

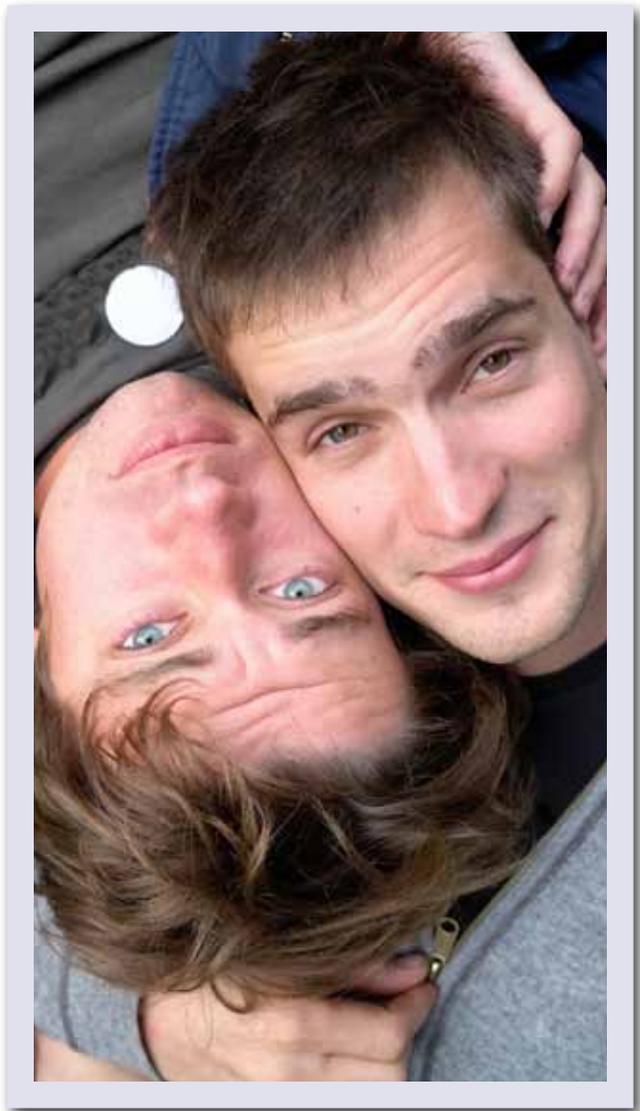
The Sexual Health of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

by L. Kris Gowen, PhD, EdM

This research brief on the sexual health of lesbian, gay, bisexual, transgender, and questioning youth is part five of a seven-part series on the sexual health disparities of marginalized youth.

Introduction

Although persons of different sexual and gender orientations often get grouped together under the term “LGBTQ” (for lesbian, gay, bisexual, transgender, and questioning), it is important to distinguish between subpopulations based on sexual vs. gender orientation. A person’s sexual orientation is the gender to which a person is emotionally, romantically, and sexually attracted. Gender identity is how a person self-identifies as a particular gender regardless of biological sex characteristics. “Transgender” describes persons who are born a certain sex, but identify with, and consequently wish to live as, a different gender than the sex their anatomy dictates. According to data from the 2009 Oregon Healthy Teens survey, 5% of 11th graders identify as being lesbian, gay, or bisexual, and another 2.3% report being “unsure” of their sexual orientation (i.e., questioning); almost 10% of female and 5% of male 11th graders report





same-sex sexual experiences.¹ The prevalence of transgender or gender non-conforming youth is unknown.

Health disparities among LGBTQ persons have received more public health attention in recent years. The Healthy People 2020 objectives, which set the federal government’s national goals for health, includes a goal to “improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.”² In 2011, the Institute of Medicine released a consensus report that highlights the health status of persons of different sexual and gender orientations.³ However, both of these initiatives acknowledge the lack of data to inform this topic, especially regarding the health of transgender persons.

What little is known about transgender youth comes from two studies concerning female transgender (i.e., biologically male persons liv-

ing as female) youth, many of whom were living on the street; these studies relied on convenience samples from urban areas, so results should be interpreted with caution. These studies found that the majority (59-67%) of female transgendered young persons have engaged in sex work, and approximately 20% are HIV positive.^{4,5,6} Homelessness, the use of street drugs, and lower perceived social support were associated with a higher likelihood of engaging in sex work.⁵ Approximately one-third of participants report not using condoms consistently during

receptive anal intercourse with casual and commercial partners; less than half consistently use them with a main partner;^{4,5,6} rates of unprotected sex are even higher for ethnic minority transgender women. Rates of alcohol and substance use during sex were also high (40-50%) in this population.

