



## Original article

## Sexual Orientation and Sexual and Reproductive Health Among Adolescent Young Women in the United States

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## A B S T R A C T

**Purpose:** We studied sexual and reproductive health among self-identified bisexual, lesbian, and heterosexual adolescent young women. Prior research has suggested that bisexual and lesbian young women may be at greater risk for many negative health outcomes, including risky sexual and reproductive health behavior.

**Methods:** Using data from the U.S. nationally representative 2006–2010 National Survey of Family Growth (NSFG), we examined sexual and reproductive health among young women 15–20 years of age as a function of sexual orientation. We used logistic regression and ANCOVA to examine differences in sexual and reproductive health across groups while controlling for demographic group differences.

**Results:** Bisexual and lesbian young women reported elevated sexual and reproductive health risks. Bisexual and lesbian participants reported being younger at heterosexual sexual debut, and having more male and female sexual partners, than did heterosexual participants. Further, they were more likely than heterosexual young women to report having been forced to have sex by a male partner. Bisexual young women reported the earliest sexual debut, highest numbers of male partners, greatest use of emergency contraception, and highest frequency of pregnancy termination.

**Conclusions:** Overall, sexual minority young women—especially those who identified as bisexual—were at higher sexual and reproductive risk than their heterosexual peers.

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IMPLICATIONS AND  
CONTRIBUTION

The results call attention to sexual and reproductive health risk among a sample of self-identified lesbian and bisexual adolescents in the United States. Sexual minority youth would benefit from health education and services that target their particular needs.

Adolescence and emerging adulthood are often times of sexual exploration and curiosity, as well as sexual orientation development [1,2]. The development of sexual orientation among lesbian, gay, and bisexual (LGB) youth has received increasing attention over the past few decades [3]. Much of this research has focused on dimensions of sexual orientation, as well as on developmental trajectories. It is particularly important to understand the experiences of LGB youth because they appear to be at higher risk than heterosexual youth for many negative health outcomes.

Sexual orientation is often described as having three major dimensions: attraction, self-identification, and sexual

behavior [4]. Although attractions, behaviors, and identities may be consistent for some youth, they may be incongruent for others. The term “sexual minority” can refer to individuals who report attraction to individuals of the same sex; identify themselves as lesbian, gay, or bisexual; or engage in sexual behavior with individuals of the same sex. For the purposes of this study, we will examine the behaviors of young women who identify themselves as heterosexual, bisexual, and lesbian.

*Health risk among sexual minority adolescent young women*

Although many sexual minority young women are well-adjusted, sexual minority status is a risk factor for physical and mental health problems [5]. Sexual minority young women

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report higher rates of anxiety and depressive symptoms [6,7], suicidal ideation and suicide attempts [6,8,9], and substance use [10], compared with heterosexual peers. In addition, sexual minority young women are more likely to report experiencing harassment and bullying [11], as well as violence and physical victimization [12,13], compared with heterosexual peers.

Sexual minority young women may also experience sexual and reproductive health problems. Compared with heterosexual young women, sexual minority young women are at least as likely to report ever having had sexual intercourse with male partners [12,14,15]. Sexual minority young women also report sexual intercourse with male partners at younger ages [14–16], higher rates of sex under the influence of drugs or alcohol [12,14], more frequent sexual intercourse with male partners [16,17], and higher rates of forced or coerced sexual contact than do their heterosexual peers [12,15,17]. These findings suggest that sexual minority young women's sexual health is at risk, but they are based on regional samples [12,15,17], nonrepresentative U.S. samples [16], and/or representative non-U.S. samples [14].

Less research has focused on experiences of sexual minority young women with reproductive health (e.g., pregnancy and pregnancy prevention). Overall, sexual minority young women seem to report riskier sexual practices than do their heterosexual peers. For example, they have reported similar or lower rates of condom use [14,15], less frequent use of effective pregnancy prevention methods [16,17], and similar or higher rates of pregnancy [14,15,17]. Like studies of sexual health, these findings are based on regional samples [15,17], nonrepresentative U.S. samples [16], and/or representative non-U.S. samples [14].

