

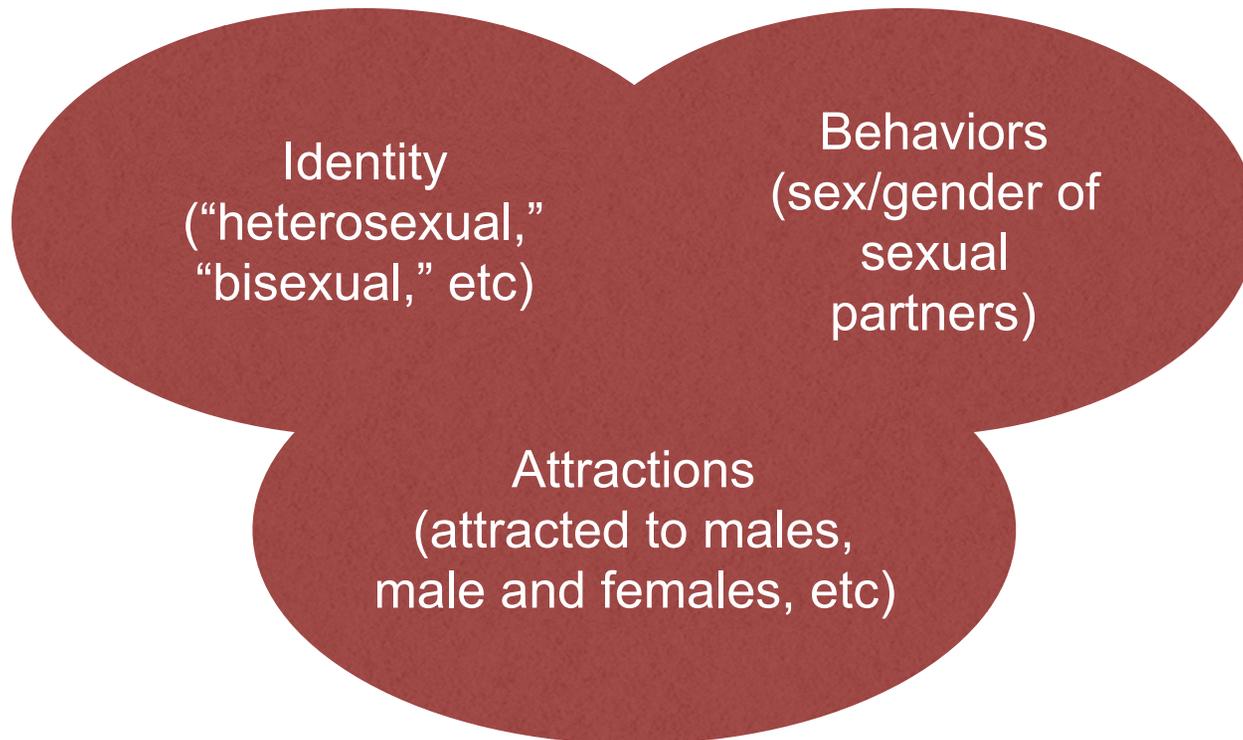
# Sexual Orientation

Week 7

# Objectives

1. Describe research methods for studying health across sexual orientation
2. Identify some key sexual orientation-related health disparities

# Sexual Orientation Dimensions



Each dimension represents different exposures, lived experience, pathways to health outcomes

# Dimension 1: Sexual Orientation Identity

How might sexual orientation **identity** be linked to health?

- Exposure to discrimination/victimization, rejection by family/community
- Alternatively, immersion in communities with distinct social norms, social networks
- Norms may be good or bad for health

# Dimension 2: Sexual Orientation Identity

How might **sex of sexual partners** be linked to health?

- STI transmission differs by sex of partner
- STI prevalence in sexual network

How might **gender of sexual partners** be linked to health?

