

Sexual Behaviors of U.S. Men by Self-Identified Sexual Orientation: Results From the 2012 National Survey of Sexual Health and Behavior



Brian Dodge, PhD,¹ Debby Herbenick, PhD, MPH,¹ Tsung-Chieh (Jane) Fu, PhD,¹ Vanessa Schick, PhD,² Michael Reece, PhD, MPH,¹ Stephanie Sanders, PhD,^{3,4} and J. Dennis Fortenberry, MD, MS⁵

ABSTRACT

Introduction: Although a large body of previous research has examined sexual behavior and its relation to risk in men of diverse sexual identities, most studies have relied on convenience sampling. As such, the vast majority of research on the sexual behaviors of gay and bisexual men, in particular, might not be generalizable to the general population of these men in the United States. This is of particular concern because many studies are based on samples of men recruited from relatively “high-risk” venues and environments.

Aims: To provide nationally representative baseline rates for sexual behavior in heterosexual, gay, and bisexual men in the United States and compare findings on sexual behaviors, relationships, and other variables across subgroups.

Methods: Data were obtained from the 2012 National Survey of Sexual Health and Behavior, which involved the administration of an online questionnaire to a nationally representative probability sample of women and men at least 18 years old in the United States, with oversampling of self-identified gay and bisexual men and women. Results from the male participants are included in this article.

Main Outcome Measures: Measurements include demographic characteristics, particularly sexual identity, and their relations to diverse sexual behaviors, including masturbation, mutual masturbation, oral sex, vaginal sex, and anal sex. Behaviors with male and female partners were examined.

Results: Men of all self-identified sexual identities reported engaging in a range of sexual behaviors (solo and partnered). As in previous studies, sexual identity was not always congruent for gender of lifetime and recent sexual partners.

Conclusion: Patterns of sexual behaviors and relationships vary among heterosexual, gay, and bisexual men. Several demographic characteristics, including age, were related to men’s sexual behaviors. The results from this probability study highlight the diversity in men’s sexual behaviors across sexual identities, and these data allow generalizability to the broader population of gay and bisexual men, in particular, in the United States, which is a major advancement in research focused on individuals in a sexual minority.

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¹Center for Sexual Health Promotion, Indiana University, Bloomington, IN, USA;

²University of Texas, Houston, TX, USA;

³The Kinsey Institute for Research on Sex, Gender and Reproduction, Indiana University, Bloomington, IN, USA;

⁴Department of Gender Studies, Indiana University, Bloomington, IN, USA;

⁵Division of Adolescent Medicine, Indiana University School of Medicine, Indianapolis, IN, USA

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INTRODUCTION

Data from the 2009 National Survey of Sexual Health and Behavior (NSSHB) showed that 4.2% of adult men in the United States self-identified as gay, 2.6% as bisexual, and 1.0% as other. Further, 1.8% of male adolescents 14 to 17 years old self-identified as gay, 1.5% as bisexual, 0.1% as other.¹ These rates are similar to other recent nationally representative studies and slightly higher than recent findings from probability samples in the United Kingdom and Europe.² Nationally representative studies of sexual behaviors in the United States are important for tracking key sexual health indicators, understanding demographic trends, and informing clinical practice.^{3,4} Given the public health significance of HIV and AIDS and the highly disproportionate burden of gay, bisexual, and other men who

have sex with men since the earliest days of the epidemic, it is remarkable that relatively little research has examined sexual health and behavior in the general population of these men in the United States. Much previous social and behavioral science research on the sexual lives of gay and bisexual men has focused directly or indirectly on sexual risk.^{5–8} In addition to a narrow focus on gay and bisexual men's sexual behavior with risk during penile-anal intercourse, the vast majority of research on gay and bisexual men's health, in general, has been conducted with non-probability convenience samples. The present study explored the sexual behaviors of a broadly representative sample with sufficient oversampling for a meaningful inclusion of sexual minorities, which is critically important because many health disparities are found in those minorities.

