

□Business owners

□Artist

□Unemploeed

□ Others

□(specify)

6.History of illness

☐ Heart disease

☐ HIV

☐ Breast cancer

☐ Gynecological diseases

☐ pregnancy problems

☐ autoimmune diseases

☐ depression and anxiety

☐ Others

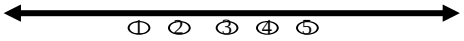
☐ (specify)

7. Self-gender identity

□ "T" （More Masculinity）

□ "P"（ More Femininity）

□ "H"（ No significant）

Part 2 Internalized Homophobia Scale(IHS) (11 items)					
Explanation: According to your own true feelings. Please read each one carefully and decide the extent to which you agree with the statement, then mask √ on the number that best reflects how much you agree or disagree with the statement. Rating scale:  ① ② ③ ④ ⑤ **Strongly Disagree** **Strongly Agree**					
	① ⟷ ⑤ Strongly Disagree Strongly Agree				
1. If possible, I would prefer to be a heterosexual.	①	②	③	④	⑤
2. If I were a heterosexual, I would be happier.	①	②	③	④	⑤
3. Although there are some ways to change my sexual orientation, I am reluctant to try.	①	②	③	④	⑤
4. It is forbidden to reveal your sexual orientation in the civil service system.	①	②	③	④	⑤
5. If you reveal your sexual orientation in the workplace, it will endanger your career.	①	②	③	④	⑤
6. In most situations, I do not care about whether other people know about my sexual orientation.	①	②	③	④	⑤
7. I am worried that my sexual orientation will disgrace my family.	①	②	③	④	⑤
8. I cannot do intimate things like heterosexual couples do in public.	①	②	③	④	⑤
9. Any mentions of the word “homosexuality” make me feel panic.	①	②	③	④	⑤
10. Most homosexuals will end up living alone.	①	②	③	④	⑤
11. I cannot fulfill traditional filial piety, which makes me feel impious.	①	②	③	④	⑤

Part 3 the Multidimensional Scale of Perceived Discrimination (MSPD)(20 items)					
Explanation: According to your own true feelings. The following are some statements that individuals can make about being lesbians. Please read each one carefully and decide the extent to which you agree with the statement, then mask √ on the number that best reflects how much you agree or disagree with the statement. Rating scale: ① ② ③ ④ ⑤ **Strongly Disagree** ⟷ **Strongly Agree**					
	① ⟷ ⑤ Strongly Disagree Strongly Agree				
1. In getting health care services, lesbians are visibly rejected.	①	②	③	④	⑤
2. In health care services treat lesbians differently.	①	②	③	④	⑤
3. When I'm in health care services, I do not mind if someone else knows how l feel.	①	②	③	④	⑤
4. Lesbians suffer from discrimination in the health care services.	①	②	③	④	⑤
5. Lesbians suffer from discrimination by doctors.	①	②	③	④	⑤
6. Lesbians suffer from discrimination by nurses.	①	②	③	④	⑤
7. Lesbians suffer from discrimination by some private institutions (e.g., Private hospital, insurance companies, etc.)	①	②	③	④	⑤
8. Less satisfied with health care services.	①	②	③	④	⑤
9. Even health care providers seem to accept lesbians, I think that, deep down, they have some misgivings.	①	②	③	④	⑤
10. Even though there is no express rejection, health care providers treat lesbians differently.	①	②	③	④	⑤
11. I have felt personally rejected for being lesbians in health care services.	①	②	③	④	⑤
12. I have been treated differently for being lesbians in health care services.	①	②	③	④	⑤
13. I have been discriminated at public hospitals for being	①	②	③	④	⑤

lesbians.					
14. I have been discriminated for being lesbians in health care services.	①	②	③	④	⑤

15. I have been discriminated by doctors for being lesbians	①	②	③	④	⑤
16. I have been discriminated by nurses for being lesbians	①	②	③	④	⑤
17. I have been the target of discriminatory actions by some private institution (e.g, Private hospital, insurance companies, etc.) for being lesbians.	①	②	③	④	⑤
18. Even when health service providers seem to accept me, deep down, I think they have some misgivings because I am a lesbian.	①	②	③	④	⑤
19. Even though there is no express rejection, people treat me differently when they see I am a lesbian.	①	②	③	④	⑤
20. I feel ignored by health service providers for being a lesbian.	①	②	③	④	⑤