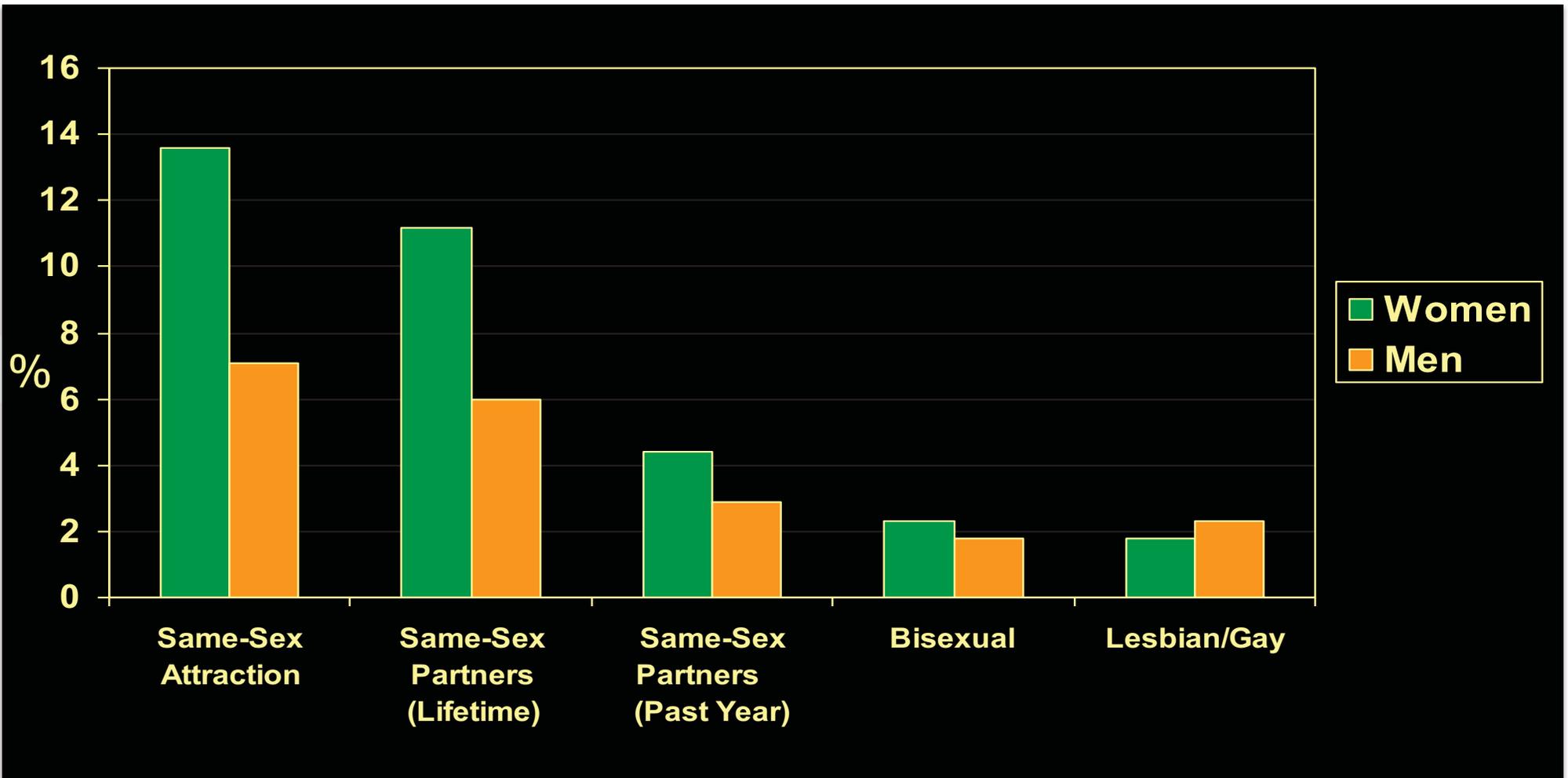
- Gendered power inequities
- Gendered expectations of role in sexual encounters

