

Families of choice and noncollegiate sororities and fraternities among lesbian and bisexual African-American women in a southern community: implications for sexual and reproductive health research

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Abstract. **Background:** Self-identified lesbian and bisexual African-American women living in the southern United States are a relatively hidden subpopulation within the lesbian, gay, bisexual and transgender (LGBT) community. Existing research suggests that African-American lesbian and bisexual women are at high risk for sexually transmissible infections (STIs), but the sexual and reproductive health needs of this population are just beginning to be understood. **Methods:** We conducted four focus groups and five individual interviews with 24 lesbian and bisexual African-American women living in the Jackson, Mississippi, metropolitan area, recruited through the local STI clinic and through word of mouth. We aimed to characterise the role of two types of social organisations (lesbian families and noncollegiate lesbian sororities and fraternities) among the local LGBT community, and their influence on the sexual health of their members. **Results:** Both types of social organisations serve positive functions for their members. Lesbian families provide support and stability; this appears beneficial for younger individuals, who may lack support from biological families. Lesbian sororities and fraternities are visible due to their emphasis on community service, and offer a strong sense of solidarity and belonging. In both organisation types, discussions about sex were common, although members acknowledged a lack of information regarding safer sex among lesbian and bisexual women. **Conclusions:** Existing social organisations within the LGBT community, such as lesbian families and lesbian sororities and fraternities, should be incorporated into community-based popular opinion leader or lay health advisor interventions in an effort to meet the sexual and reproductive health needs of marginalised populations.

Additional keywords: focus group discussion, marginalised populations, Mississippi, support, United States, women who have sex with women.

Received 24 September 2013, accepted 19 November 2013, published online 20 January 2014

Introduction

The visibility of the lesbian, gay, bisexual and transgender (LGBT) community has increased rapidly in the United States (USA) as societal attitudes have evolved, and recognition of the need for high-quality research on the experiences and needs of this traditionally underserved population continues to grow.¹ Indeed, the USA National Institutes of Health recently highlighted gaps in the existing research on the needs of LGBT-identified Americans in response

to the Institute of Medicine's comprehensive report on LGBT health.² Of particular note in the Institute of Medicine's report is the finding that certain subpopulations of the LGBT community remain largely hidden and are therefore especially challenging to recruit for research efforts designed to assess service needs and address barriers to care. Many commonly used methods of recruiting members of the LGBT community for participation in research – such as venue-based sampling at LGBT pride events or LGBT bars or clubs – may under-represent more

hidden members of the LGBT community,^{3,4} whereas recruitment techniques used in the general population (e.g. random-digit dialling for telephone surveys) are inefficient at recruiting relatively rare subpopulations.^{5,6} Innovative, cost-effective recruitment techniques are therefore needed to identify especially hidden members of the LGBT population, as their invisibility is likely to exacerbate existing health disparities.

Women who have sex with women (including both those who self-identify as lesbian or bisexual, and those who do not) continue to experience disparities with regards to sexual and reproductive health.^{7–11} Lack of access to appropriate care may be a particularly salient barrier in the southern USA, where attitudes towards LGBT-identified individuals are perceived to be especially unwelcoming due to the region's religious and political conservatism.¹² African-American women who have sex with women are emerging as a relatively hidden LGBT subpopulation that is at especially high risk for negative sexual health outcomes¹³ as a result of their multiple structural inequalities (i.e. gender, race, sexuality, region),¹⁴ coupled with overall high rates of HIV and other sexually transmissible infections (STIs) within the African-American community in the USA.^{15,16} Our recent clinic-based study found that African-American women who have sex with women were at high risk for STIs, particularly trichomoniasis and *Chlamydia trachomatis* infection.¹³

Lesbian and bisexual African-American women living in the South represent a high-risk population whose sexual and reproductive health care needs are only just beginning to be understood. We report here on one additional component of our clinic-based study¹³ designed to identify and meet the sexual and reproductive health care needs of this subpopulation of women; namely, we discuss our discovery and subsequent exploration of two types of social organisations, in which a large number of self-identified African-American lesbian and bisexual women participate: lesbian families of choice (family-like groups intentionally formed on the basis of shared identity), and noncollegiate lesbian sororities and fraternities (social organisations to which individuals must apply for membership). Based on our initial understanding of the roles of these organisations in the lives of the women seeking care in our clinic,¹⁷ we had originally hypothesised that these organisations might contribute to heightened sexual risk behaviours and high STI rates among their members. As our results demonstrate, however, our understanding of the role of these organisations has shifted as a result of our investigation; as such, we conclude with a discussion of the potential of these organisations to serve as partners in improving the sexual and reproductive health of this hidden population of women.