Part 4. Health service questionnaire (4 items)
1. What kind of insurance do you have? (Multi-select) ☐ Urban employment-based basic medical insurance ☐ Urban resident basic medical insurance ☐ The new rural cooperative medical care scheme ☐ Private health insurance
2. Which kind of insurance do you often choose to use? ☐ Urban employment-based basic medical insurance ☐ Urban resident basic medical insurance ☐ The new rural cooperative medical care scheme

☐ Private health insurance

3. What kind of health care services have you received in your experience ?

☐ Cardiac surgery

☐ Gynecology (at least one preventive check-up)

☐ Mammography

☐ Pap smear

☐ Outpatient clinics

☐ Childbirth

☐ Vaccination

☐ HIV/AIDS screening

☐ Psychotherapy

☐ Others

☐ (specify)

4. Which health care service have you used?

☐ Public Hospitals

☐ Clinics

☐ Private Hospitals

☐ School/ UniversityHealth Centers

Simplified Chinese version Questionnaire

Part 1. 一般问卷 (7项)
解释：请在空白处填空或者勾选方框
1. 请问您的年龄是?
2. 受教育程度 □高中以下 □初高中 □本科 □研究生及以上
3. 婚姻状况 □单身 □已婚 □离婚 □同居
4. 年收入水平 □低于 30,000 (元) □30,000---100,000(元) □100,000---200,000(元) □200,000 以上(元)

5. 职业（可多选）

□学生

□公务员/事业单位/教师/医生/军警

□企业职员

□自由职业

□企业主

□教师

□销售

□艺术从业者

□待业

□其他

□请注明

6. 过往病史

☐ 心脏类

☐ 乳腺类

☐ 妇科类

☐ 生育问题

☐ 自身免疫类疾病

☐ 抑郁和焦虑

☐ 其他

☐ 请注明

7. 自我身份认同

□“T”（偏男性气质）

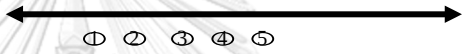
□“P”（偏女性气质）

□“H”（没有明显的表现）

Part 2 自我内在恐同症衡量(HIS) (20 items)

解释:根据自己的真实感受。请仔细阅读每一栏目，并确定你同意的程度，然后圈出最能反映你同意或不同意程度的序号。

评定量表:



① ② ③ ④ ⑤

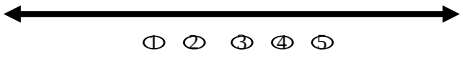
非常不赞同 非常赞同

	① 非常不赞同				⑤ 非常赞同
1. 如有可能，我宁愿选择成为真正的异性恋。	①	②	③	④	⑤
2. 如果我是异性恋，我也许会活得更开心。	①	②	③	④	⑤
3. 即使能够改变，我也不愿意成为异性恋。	①	②	③	④	⑤
4. 在体制内工作一定不能暴露自己的性取向。	①	②	③	④	⑤
5. 在工作单位暴露自己的性取向是会影响自己职业的发展	①	②	③	④	⑤
6. 大多数情况下，我并不介意他人知道我的性取向。	①	②	③	④	⑤
7. 我担心别人知道我的性取向会让我的家人丢脸。	①	②	③	④	⑤
8. 没法和自己的伴侣在公共场合做异性伴侣做的事情	①	②	③	④	⑤
9. 我听到别人提起同性恋这三个字就会让人感到很紧张	①	②	③	④	⑤
10. 大多数同性恋都孤独终老。	①	②	③	④	⑤
11. 作为一个同志我没法完成传统的孝道，会让我觉得自己不孝	①	②	③	④	⑤

Part 3 感知歧视多维量表(MSPD)(20 项)

