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Sexual Behaviors and Partner Characteristics by Sexual Identity Among Adolescent Girls

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A B S T R A C T

Purpose: Data suggest that lesbian and bisexual adolescents engage in risky sexual behaviors at higher rates than heterosexual girls. Whether these findings also apply to girls of other sexual identities is less well understood. Potential differences in risky sexual behaviors reported by lesbian versus bisexual adolescents are also underreported in the literature.
Methods: Data were collected online in 2010–2011 among 2,823 girls, aged 13–18 years, in the United States. Multinomial logistic regression was used to quantify comparisons of sexual behaviors between (1) lesbian; (2) bisexual; and (3) questioning, unsure, or other (QUO) identity; and (0) heterosexual girls. Logistic regression compared lesbian and bisexual adolescents.
Results: Lesbian and bisexual adolescents reported significantly more lifetime and past-year sexual partners than heterosexual girls. Bisexual girls were also more likely to report penile-anal and penile-vaginal sex, whereas lesbians were more likely to report earlier sexual debut for almost all types of sex, as compared to heterosexual girls. Lesbians also were more likely to report infrequent condom use and less likely to have conversations with partners about the use of barriers (e.g., dental dams) before first sex. Relative to lesbians, bisexual girls reported older age at first sex for almost all sexual behaviors and higher lifetime prevalence of recent male partners, penile-vaginal, and penile-anal sex. Few differences were noted between QUO and heterosexual girls.
Conclusions: Sexual minority adolescents are not identical in terms of sexual risk. Providers need to be sensitive to these differences and their implications for health and counseling of patients.

IMPLICATIONS AND CONTRIBUTIONS

Adolescents vary in their sexual risk. Lesbian and bisexual girls report risky sexual behaviors but the patterns differ. Girls who were questioning their identity report behaviors similar to heterosexual girls. Health promotion programs that acknowledge and respect the unique lived experiences of sexual minority adolescent girls are critically needed.

Regional studies in the United States consistently find that sexual minority adolescents (e.g., lesbian, gay, bisexual [LGB], and others who do not identify as completely heterosexual) engage in sexual risk behaviors at higher rates than heterosexual girls: LGB adolescents are more likely to have unprotected penile-vaginal sex [1–4], multiple sexual partners [1,3–6], and sexual partners with high risk for human immunodeficiency virus or other sexually transmitted infections (STIs), including intravenous drug users and gay men [7,8]. For example, in an analysis of data from the Massachusetts Youth Risk Behavior Survey, Goodenow et al. [3] found that half of the lesbian and gay girls in the survey had both male and female partners, whereas one in five had only male partners. Using Youth Risk Behavior Survey

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data from all states and localities with available data on sexual orientation, Rosario et al. [6] found that lesbian and bisexual girls were four times more likely to report multiple sexual partners in the past 3 months, 60% more likely not to have used condoms during last sexual intercourse, and nearly twice as likely to use drugs or alcohol during last intercourse than heterosexual girls. Moreover, these adolescents initiated sex at younger ages than their heterosexual peers [6,8]. Reflective of these elevated risk behaviors, LGB girls have higher rates of pregnancy [3,4,9–11] and STIs [12,13] compared to heterosexual girls.

Although these statistics are concerning, whether they apply equally to all sexual minority girls when compared with heterosexual girls, and whether differences exist between lesbian and bisexual adolescents is unclear. In addition, detailed information about risky non–penile-vaginal sex behaviors, such as anal sex, is lacking. Given the normative sexual development and exploration that occur during adolescence [14], this study aims to contribute to a more nuanced and detailed understanding of the sexual experiences of sexual minority adolescents. Findings have important implications for scientific understanding, preventive interventions, and clinical practice supporting healthy adolescent development.

Methods

Data are from the Teen Health and Technology Study, an online, national survey of LGB and transgender (LGBT) and non-LGBT adolescents, aged 13–18 years, in the United States. The protocol was reviewed and approved by the Chesapeake Institutional Review Board (IRB), the University of New Hampshire IRB, and the Gay, Lesbian & Straight Education Network (GLSEN) Research Ethics Review Committee. Minors provided informed assent, and 18-year-olds provided consent. The IRBs granted a waiver of parental permission to protect participants who could be potentially harmed if their sexual identity was disclosed to their caregivers.