Methods

Study setting

Eligible participants were recruited from among women participating in a Women's Reproductive Health Program for lesbian and bisexual women at the Mississippi State Department of Health STI clinic¹³ and through word of mouth in the Jackson, Mississippi, metropolitan area to

participate in focus group discussions. We sought to explore the role of lesbian families of choice and noncollegiate sororities and fraternities among the local African-American lesbian and bisexual community, and the influence of these organisations on the sexual health of their members. We were also interested in identifying whether these organisations could be vital intervention points in the HIV and STI epidemic among African-American communities in the southern USA. In addition to focus group discussions, individual interviews were also conducted with leaders of these organisations. We chose to interview leaders individually and not as part of the focus group discussions, because we wanted members of the organisations to feel at ease answering our questions about their organisations without potentially being influenced by the presence of their leaders.

Eligibility criteria included African-American race, age ≥ 18 years, self-identification as a lesbian or bisexual woman, and active membership in a lesbian family or lesbian sorority or fraternity at the time of the interview. Focus groups and individual interviews were stratified by type of organisation (lesbian family of choice v. lesbian sorority v. lesbian fraternity), as we hypothesised that experiences might differ between groups. This study was approved by the Institutional Review Boards at the University of Mississippi Medical Center and the University of Alabama at Birmingham. Oral informed consent was obtained from all participants before participation in any research-related activities. All participants received a monetary incentive at the end of each focus group discussion or one-on-one interview.

Data collection

Participants completed a brief anonymous survey at the beginning of each focus group discussion or one-on-one interview to provide a general demographic and behavioural context for the results. The moderator (author CAM) subsequently posed five open-ended questions to guide each focus group discussion and one-on-one interview (Box 1). These questions evolved as the study progressed, as findings from previous focus group discussions and one-on-one interviews were incorporated into subsequent focus group discussions and one-on-one interviews. Focus group discussions lasted 1–2 h each and one-on-one interviews lasted 30–45 min each; all were audio recorded.

Box 1 Focus group moderator questions

1. Describe your lesbian family, sorority or fraternity.
2. How is your lesbian family, sorority or fraternity similar to or different from other lesbian families, sororities or fraternities?
3. What has been your experience with your lesbian family, sorority or fraternity? How has it helped you? Has it been a problem in any way?
4. What is the role of your lesbian family, sorority or fraternity in the community?
5. What does your lesbian family, sorority or fraternity do to promote the sexual health of its members?

Data analysis

Digital audio recordings were professionally transcribed and analysed using HyperRESEARCH ver. 2.8.3. qualitative software (ResearchWare Inc, Randolph, MA, USA). We used an interpretative phenomenological analytic approach to create a comprehensive narrative describing women's experiences with each type of organisation;¹⁸ this analytic approach is particularly well suited to developing a 'thick' description of a particular phenomenon based on a limited number of cases.¹⁹ Following our initial analysis, we recontacted several participants to participate in member-checking interviews. Three participants (one representing each type of organisation) were asked to read and respond to a draft of the study results to ensure that interpretations were accurate and reflected of participants' experiences and opinions.²⁰ Member-checking was deemed essential in this study, as none of the authors were participants in the organisations under study; as such, we felt that additional steps were needed assure the trustworthiness of our analysis and interpretation.²¹

Results

Between March 2011 and November 2011, a total of 24 eligible women were successfully recruited for participation in this study. We originally intended to conduct focus groups composed of members of families, sororities and fraternities separately, but during the data collection period, it became clear that most women participated in both lesbian families and a lesbian sorority or fraternity. Thus the results of the study are presented for the focus group participants as a whole.