解释:根据自己的真实感受。请仔细阅读每一栏目，并确定你同意的程度，然后圈出最能反映你同意或不同意程度的序号。

评定量表:



① ② ③ ④ ⑤

非常不赞同　　非常赞同

	① 非常不赞同				⑤ 非常赞同
1.在寻求医疗服务方面，女同被明显遭到拒绝。	①	②	③	④	⑤
2. 在医疗服务中对待女同不公平	①	②	③	④	⑤
3.当我在医疗服务中，我不介意别人知道我是一名女同。	①	②	③	④	⑤
4 女同在医疗服务中遭受到了歧视。	①	②	③	④	⑤
5. 女同受到了来自医生的歧视。	①	②	③	④	⑤
6. 女同受到了来自护士的歧视。	①	②	③	④	⑤
7. 受到一些私营机构(如私立医院，保险公司等)的歧视	①	②	③	④	⑤
8. 对医疗保健服务不太满意。	①	②	③	④	⑤
9. 即使医疗服务人员似乎接受了自己女同的身份，我认为，在内心深处，还是有些不确定。	①	②	③	④	⑤
10. 即使没有明确的被拒绝，医疗服务人员对待女同也是不同的。	①	②	③	④	⑤
11. 作为女同性恋，我个人感到医疗服务中被拒绝过	①	②	③	④	⑤
12. 作为女同性恋，我在医疗服务中受到区别对待。	①	②	③	④	⑤
13. 我因为是女同性恋而在公立医院受到了歧视。	①	②	③	④	⑤
14. 在医疗服务中，我因为是女同性恋而受到歧视	①	②	③	④	⑤
15. 我因为是女同受到了来自医生的歧视。	①	②	③	④	⑤
16. 我因为是女同受到了来自护士的歧视。	①	②	③	④	⑤

17. 我曾经因为是女同性恋而被一些私人机构(如私人医院、保险公司等)歧视。	①	②	③	④	⑤
18. 即使医疗服务人员似乎接受了我，但在内心深处，我想他们还是有些不解，因为我是女同性恋。	①	②	③	④	⑤
19. 虽然没有明确的拒绝，但当医疗服务人员感知到我是同性恋时，他们对我的态度就不同了。	①	②	③	④	⑤
20. 因为我是女同，感到被医疗服务忽视。	①	②	③	④	⑤

Part 4. 医疗服务问卷(4 项)

1. 您有什么医疗保险?(多选)

☐ 城职职工基本医疗保险

☐ 城镇居民基本医疗保险

☐ 新型农村合作医疗制度

☐ 私人健康保险

2. 您经常使用的医疗保险是?

☐ 城职职工基本医疗保险

☐ 城镇居民基本医疗保险

☐ 新型农村合作医疗制度

☐ 私人健康保险

3. 在你的经历中，你接受过什么样的医疗服务？（可多选）

☐ 心脏手术

☐ 妇科(至少一次预防性检查)