Although provocative, existing studies of sexual minority young women's sexual and reproductive health are limited in several ways. Research has not addressed the role of sexual orientation in reproductive health in a nationally representative sample of young women in the United States. With some exceptions [14–16], studies have lacked the statistical power to differentiate among subgroups of sexual minority young women. Thus, it remains unclear how the experiences of lesbian and bisexual young women are similar or different. Further, research with sexual minority young women has not yet differentiated between wanted and unwanted pregnancies, examined the use of emergency contraception (e.g., “Plan-B” or “the morning-after pill”), or examined intentional termination of pregnancies, all of which we will explore. Far more is known about sexual and reproductive health among sexual minority young men than among sexual minority young women [5].

### *The present study*

Data from the National Survey of Family Growth (NSFG) provided the opportunity to study sexual and reproductive health as a function of sexual orientation in a nationally representative sample of adolescent young women in the United States. Using data from the 2006–2010 NSFG, we examined sexual and reproductive health among young women 15–20 years of age as a function of sexual orientation. These data allowed us to differentiate the experiences of heterosexual, bisexual, and lesbian young women.

We hypothesized that self-identified lesbian and bisexual young women would report similar or higher rates of sexual intercourse with male partners, similar or greater sexual contact with female partners, and more sexual partners, both male and female, than their heterosexual peers. Consistent with the

victimization literature [18], we hypothesized that sexual minority young women would report more experiences of being forced to engage in sexual intercourse by male partners. We also hypothesized that sexual minority young women would report reproductive health behaviors that carry higher risk. This would include less use of contraception, more frequent use of emergency contraception, higher rates of pregnancy, and higher rates of intentional termination of pregnancy. Moreover, we expected that, consistent with literature on bisexuality [19], bisexual young women would report more negative sexual and reproductive outcomes than would their lesbian or heterosexual peers. This study provided the first examination of sexual and reproductive health among a nationally representative sample of self-identified lesbian, bisexual, and heterosexual young women in the United States.

## **Methods**

### *Procedure*

Data for this study were drawn from the continuous 2006–2010 NSFG, which was fielded by the National Center for Health Statistics (NCHS) in 2006 through 2010 [20,21]. This NSFG involved a multistage probability sample of male and female individuals, 15–44 years of age. Data were collected over a 4-year period from approximately 5,000 participants each year. Trained female staff completed computer-assisted, in-person interviews about sexual and reproductive health behaviors with 22,682 respondents (female  $n = 12,279$ ). Data collection occurred in participants' homes, and sensitive information, such as participants' sexual orientation and behaviors, was collected using ACASI techniques. The NCHS Research Ethics Review approved this project.

### *Participants*

We were interested in sexual minority and heterosexual young women, so we excluded male participants ( $n = 10,403$ ), women who reported a current age of 21 years or older ( $n = 9,581$ ), and young women who did not identify their sexual orientation as heterosexual, homosexual, lesbian, or bisexual; these young women identified themselves as “something else” ( $n = 15$ ) or did not respond to the question ( $n = 19$ ). All participants identified their gender as female.

The sample consisted of 2,664 female participants aged 15–20 years ( $M_{\text{age}} = 17.53$ ). Approximately half identified as white/Caucasian (56%); others identified as black or African-American (21%), Hispanic (15%), or Asian, American Indian, Alaska Native, Native Hawaiian, or Other Pacific Islander (8%). Most participants reported that they had never been married (97.7%) and that their parents had earned a high school diploma or GED (mothers = 81%; fathers = 83%). On average, participants reported that they had completed 11 years of education and that their family income was \$36,062 ( $SD = \$24,514$ ) USD per year. A minority (14%) reported that they had lived apart from parental figures before reaching 18 years of age (Table 1).

We created three sexual orientation groups based on participant self-identification: *heterosexual* ( $n = 2,437$ ), *bisexual* ( $n = 181$ ) and *lesbian or homosexual* ( $n = 46$ ). In this sample, 91.5% of participants identified as heterosexual, 6.8% as bisexual, and 1.7% as lesbian.

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