In total, we conducted four focus groups: two in which we primarily discussed lesbian families of choice ($n=4$ in the first focus group, $n=6$ in the second focus group), one in which we primarily discussed lesbian sororities ($n=4$) and one in which we primarily discussed lesbian fraternities ($n=5$). We also conducted individual interviews with leaders of families ($n=3$) and founders of fraternities ($n=2$). Characteristics of the study participants are shown in Table 1. We were initially unable to identify a founder of a sorority for participation in a leadership interview; however, we subsequently learned that one of the participants in one of the lesbian family focus groups was also the founder of a sorority. We were later able to recontact this participant for a member checking interview. We were also able to recontact a leader of a family as well as a

member of a fraternity to participate in two additional member-checking interviews. It should be noted that the results we present reflect individuals' opinions and not those of the organisations to which they belong.

Throughout the focus groups and interviews, study participants highlighted the positive impact participation in these organisations has played in their lives. Many described a lack of acceptance from other major institutions (including biological families and collegiate sororities), and spoke of the key benefits – social support and opportunities for community involvement – associated with their participation in these organisations.

Lesbian families of choice as sources of social support

Lesbian families of choice (sometimes referred to as 'rainbow families') mirror the structure of traditional biological families. They are usually organised hierarchically around a central parent figure, designated as either the mother or the father depending on the parent's gender identification (many masculine women in this community prefer male pronouns and thus become the father of the family). The parent figure acquires children who are generally younger than the parent but are usually over the age of 18; these are most often young people who have recently broken ties with their families of origin due to rejection or the desire to build a new, affirming support system. Family members use the language of blood relations, siblings, step-sisters and step-brothers to refer to the complex relationships among family members that develop over time. Family members identify strongly with the family name (some even using it on social networking sites to identify themselves) and there is broad awareness of the complex genealogies that connect the various families throughout the country. Indeed, members spoke of relying on contacts with distant family members as they travelled or moved to different areas. Members are rarely asked to leave families, though there appears to be acceptance when members decide to align themselves with another branch of the family.

The functions of lesbian families of choice are also similar to traditional biological families. Social support was the predominant reason given for participating in a lesbian family, with many members noting that the social support offered by lesbian families of choice is far more intense and enduring than that offered by friends.

Well... friendship is good...but that's not where you wake up. That's not where you lay your head. I mean, you don't lay your head necessarily with your friends, not in my social setting. You know, you do that with your family, you know?

Lesbian families of choice exert a stabilising influence on their members; this is especially true for younger members whose lives may be disrupted by the challenges of making their own way following a break with their family of origin. Many members noted that individuals joining families now tend to be younger (reflecting the trend of earlier self-identification as lesbian or gay) and that members tend to become less

Table 1. Focus group participant characteristics

Characteristic	<i>n</i> (%)
Age range	19–44
Education	
High school degree or less	1 (4)
Some college	17 (74)
College degree or more	5 (22)
Currently working	14 (61)
Currently a student	10 (43)
Has health insurance	12 (52)
Has primary health care provider	11 (48)
Sex with women only, past 12 months	18 (78)
Sex with women and men, past 12 months	4 (17)

involved as they age and their lives become more stable (mirroring the developmental shift typically experienced as children come to identify more with peers than with the family). Regardless, all members benefit from the understanding and acceptance of others who share the often stigmatising experience of being lesbian or bisexual in the African-American community.

As in many traditional families, mother figures take on special responsibility for the development and wellbeing of family members, setting expectations and providing encouragement (especially regarding education and employment). Mother figures also appear to play a significant role with regard to the health of family members, often providing information and referrals to sexual health services. As one mother noted,

The women's reproductive cards, I carry those with me and my kids know. They'll call me: 'Mom, I need the number,' 'Mom, I lost my card. Who can I call if I'm having this?' ... I guess I take more of an active role.

Mothers may also be actively involved in helping family members get treatment for sexual health issues when needed. One mother stressed the importance of confidentiality with regard to the members' experiences with STIs:

I know a couple people in the family and organisation that have [STIs] and we have personally, actually been to the doctor with a couple of people or done stuff for people to help them get cured. But with us being parents and founders, we don't tell everybody.