# Dimension 3: Sexual Attractions

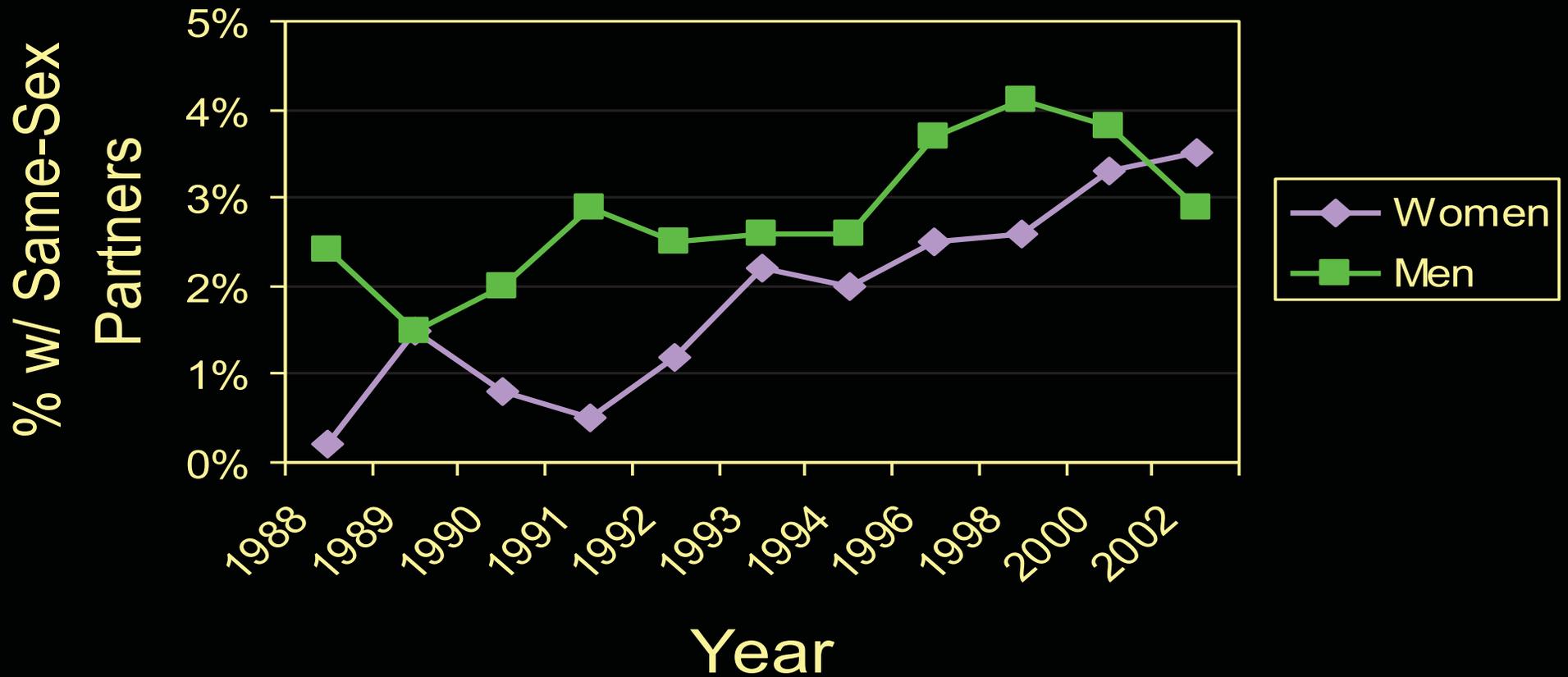
How might same-sex sexual **attractions** be linked to health?

- Psychosocial impact of stigmatized feelings
  - Even without one's attractions being known to others

# Sexual Orientation by Gender



# Historical Changes in Those Reporting Same-Sex Partners by Gender



# Study Population

- NHSII women consented for children
  - 9-14 years old in 1996 (N=16,882)
  - 10-17 years old in 2004 (N=10,923)
- Created new longitudinal cohorts
  - Growing Up Today Study (GUTS) 1 & 2
- Annual questionnaires

# GUTS Sexual Orientation Assessment

Taps two dimensions of orientation

- Sexual orientation identity
- Attraction

Adapted from Remafedi et al. (1992)

