



Original article

## Oral Sex and Condom Use in a U.S. National Sample of Adolescents and Young Adults

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 A B S T R A C T

**Purpose:** The objective of this study was to examine correlates associated with condom use at the last oral sex, as well as oral sex behavior, among adolescents and young adults (AYAs) aged 15–24 years in the U.S.

**Methods:** Descriptive statistics, logistic regression, and multinomial logistic regression were conducted using data collected from 3,816 females and 3,520 males in the 2011–2015 National Survey of Family Growth.

**Results:** More than half of AYAs had engaged in oral sex with an opposite-sex partner. Most youth reported having at least one oral sex partner in the last 12 months, with 16% of females and 24% of males reporting two or more partners. Condom use at the last oral sex was quite low (8% for females and 9% for males). Black males (adjusted odds ratio [AOR] = 3.46), black females (AOR = 2.65), and females of other race/ethnicities (AOR = 2.40) were more likely to use a condom at the last oral sex. Females aged 20–24 years (AOR = .31), females whose mothers had a college education or more (AOR = .43), and males and females who reported no intercourse experience were less likely to use a condom at the last oral sex (AORs = .46 and .20, respectively).

**Conclusions:** Our study suggests that oral sex with an opposite-sex partner is a normative behavior for AYAs; however, condom use during this sexual activity is uncommon. Interactive workshops and physician–patient discussions focused on the health risk risks associated with oral sex, as well as appropriate methods of protection, may help to increase condom uptake.

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 IMPLICATIONS AND  
 CONTRIBUTION

The prevalence of condom use at the last oral sex among adolescent and young adult females and males in the U.S. is low. Greater efforts are needed to improve young people's understanding of sexual health risks associated with oral sex.

Engagement in oral sex is quite common among young people today [1,2]. In fact, data from the National Survey of Family Growth (NSFG) indicate that among those aged 15–24 years, oral sex is just as prevalent as vaginal intercourse. Roughly 66% of young females and 65% of young males report oral sex experience with

an opposite-sex partner, similar to the percentage who report experience with vaginal intercourse (67% and 64%, respectively). Furthermore, roughly a quarter of adolescents and young adults (AYAs) report engaging in oral sex before vaginal intercourse [3], and young people often report having more oral sex partners than vaginal sex partners [4–6]. Despite evidence that oral sex is a normative aspect of youths' sexual behavior, most studies concerning young people's sexuality continue to focus on vaginal intercourse. Although attention to intercourse among the youth is warranted, given its implications for sexual health, including sexually transmitted infections (STIs) and pregnancy, it is important to acknowledge that oral sex is not without risk.

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**Conflicts of Interest:** The authors have no conflicts of interest to disclose.

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Studies show that several STIs are transmitted through oral sex, including syphilis, gonorrhea, chlamydia, and HIV [7–9]. Oral sex behaviors have also been acknowledged as a potential mode through which the human papillomavirus (HPV) is transmitted [10–14]. Indeed, studies indicate that both performing oral sex and the number of oral sex partners are associated with oral HPV infection [13,15–18]. Given the increasing role that HPV infection has in oropharyngeal cancers [19], it is possible that oral sex may serve as a risk factor for the development of oral and oropharyngeal cancers through HPV infection [10,11].

Despite the health risks associated with oral sex, research on condom use during this activity is limited, especially in comparison with the literature on condom use during vaginal intercourse. However, studies suggest that youths' condom use during oral sex is low. Using the 2002 NSFG, one study found that among teens aged 15–19 years, 9% of females and 8.6% of males reported using a condom at the last oral sex [20]. These figures were even lower for 20- to 24-year-old females and males: 4% and 5.9%, respectively. In a 2004 survey of students aged 16–21 years in the UK, 20% had ever used a condom during oral sex, and less than 2% reported always using a condom during oral sex [21]. Condom use among college students is also much lower for oral sex than for vaginal intercourse and anal sex [4,22–25].