Community-based lesbian sororities and fraternities as opportunities for community involvement

By design, the structure of community-based lesbian sororities and fraternities¹ is similar to their better-known collegiate counterparts; many founding members spoke of having learned about the structure and functions of such organisations through past participation in one of the national Black sororities. Other members noted, however, that the impetus for founding or joining community-based lesbian sororities and fraternities was the belief that they would not have been welcomed in a traditional Black sorority:

I looked at it as an opportunity for me to have...some kind of Greek affiliation [sorority]. ...I just wanna be able to just join a regular Greek organisation in college and I feel like I will be singled out, so I just never tried any. I found out that there were community-based ones and they were in clubs and that's how I found out about [organisation name], and I pledged.

Many members emphasised the feeling of acceptance and unity offered by participation in lesbian sororities and fraternities, and spoke proudly of wearing their organisations' colours and Greek letters when interacting with the community. As one member stated,

...this basically is a way to, you know, help those people out who wanna have their unity and their bond with fellow friends and feel comfortable within themselves.

As is common in Greek organisations, the development of solidarity among members is developed through a rigorous pledge process. Many members recounted their challenging experiences during the pledge period, during which prospective members are required to dedicate themselves to learning the history of the organisation, abstain from sex and alcohol, and submit to physical challenges. The pledge period is only concluded when existing members believe that all potential members have experienced the personal growth necessary to become a member of the organisation.

Although the intimate nature of lesbian families of choice allowed for a certain degree of emotional conflict among family members, the function of noncollegiate lesbian sororities and fraternities appeared much more clearly focussed on community involvement; indeed, the founder of one fraternity noted that these organisations had been developed with the sole purpose of serving the community:

...so it's like, basically, integrity, honesty and values is what runs it. Everybody's personalities just have to stick together long enough to finish community service. That's what the frat is basically about: community service, that's it.

Active engagement with the community was noted as a key criterion on which potential members were selected, and a specified number of community service hours were required by sororities and fraternities to maintain active membership. Many members spoke with pride about the community service their organisations provide, claiming the opportunity to serve the community was what had drawn them to the lesbian sorority or fraternity, and made the intense pledge process worthwhile.

Sexuality is central within these organisations

Sexuality plays a central role in both types of organisations but in markedly different ways. As might be expected, sex between close family members is highly stigmatised and hidden. Many lesbian families of choice reported having strict rules discouraging sex between members; one family member stated that this prohibition is the only strictly enforced rule in her family. Sexual partners were most often selected from outside the core family, though if a long-term partnership developed, the partner was usually considered to have become a member of the family.

By contrast, sexual relationships between members of lesbian sororities and fraternities were encouraged, with the belief that this would further strengthen the groups' bonds:

Okay, you can date inside the fraternity and sorority, unlike my family. You can't date inside my family but it's actually better looked upon if I got a [affiliated sorority] female. ...

In addition, access to new sexual partners is seen as a key benefit of membership in a non-collegiate sorority or fraternity, and is often used as a recruiting tool:

One of the sayings we always tell the pledges is, 'Once you become a [member], your sexual rate is going to go through the roof.'

...and it's like when you join us, it's gonna be girls that's gonna flock and they're gonna flock your way just because you're a [name of sorority].

Sex was not a part of the pledging process, however, and potential members were, in fact, prohibited from engaging in sex at all during the pledge period.

In both types of organisation, discussions about sex were common, though many members readily acknowledged a lack of information regarding safer sex among lesbian and bisexual women. One lesbian family sought to address this by using sex toy parties (events at which an independent salesperson demonstrates and sells various sex toys) as an opportunity to provide information on the proper cleaning of toys to prevent transmission of STIs; the lesbian sororities and fraternities intentionally focussed their community service efforts on providing sexual health information, STI screening and condoms to the larger LGBT community.

Organisations are visible within the community

Both types of organisations are readily visible to knowledgeable observers in the community. The LGBT clubs are the primary venue for many of the social activities in which all of the organisations engage, usually in the form of strolls (synchronised group dances that distinguish each group) and on-stage performances. Members of lesbian sororities and fraternities take particular pride in wearing their organisations' letters when at the clubs, further increasing their visibility. Both types of organisation are also active in staging community health fairs, often in collaboration with the local health department.

Indeed, the presence of these organisations extends to the greater Jackson, Mississippi, community as well. In one instance, the mother of a family recounted a situation in which she was called by a local social service organisation with regard to a young woman who had been become homeless due to rejection by her family of origin. Knowing the social support offered by these organisations, the social service agency implored this mother to assist the young woman as she worked to get back on her feet. Another family member recounted a situation in which the local health department had come to a family meeting to inform the members of a potential STI exposure and provide information about sexual health.