Participants and procedures

Participants were recruited: (1) randomly from the Harris Poll Online (HPOL) opt-in panel or (2) through national outreach by GLSEN, a nonprofit research and advocacy organization focused on ensuring safe schools for all students, including LGB youth. GLSEN efforts included emails to thousands of high school students who had either participated in GLSEN programs previously or had signed up to receive information about GLSEN programs and resources.

The survey questionnaire was self-administered online between August 2010 and January 2011. The median survey length was 23 minutes for HPOL respondents and 34 minutes for GLSEN respondents. The survey was longer for GLSEN participants because of additional LGB-specific questions.

The response rate for the HPOL sample, 7.2%, is comparable with recent surveys [15,16]. The response rate for the GLSEN sample could not be calculated given the denominator (i.e., the number of youth who saw the email invitation) is unknown.

Measures

Sexual identity was assessed by asking, "How would you describe your sexuality or sexual orientation? Please select all that apply." Response options were: gay, lesbian, bisexual, straight/heterosexual, questioning, queer, other, or not sure. Seventeen percent endorsed two or more identities. Consistent with previous studies [17,18], responses were categorized based on a hierarchy of preference on the homoaffiliative continuum in this order: lesbian/gay, bisexual, queer, questioning, unsure, other, and straight/heterosexual. For example, if an individual identified as "gay" and "queer," she was categorized as "lesbian/gay; " if "bisexual" and "questioning," she was categorized as "bisexual." Five categories resulted: straight/heterosexual exclusively (i.e., no additional orientation was marked); bisexual; lesbian/gay; queer; and, questioning, unsure, and other (QUO). The 87 girls who endorsed both queer and lesbian categories were included in the lesbian group; 31 who identified as both queer and bisexual were included in the bisexual group. Because the remaining 13 youth endorsed a specific identity (i.e., queer), rather than more vague identities such as unsure or questioning, we believed combining them with the QUO group would be inappropriate. Please note that in previous publications [19], queer youth were instead grouped with lesbian/gay youth.

Four lifetime sexual behaviors were queried: oral sex, sex that involved a finger or sex toy going into the vagina or anus, penile-vaginal sex, and penile-anal sex. All referred to consensual sex by means of "when you wanted to."

Because of space limitations, details about additional measures are available on request. The survey can be downloaded online [20].

Weighting and data analysis

Data were weighted to approximate the national population of adolescents in the U.S. and to validly combine the two samples as follows: The HPOL general population sample was weighted to the known demographics of 13- to 18-year-old youth [21]. Next, a demographic profile was created for GLSEN youth based on the 5% of HPOL youth who self-identified as LGB. Even with the demographic weight applied, the GLSEN youth differed from the HPOL youth on nine characteristics (e.g., being out to one's parents). As such, a second weight was applied to adjust for these behavioral and attitudinal differences between the two samples. Additional detail has been published elsewhere [22].

Given the focus of the present study, the sample was restricted to cisgender girls (i.e., those who identified both their sex assigned at birth and their gender as female). Of the 3,385 respondents who indicated their sex was "female," 110 were dropped because they did not meet valid data requirements (e.g., responded "do not know" to more than 20% of the main questions). An additional 120 were excluded because they had extreme weights. Another 332 were trimmed because they did not choose "female" as their gender. This resulted in a final analytical sample size of 2,823 (2,102 recruited through HPOL and 721 through GLSEN).

Missing data were imputed using Stata's "impute" command [23] for all variables except the principal outcomes (i.e., ever having had oral sex, vaginal or anal sex with a sex toy or finger, penile-vaginal sex, or penile-anal sex). Imputed values were estimated in a best-set regression. In most cases, less than 8% of the values of a variable were imputed. Exceptions were age at first penile-vaginal sex (8.5%) and age at first penile-anal sex (12.2%).

Differences across sexual identities were examined using multinomial logistic regression, comparing multiple categories to a reference group: (1) lesbian, (2) bisexual, (3) queer, and (4) QUO to (0) heterosexual youth. Logistic regression was used to