



Research paper

Sexual identity, same-sex partners and risk behaviour among a community-based sample of young people in Australia



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ABSTRACT

Background: Young people who are same-sex attracted report higher rates of substance use, sexual risk behaviour, and mental health problems. Numerous studies have shown that sexual identity, sexual behaviour and sexual attraction do not always correspond, particularly among young people. We describe sexual identity, sexual partners, and associations between sexual identity and risk in a community-based sample of young people.

Methods: From 2011 to 2013, young people (16–29 years) were recruited at a music festival in Melbourne, Australia to self-complete a questionnaire. We describe sexual identity and gender of anal/vaginal sex partners in the past year. Secondly, we assess associations between risk behaviours, health outcomes and gay/lesbian/bisexual/queer/questioning (GLBQQ)-identity using multivariable logistic regression.

Results: Among 3793 (91%) participants with complete data, 115 (9%) males and 266 (11%) females were GLBQQ-identifying.

Among GLBQQ-identifying males, 23% reported only same-sex partners, 34% reported both sex partners, 26% reported only opposite-sex partners, 5% reported no sex partners in the past year, and 12% had never had sex.

Among GLBQQ-identifying females, 10% reported only same-sex partners, 22% reported both sex partners, 48% reported only opposite-sex partners, 3% reported no sex partners in the past year, and 17% had never had sex.

Controlling for age and sex, significant ($p < 0.05$) associations with GLBQQ-identity included: recent drug use (adjusted odds ratio [AOR] 1.7, 95%CI 1.3–2.2); ever injected drugs (AOR 5.7, 95%CI 3.3–9.7); young age at first sex (AOR 1.8, 95%CI 1.3–2.3); ≥ 11 lifetime sex partners (AOR 1.5, 95%CI 1.1–2.0); multiple sex partners in the past year (AOR 1.9, 95%CI 1.5–2.5); and rating mental health as fair/poor (AOR 3.0, 95%CI 1.9–4.6).

Conclusion: Young people with GLBQQ-identity commonly engage in high risk behaviours and are more at risk relative to their heterosexual-identifying peers. Targeted interventions to promote the health and wellbeing of this group should account for the complexities of identity and behaviour.

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Introduction

It is widely reported that same-sex attracted young people report more risk behaviours, victimisation and poorer health outcomes than their heterosexual peers. In particular, young people

who are same-sex attracted or report same-sex partners report higher rates of illicit drug use, harmful alcohol consumption, smoking, suicidal ideation and behaviour, and verbal, physical and sexual harassment and violence (e.g. Fergusson, Horwood, Ridder, & Beautrais, 2005; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Hillier, De Visser, Kavanagh, & McNair, 2003; Lea, Reynolds, & de Wit, 2013; Leonard et al., 2012; Marshal et al., 2008; Robin et al., 2002; Russell & Joyner, 2001; Smith, Lindsay, & Rosenthal, 1999; Wichstrom & Hegna, 2003). Risky sexual behaviours are also more commonly reported, including earlier age at first sex, more sex

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partners, and sexually transmitted infections (STIs) (e.g. Garofalo et al., 1998; Goodenow, Netherland, & Szalacha, 2002; Grulich, de Visser, Smith, Rissel, & Richters, 2003; Kuyper & Vanwesenbeeck, 2011; Lewis et al., 2012; McNair, Szalacha, & Hughes, 2011). These risks may affect subgroups of same-sex attracted or behaving young people differently; for example, numerous studies have identified highest risk behaviour among bisexual young people (Marshall et al., 2008; Robin et al., 2002; Russell, Driscoll, & Truong, 2002; Saewyc et al., 2007).

Young people are an important group in which to study experiences and issues pertaining to sexual attraction, identity and behaviour. Firstly, same-sex attraction, questioning identity, or sexual experience with same-sex partners is not uncommon in this age group. In Australian national data of young people aged 16–19 and 20–24 years, 1.7% and 6.9% of males and 10.2% and 11.9% of females, respectively, reported any homosexual experience in their lifetime, including anal sex, oral sex, touching or kissing (Grulich et al., 2003). In a cohort of women aged 25–30 years, 8.6% reported identifying as bisexual, lesbian, or mainly heterosexual (McNair et al., 2011), while Australian studies of secondary school students have found that 9–11% of young people are same-sex attracted or questioning their identity (Hillier, Warr, & Haste, 1996; Smith et al., 1999; Smith, Agius, Mitchell, Barrett, & Pitts, 2009).

Secondly, awareness of sexual orientation commonly occurs during late adolescence or early adulthood, and the age of awareness may be decreasing; a national survey of gay, lesbian, bisexual and transgender (GLBT) Australians found that the mean age of first awareness of sexual orientation was 12–13 years for homosexual men and women aged 16–24 years compared to 15–21 years for homosexual men and women aged 60 years and older (Leonard et al., 2012).