There is better, though still limited, evidence that LGB youth experience sexual health disparities when compared to their heterosexual counterparts. For example, LGB youth are more likely to report being sexually active, and report earlier initiation of sexual intercourse than heterosexual youth.^{7,8,9} LGB youth are also more likely than heterosexual youth to have had sex with higher numbers of sexual partners,^{10,7,8,9} and to have been under the influence of alcohol or other drugs the last time they had sex.^{10,11,9} A 2011 Center for Disease Control and Prevention study used results from nine regions† in the United States to compare the

† CDC included data from youth participants in five states (Delaware, Maine, Massachusetts, Rhode Island, and Vermont) and four large urban school districts (Boston, Massachusetts; Chicago, Illinois; New York City, New York; and San Francisco, California) in its analyses.

sexual health of lesbian/gay youth, bisexual youth, and heterosexual youth (see Table 1). The disparities found in previous research were confirmed. Additionally, the CDC report found great disparities in the amount of dating violence experienced by LGB youth, with approximately 1 in 4 stating that they had been physically hurt by a partner on purpose. Data from the 2007 Oregon Healthy Teens survey also found that LGB youth were significantly more likely to be physically hurt by their partner than heterosexual youth (16% vs. 6%).¹²

Perhaps counter-intuitively, there is evidence that LGB youth are more likely to be involved in a pregnancy than heterosexual youth.^{10,8,9} This may be due to the fact that LGB youth are less likely to use condoms and other forms of birth control than heterosexual youth when engaging in vaginal intercourse.^{13,8,11,9} Sexual orientation is often inconsistent with the sex of sexual partners among youth.^{12,8,11}

Additionally, some disparities have been found in certain subpopulations of LGB youth. Young men who have sex with men (MSM) are disproportionately affected by HIV infection; this is especially true for young men of color. Of all age groups of MSM, HIV/AIDS cases increased most among those aged 13–24. Young black MSM had the most dra-

matic increase in diagnoses—an increase of 93% from 2001-2006.¹⁴ Some research has indicated that bisexual youth and youth who have had sexual experiences with persons of both sexes may be particularly impacted by sexual health disparities such as earlier onset of sexual intercourse, having more sexual partners, higher rates of substance use during last sex, experiencing sexual violence, and being involved in a pregnancy.^{13,8}

While it is important to document the sexual health disparities of LGB youth, it is equally important, if not more so, to determine the reasons underlying these disparities. Previous research has found that LGB youth are more likely to have experienced physical and sexual abuse as children, and that these experiences contribute to the likelihood of poorer sexual health outcomes.^{15,16,9} Discrimination and higher levels of violence and harassment due to one’s sexual orientation, and lack of supportive resources also predict poorer sexual health outcomes,⁹ along with lower self-esteem and higher levels of anxious symptoms.¹⁵ Predictors, however, may vary across ethnicities.^{17,18}

Solutions to improving the sexual health outcomes of LGBTQ students include increased prevalence and support for Gay-Straight Alliances and community support groups,¹⁹ working with families

TABLE 1. Differences in sexual behaviors among gay, lesbian, bisexual, and heterosexual youth¹³			
	US Gay/Lesbian Youth	US Bisexual Youth	US Heterosexual Youth
Had sexual intercourse before age 13	19.8%	14.6%	4.8%
Had sexual intercourse with 4 or more persons	29.9%	28.2%	11.1%
Sex in the past 3 months	53.2%	52.6%	32.0%
Substance use before last sex	35.1%	29.9%	18.7%
Experienced dating violence	27.5%	23.3%	10.2%

of LGBTQ youth to increase their acceptance of their child's sexual and/or gender identity,²⁰ and providing LGBTQ-sensitive sexuality education.^{10,21} Research has found that LGB youth are less likely to receive HIV/AIDS education than heterosexual youth.¹³ Oregon has recently recognized the need to provide LGBTQ inclusive sexuality education; in 2009, legislation was passed that mandated schools provide sexuality education that is "inclusive" of youth of all sexual and gender orientations. While Oregon leads the United States in creating such sexuality education regulations, the impact of this policy has not been studied. The lack of evidence-based sexuality education curriculum that addresses the needs of LGBTQ youth may impede implementation of this law.

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