Although these studies shed light on the prevalence of condom use during oral sex among young people, correlates of condom use among this population remain largely unexplored. Furthermore, studies using national samples are scarce (for exceptions, see References 20 and 22). Research shows that 15- to 24-year-olds account for half of the 20 million new STIs that occur each year [26]. Furthermore, the prevalence of oral HPV infection is around 6% in young people [27]. Given the role barrier methods can play in lowering the transmission of STIs, it is important to understand factors associated with condom use during oral sex among AYAs. Therefore, the current study uses a nationally representative sample of 15- to 24-year-olds in the U.S. to examine factors associated with condom use at the last oral sex, as well as the number of opposite-sex oral sex partners in the last 12 months and lifetime experience with performing and receiving oral sex from an opposite-sex partner. We focus on basic characteristics, such as sociodemographic factors, family background, and sexual identity and behaviors, that have been explored in prior research on AYA sexual behavior and condom use [1,2,28,29].

## Methods

Data for this study come from the 2011–2015 NSFG. The NSFG is a multistage probability-based, nationally representative sample of females and males aged 15 to 44 years in the household population of the U.S. Data on sensitive topics, such as oral sex behavior, were collected using audio computer-assisted self-interviewing software to improve the quality of reporting. Additional information on the NSFG can be found elsewhere (<http://www.cdc.gov/nchs/nsfg/index.htm>). The 2011–2015 data file consisted of 20,621 interviews (11,300 females and 9,321 males) with a response rate of 71%. Our analytic sample was limited to 7,336 15- to 24-year-olds (3,816 females and 3,520 males) with valid data on all variables of interest.

## Measures

**Oral sex behaviors and condom use.** The primary outcome was condom use at the last fellatio (oral-penile sex). Although males

were asked about condom use during their last same-sex oral sex experience, there was no comparable question for females. Therefore, we limit our focus to condom use with opposite-sex partners. *Experience with ever performing and receiving oral sex and the number of oral sex partners in the last 12 months* were also examined as separate outcomes. Respondents were asked about same-sex oral sex experiences, but to remain consistent with our condom use measure, we only used data on opposite-sex oral sex experience. For the number of oral sex partners, responses were categorized as no partners (including those who reported no oral sex experience), one partner, and two or more partners.

**Correlates.** We included several sociodemographic variables and family factors, including race/ethnicity, nativity, age, current school enrollment, religious importance, religious service attendance, religious affiliation, mother's education, and childhood family structure. We also included measures of sexual identity and age at the first vaginal intercourse.

## Statistical analyses

Weighted sample characteristics by our outcome variables are shown in Table 1 (females) and Table 2 (males). Design-based *F* tests were used to examine bivariate associations. Logistic regression was used to examine the association of the correlates with lifetime oral sex experience and condom use at the last oral sex. We used multinomial logistic regression to examine the association of the correlates with the number of oral sex partners in the last 12 months. Given previous research suggesting that oral sex behaviors differ by sex [1,30], all analyses were sex-stratified. We accounted for the survey weights and design using the *svy* command in Stata 14.0 (StataCorp LLC, College Station, TX, USA).

## Results

We briefly discuss the overall patterns of oral sex behaviors and condom use, and then focus our discussion on the multivariable results. Although only marginally significant, having ever performed oral sex was more common among females than males (59% vs. 55%,  $p = .08$ ). More males than females reported having ever received oral sex (65% vs. 60%,  $p = .02$ ). Similar percentages of females and males reported no oral sex partners in the last 12 months (42%). Females were more likely than males to report having had only one oral sex partner in the last 12 months (42% vs. 35%,  $p < .0001$ ), whereas males were more likely than females to report two or more partners (24% vs. 16%,  $p < .0001$ ). Consistent with previous research [20,22,23,25], condom use at the last oral sex was low. Just 7.6% of females and 9.3% of males reported using a condom at the last oral sex, although this sex difference was not statistically significant ( $p = .16$ ).

Beginning with females (Table 3), we found that black respondents were less likely to have ever received oral sex. In addition, black females, Hispanic females, and females of other race/ethnicities were less likely to have ever performed oral sex. Foreign-born females also had lower odds of having ever performed or received oral sex. Older females and females who were currently enrolled in school had significantly higher odds of having ever performed or received oral sex. Females who considered religion to be very important in their daily lives had lower odds of having ever performed oral sex. Females whose mothers had higher levels of education had significantly higher odds of having ever performed or received oral sex. Whereas females who

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