Sampling is a major concern for individual in sexual minorities (including behaviorally homosexual and bisexual individuals, regardless of sexual self-identity or gender identity).^{9,10} Indeed, researchers have characterized sampling as “the single most influential component of conducting research with lesbian, gay, and bisexual (LGB) populations.”¹⁰ Nearly all previous studies on gay and bisexual men's sexual behavior have been based on non-probability convenience samples. Convenience sampling can result in skewed results that will mislead other researchers, policymakers, and practitioners. Therefore, investigators wishing to study sexual minority populations must devote significant energy and resources to choosing a sampling approach and executing the sampling plan.

Technologies for probability survey research have evolved over time and are expensive.¹¹ Different issues have likely prevented most researchers from obtaining probability samples of gay and bisexual men, including cost, feasibility, and the social stigma of homosexuality and bisexuality.¹² As attitudes and norms have become more tolerant in recent decades, with major social changes such as the recognition of same-sex marriages at the national level, survey researchers can include sexual identity as a demographic characteristic (similar to gender, age, and race or ethnicity) on a scope that was not feasible in prior eras, thereby creating possibilities for constructing nationally representative sampling frames of gay and bisexual men. Recent technologic innovations have facilitated the possibility of collecting data from samples of self-identified gay and bisexual men in the United States that are probabilistic and reflective of a national-level population.

The sexual health needs of gay and bisexual men differ substantially from those of heterosexual men. Studies have consistently found that gay and especially bisexual men tend to report poorer health outcomes compared with heterosexual men, including physical, mental, psychosocial, and sexual health.^{7,9,13,14} We currently lack a refined understanding of the causes of such disparities (beyond “minority stress”) because of the lack of data, particularly nationally representative data, of gay and bisexual men. Public health researchers often rely on categories based on sexual behavior (including men who have sex with men) for research that focuses on sexual risk and adverse sexual health outcomes (eg, sexually transmitted infections and HIV).

This practice was logical in the early days of the HIV epidemic, when researchers rapidly learned that not all men who engage in sexual behavior with other men identify as “gay” or “bisexual.” However, using behavioral categories interchangeably with sexual self-identity categories obfuscates the role that sexual identity might play in relation to health outcomes.

In addition, LGB individuals are often lumped together in a monolithic category without examining differences based on identity.^{15,16} Collapsing bisexual and homosexual individuals under the common auspice of “LGB” has proved problematic in previous research because bisexual individuals are unlikely to be captured in traditional “gay-identified” venues and might face stigma from heterosexual and homosexual counterparts.^{17–21} Research on self-identified and behaviorally bisexual men and women has illuminated numerous and profound differences in physical, mental, sexual, and other health outcomes compared with exclusively homosexual and/or heterosexual men and women.²² Disparities can be found in psychosocial health issues, such as depression, anxiety, substance use, violence victimization, and suicidality; health risk behavior issues, such as unprotected sex, sex work engagement, larger number of sexual partners, frequent use of emergency contraception and pregnancy termination; and biomedical health issues, including disproportionate rates of HIV and other sexually transmitted infections; and lower health-related quality of life. Previous researchers have posited that these differences are due in part to the unique “double discrimination” experienced by bisexual individuals from straight and gay or lesbian individuals.

The NSSHB is innovative in different ways, including the gathering of very specific data on specific sexual behaviors, the logistics of specific sexual behavior, and the gender of sexual partners. Despite its strengths, and because LGB individuals comprise a relatively small percentage of the population, the initial NSSHB sample resulted in too few LGB-identified individuals for meaningful data analyses, especially for analyses in relation to demographic and other characteristics. The 2009 NSSHB also was administered only in the English language. This article, based on data from the 2012 NSSHB, aimed to provide baseline rates of sexual behavior and related factors in a nationally representative sample of self-identified heterosexual, gay, and bisexual men. Frequencies of sexual behaviors, associations with age, and relations with partnership status and gender of partners were explored separately for subsamples of heterosexual, gay, and bisexual men. The data add to previous waves of data collection from the established NSSHB by focusing specifically on similarities and differences in sexual behavior based on men's sexual orientation and identity, allowing for the examination of a wide range of sexual behaviors in populations disproportionately affected by sexually transmitted infections, HIV, and other sexual health concerns.

METHODS

The 2012 NSSHB is a population-based cross-sectional survey of adult women and men in the United States and data were collected during October and November 2012 using the

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