Discussion

In the course of our ongoing efforts to identify and meet the sexual and reproductive health care needs of African-American women who have sex with women in the southern USA,^{13,22} we learned of two types of organisations (i.e. lesbian families, and lesbian sororities and fraternities) that play a role in the lives of many members of our target population. Such organisations exist beyond the southern USA,^{23–25} though, to our knowledge, the potential public health impact of these organisations has not been detailed in the literature. Our findings, particularly

regarding the benefits members perceive from their participation in these organisations, are similar to those reported by Kubicek and colleagues with regard to the participation of young African-American men who have sex with men in the House and Ball community subculture.²⁶ Similar to their findings, we believe that the organisations we identified could also serve as essential partners in the development and implementation of culturally appropriate public health interventions to improve the sexual and reproductive health of women in the LGBT community.²⁷

Although many of our study participants participated in both types of organisation, there were clear differences in the functions of each, with implications for how each could be enlisted in future research and outreach efforts. With their emphasis on community service, lesbian sororities and fraternities represent the public face of this subpopulation. Their visibility within the community (through the wearing of clothes printed with their letters, performances at clubs and staging of community health fairs) suggests that some of their more active members could potentially be recruited to serve as community-based popular opinion leaders, an intervention approach that has been extensively used to educate populations about their risk for HIV and STIs.^{28,29} The popular opinion leader approach uses ethnographic research to identify particularly well liked and influential individuals within the community to receive training in how to deliver effective behavioural change messages to friends during everyday conversations.³⁰ Lesbian families of choice, by contrast, play a more private role in which intimate, caring relationships are central; as such, intervention approaches based on the natural helper or lay health advisor model could be particularly effective in making use of participants' desire to support and protect fellow family members from negative sexual health outcomes.^{31–34} Many interventions based on the natural helper approach actively seek to identify those individuals known by their communities for their caring natures who will share important health information spontaneously as part of their regular interactions within the community.³⁵ Both community-based popular opinion leaders and lay health advisors have proven essential in helping to bridge the cultural gap between underserved communities and the health care system; this is especially true with regard to sexual health concerns.^{36,37}

There are several limitations to this qualitative study. The generalisability of our findings to other regions of the country may be limited, as all of our participants lived in one city in the southern USA. The experiences of individuals in these types of organisations may be very different in other areas of the country with more established LGBT communities, or in rural areas where frequent in-person gatherings are less feasible. Although we used snowball sampling to encourage known members of the community to recruit others, it is likely that our study participants were among the more visible, active participants in these organisations; the experiences of those who are less involved may therefore be under-represented in our results. Similarly, the use of a health care setting for recruitment (and our role as health care providers) may have caused participants to overemphasise health concerns as a result of social desirability. In addition, we did not quantify how often or where participants access health care with regards to their sexual

and reproductive health or their health in general – future studies should include this pertinent information. Finally, it would have also been of interest to ask participants to describe specific ways in which they believe that health care providers and researchers should reach out to these types of organisations to involve them in LGBT-oriented sexual and reproductive health care initiatives. A particular strength of our study, however, was our use of member-checking, which allowed us to refine our interpretation of the qualitative data and increase the extent to which our findings represent the lived experiences and understandings of our target population. The extensive ethnographic research we have conducted with this subpopulation is likely to improve both future research efforts and the ability to provide culturally-appropriate sexual and reproductive care.

Health care providers and researchers continue to seek new ways to engage underserved subpopulations of the larger LGBT community in research and care. The results of this qualitative study demonstrate that such efforts can be enhanced by recognition of the positive impact of structures already existing within the LGBT community that enhance the resilience of these often marginalised individuals. Future efforts to serve this subpopulation should incorporate community-based participatory research methods³⁸ to ensure that the expressed needs of underserved subpopulations are addressed by researchers and providers.

Conflicts of interest

None declared.

Acknowledgements

This study was funded by a Lesbian Health Fund award granted to CAM by the Gay and Lesbian Medical Association. The authors thank Heather King, Tina Barnes, Mauda Monger, and Arti Barnes for their assistance in recruiting eligible participants for this study, and Marga Jones for her assistance with data management.

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