

Early Sexual Debut and Associated Risk Behaviors Among Sexual Minority Youth

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Introduction: Early sexual debut, sexual risk taking, substance use, violent victimization, and suicidal behaviors are more prevalent among sexual minority than sexual nonminority youth. Although associations between early sexual debut and these risk behaviors exist, little is known about such associations among sexual minority youth. This study examined these associations among sexual minority U.S. high school students and their sexual nonminority peers.

Methods: In 2015, the national Youth Risk Behavior Survey included questions assessing sexual orientation for the first time. In 2016, data from this nationally representative sample of 15,624 U.S. high school students were analyzed to determine if associations between early sexual debut and other health risk behaviors varied by sexual orientation, by calculating adjusted (for sex, race/ethnicity, and age) prevalence ratios (APRs).

Results: Associations between early sexual debut and other health risk behaviors did not vary significantly by sexual orientation. Early sexual debut (first sexual intercourse before age 13 years) was associated with sexual risk taking, substance use, violent victimization, and suicidal thoughts/attempts among students identifying as lesbian, gay, or bisexual (LGB) and among students identifying as heterosexual, for example, being currently sexually active (LGB students: APR=1.82, 95% CI=1.35, 2.45; heterosexual students: APR=2.50, 95% CI=2.22, 2.81) and not using a condom at last sexual intercourse (LGB students: APR=1.50, 95% CI=1.18, 1.91; heterosexual students: APR=1.29, 95% CI=1.09, 1.52).

Conclusions: School-based sexual health programs might appropriately utilize strategies that are inclusive of sexual minority students, encourage delay of sexual intercourse, and coordinate with violence and substance use prevention programs.

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INTRODUCTION

Lesbian, gay, and bisexual (LGB) youth tend to experience earlier sexual debut than heterosexual youth.¹⁻³ They also exhibit greater prevalence of sexual risk taking, substance use, violent victimization, and suicidal behaviors than heterosexual youth.¹⁻⁵ Although previous research has described associations between early sexual debut and other health risk behaviors in a variety of adolescent populations,^{6,7} very little is known about these associations among sexual minority youth. One study of HIV-positive young men who have sex with men found that early sexual debut was associated with a greater likelihood of marijuana use, suicide attempts, and exchanging sex for money, food, housing, drugs, and transportation.⁸ No study, however, has compared these associations between sexual minority youth and their sexual nonminority counterparts.

This study extends the current literature by examining the effect of sexual orientation on associations between early sexual debut and sexual risk taking, substance use, violent victimization, and suicidal thoughts and attempts among a nationally representative sample of U.S. high school students.

METHODS

In 2015, the national Youth Risk Behavior Survey (YRBS) collected cross-sectional data on sexual orientation and a wide range of

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priority health risk behaviors from a nationally representative sample of public and private school students in Grades 9–12 ($N=15,624$), using a methodology described previously.¹ The questionnaire was self-administered in the classroom during a regular class period using trained data collectors. Student participation in the survey was anonymous and voluntary, and local procedures were used to obtain parental consent. The national YRBS was approved by an IRB at the Centers for Disease Control and Prevention.

Measures

Two measures of sexual orientation (sexual identity and sex of sexual contacts) and a range of health risk behaviors were assessed (Table 1). Based on the distribution of data and the standard YRBS surveillance definition, early sexual debut was dichotomized as “yes” (had first sexual intercourse before age 13 years, 3.9% of students, $n=652$) versus no (did not have first sexual intercourse before age 13 years). The ref group included both students who had first sexual intercourse at age ≥ 13 years and those who have never had sexual intercourse.

Statistical Analysis

In 2016, SUDAAN (release 11.0.0) logistic regression models were used to calculate adjusted (for sex, race/ethnicity, and age) prevalence ratios (APRs) with 95% CIs to measure the associations between early sexual debut and other risk behaviors, among sexual minority students and their sexual nonminority peers. APRs were considered to be statistically significant if $p < 0.05$ or the 95% CI did not include 1.0. Students who responded *not sure* (3.2%, $n=503$) to the sexual identity question were excluded from analyses by sexual identity, and students who never had sexual contact (45.6%, $n=6,438$) were excluded from analyses by sex of sexual contact.

Because it was unknown whether these associations would vary significantly by sexual orientation, a total of 36 interactions were tested for effect modification (18 behaviors by sexual identity, and 18 behaviors by sex of sexual contacts). A Bonferroni correction for multiple comparisons was used to avoid identifying false interactions.⁹ Therefore, associations between early sexual debut and other risk behaviors were considered to vary significantly by sexual orientation if interaction terms had $p < 0.0014$ ($0.05/36=0.00139$).

RESULTS

The 2015 national YRBS had an overall response rate of 60% and sample size of 15,624. Sexual minority students were categorized by sexual identity (LGB: 8.0%, 95% CI=7.0, 9.2, $n=1,246$; heterosexual: 88.8%, 95% CI=87.3, 90.1, $n=12,954$) and sex of sexual contacts (same sex only or both sexes: 6.3%, 95% CI=5.3, 7.3, $n=1,001$; opposite sex only: 48.0%, 95% CI=45.6, 50.5, $n=6,901$).

Early sexual debut (first sexual intercourse before age 13 years) was associated with increased prevalence of sexual risk taking among LGB students and among heterosexual students; for example, being currently sexually active (LGB, APR=1.82; heterosexual,

APR=2.50); not using a condom at last sexual intercourse (LGB, APR=1.50; heterosexual, APR=1.29); and having four or more sexual partners during their lifetime (LGB, APR=3.23; heterosexual, APR=6.25) (Table 2). In addition, every category of substance use and every violence-related behavior assessed was associated with early sexual debut among LGB students and heterosexual students.

Among students who had sexual contact with only the same sex or with both sexes, and among students who had sexual contact with only the opposite sex, early sexual debut was associated with every sexual risk behavior, every category of substance use, forced sexual intercourse, suicidal thoughts and attempts, and being threatened at school (Table 2). Being bullied electronically and being bullied at school were associated with early sexual debut among students who had sexual contact with only the same sex or with both sexes, but not among students who had sexual contact with only the opposite sex.

None of the interactions between early sexual debut and sexual orientation were statistically significant; all 36 interactions had $p > 0.0014$ (Table 2). Therefore, the associations between early sexual debut and other health risk behaviors were the same among sexual minority and sexual nonminority students.

DISCUSSION

This study is the first to examine the effect of sexual orientation on associations between early sexual debut and other health risk behaviors among a nationally representative sample of U.S. high school students. The finding that associations between early sexual debut and other health risk behaviors were the same among sexual minority and sexual nonminority students was true whether sexual orientation was measured by sexual identity or sex of sexual contacts. Although the factors underlying these associations could not be determined, the fact that the associations did not vary significantly by sexual orientation, suggests that the family, community, and social factors that may underlie these associations affect both sexual minority and sexual nonminority youth.

Limitations

These data apply only to youth who attend school, and sexual minority youth might be disproportionately represented among high school dropouts and other youths who are absent from or do not attend school.¹⁰ Some students may not have known their sexual identity, may have been unwilling to disclose it on the YRBS questionnaire, or may not have understood the sexual identity

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