☐ 乳房 x 光检查

☐ 子宫颈刮片检查

☐ 一般门诊

☐ 生育

☐ 疫苗接种

☐ 艾滋病筛查

☐ 心理治疗

☐ 其他

☐ 请注明

4.哪种卫生服务是你曾使用过的？

☐ 公立医院

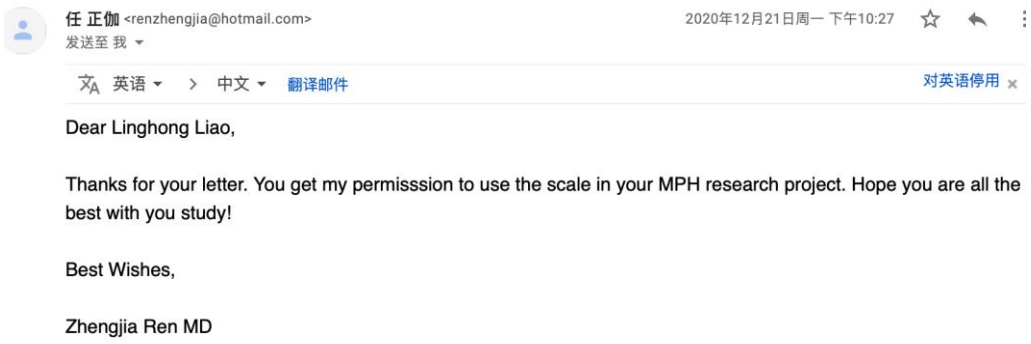
☐ 诊所

☐ 私立医院

☐ 校医院

Questionnaire permission

Figure 2. Internalized Homophobia Scale (HIS)：



任 正伽 <renzhengjia@hotmail.com> 2020年12月21日周一 下午10:27
发送至 我
英语 > 中文 翻译邮件 对英语停用

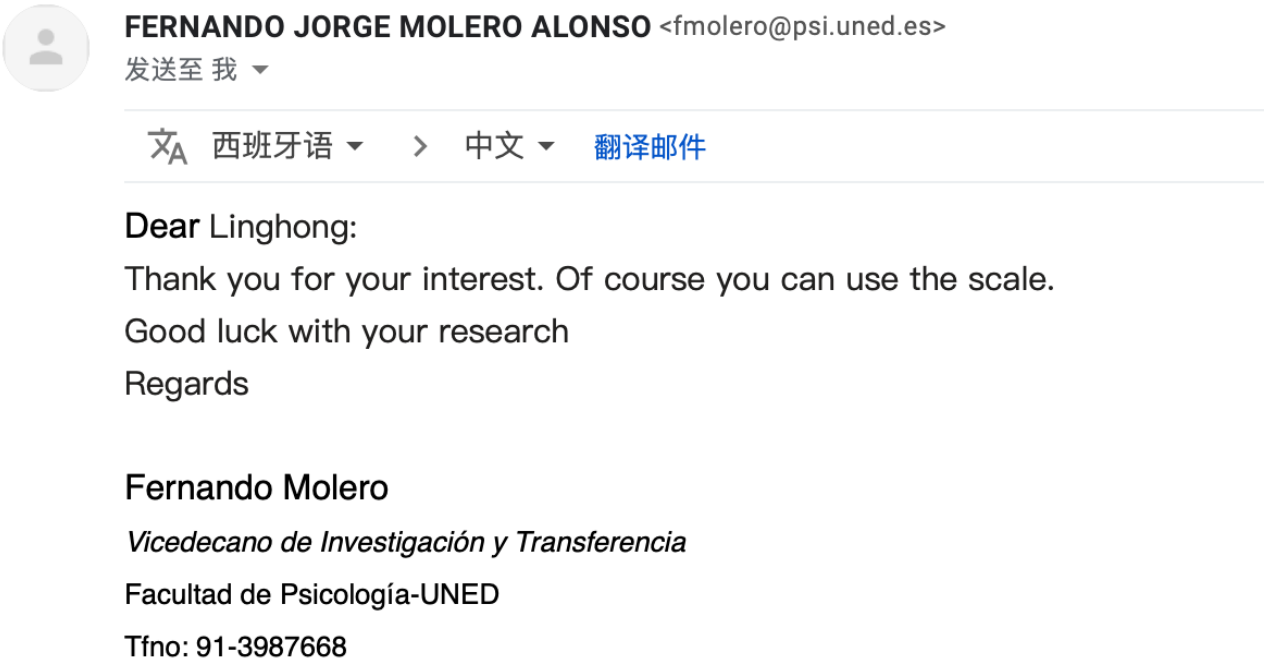
Dear Linghong Liao,

Thanks for your letter. You get my permisssion to use the scale in your MPH research project. Hope you are all the best with you study!

Best Wishes,

Zhengjia Ren MD

Figure 3. The Multidimensional Scale of Perceived Discrimination：



FERNANDO JORGE MOLERO ALONSO <fmolero@psi.uned.es>
发送至 我

西班牙语 > 中文 翻译邮件

Dear Linghong:
Thank you for your interest. Of course you can use the scale.
Good luck with your research
Regards

Fernando Molero
Vicedecano de Investigación y Transferencia
Facultad de Psicología-UNED
Tfno: 91-3987668

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