Thirdly, research suggests that young people experience greater harm relating to alcohol (Chikritzhs & Pascal, 2004; Livingston & Room, 2009; Teesson et al., 2010), drug use (Dietze, Jolley, & Cvetkovski, 2003; Sara, Burgess, Harris, Malhi, & Whiteford, 2011) and sexual risk behaviour (Department of Health & Ageing, 2013; Lewis et al., 2012) than the older general population, and thus young people are an important group in which to understand and prevent risk.

Numerous studies have shown that sexual identity, sexual behaviour and sexual attraction do not always correspond, particularly among young people (Coker, Austin, & Schuster, 2010; Goodenow et al., 2002; Robin et al., 2002; Saewyc et al., 2004). However, many studies focus on only one construct of sexual orientation, thus underestimating diversity and obscuring differences in risk and health needs (Mayer et al., 2008; Saewyc et al., 2004). In this study, we consider multiple constructs of sexual orientation, by differentiating between young people with same-sex and both sex partners and considering disparities in identity and behaviour. We recruit from a community setting, thus giving us a broader age range than school-based studies (Hillier et al., 1996; Smith et al., 2009) and allowing us to better capture early school-leavers or non-attendees (Faden et al., 2004), particularly given that same-sex attracted young people may be more likely to experience homophobic bullying and miss school, change schools, or drop out of school (Hillier et al., 2010; Robinson, Bansel, Denson, Ovenden, & Davies, 2014). Unlike other Australian studies focused on same-sex attracted young people recruited through community spaces and online (Hillier et al., 2010; Leonard et al., 2012; Robinson et al., 2014), recruiting young people from a music festival allowed us to draw a comparative sample of gay/lesbian/bisexual/queer/questioning (GLBQQ) and heterosexual young people from the same setting. According to Australian Bureau of Statistics 2009–2010, 45% of young people aged 18–24 years attended a popular music concert within the previous twelve months (ABS, 2010). Music festivals may attract large numbers of

young people who report recent illicit drug use, harmful alcohol consumption, and high-risk sexual behaviour, and thus are a suitable venue to recruit young people for study into illicit drug use, alcohol consumption, and sexual behaviour (Lim, Hellard, Aitken, & Hocking, 2007; Lim, Hellard, Hocking, Spelman, & Aitken, 2010; Sheridan et al., 2008).

In this study, we aim to assess the prevalence of same-sex identity and same-sex partners in a community-based sample of young people, and report on differences between identity and behaviour. Further, we compare risk behaviours and health outcomes according to sexual identity. An understanding of the associations between sexual identity and risk will help inform health and well-being programs, policy and education targeting young people.

Methods

Participants and procedure

Participants were recruited over consecutive years, 2011–2013, at the Melbourne Big Day Out (BDO), a one-day music festival held in January each year in Melbourne, Victoria. This study was part of an ongoing behavioural surveillance system that has been undertaken at the BDO since 2005 (Lim et al., 2007; Lim, Hellard, Aitken, & Hocking, 2009; Lim et al., 2010). The BDO survey intends to measure and monitor annual trends in alcohol, drug and sexual risk behaviours in a group of young people recruited from the community. Each year, approximately 20 trained researchers recruited a convenience sample of young people aged 16–29 years. Researchers invited participants to complete the survey in and around a study market stall in the food and market area of the festival. Once the survey was explained, participants self-completed the questionnaire, taking approximately 10 min.

Questionnaire

A core set of questions pertaining to drug and alcohol use and sexual risk behaviours has been asked annually in the BDO survey (Lim et al., 2009, 2010) since 2005 in addition to a subset of questions that vary each year. For three consecutive years (2011–2013) participants were asked about sexual identity. Also, two versions of the survey with slight variations were randomly circulated in 2011–2013 to maximise the information collected. The following questions were only asked in half of surveys in the specified years: recreational income (2012); smoking (2012–2013); mental health (2012–2013). Injecting drug use was not assessed in 2013 and mental health was not assessed in 2011.

Measures

To assess sexual identity, participants were asked “how do you identify yourself?”; results were dichotomised for analysis as heterosexual-identifying (self-identified as heterosexual/straight) and GLBQQ-identifying (self-identified as gay, homosexual, lesbian, bisexual, queer, or questioning). Participants responding to sexual identity as “other” were excluded from analysis ($n=42$) due to difficulty in categorising responses or potential false answers; examples of other responses were: “I don’t label”, “awesome”, “whatever”, “asexual”, “a person”, “bestiality”. Two responses specifying transgender were also excluded because the survey was not designed to effectively capture transgender identity. Past year sex partners refers to anal and/or vaginal sex partners and was categorised as opposite-sex partners only, same-sex partners only, or both sex partners (reports male and female sex partners).

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