- Minnesota Adolescent Health Survey

Included on GUTS since 1999 & ongoing

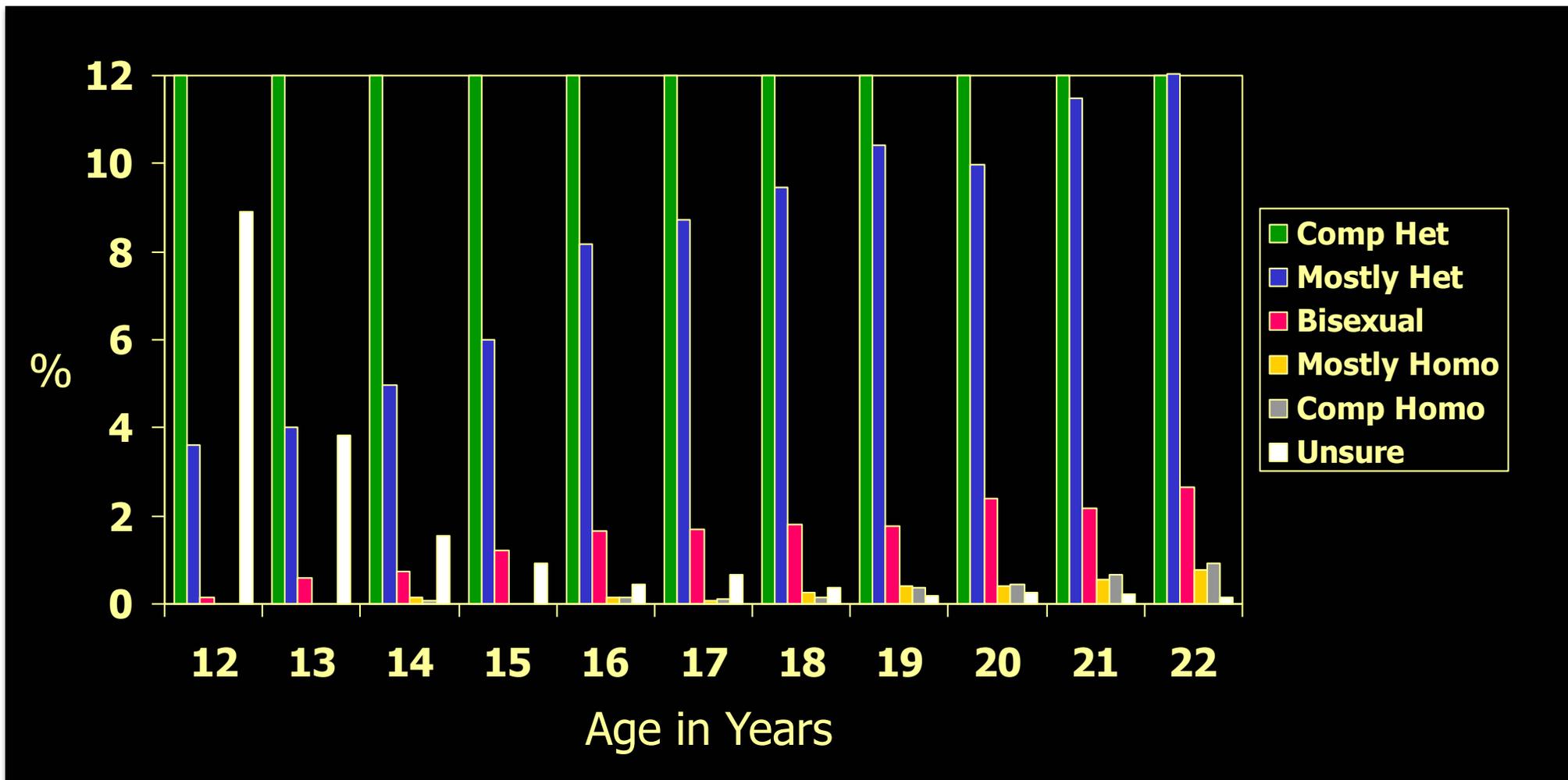
- Repeated measures on multiple waves

# GUTS Sexual Orientation Assessment

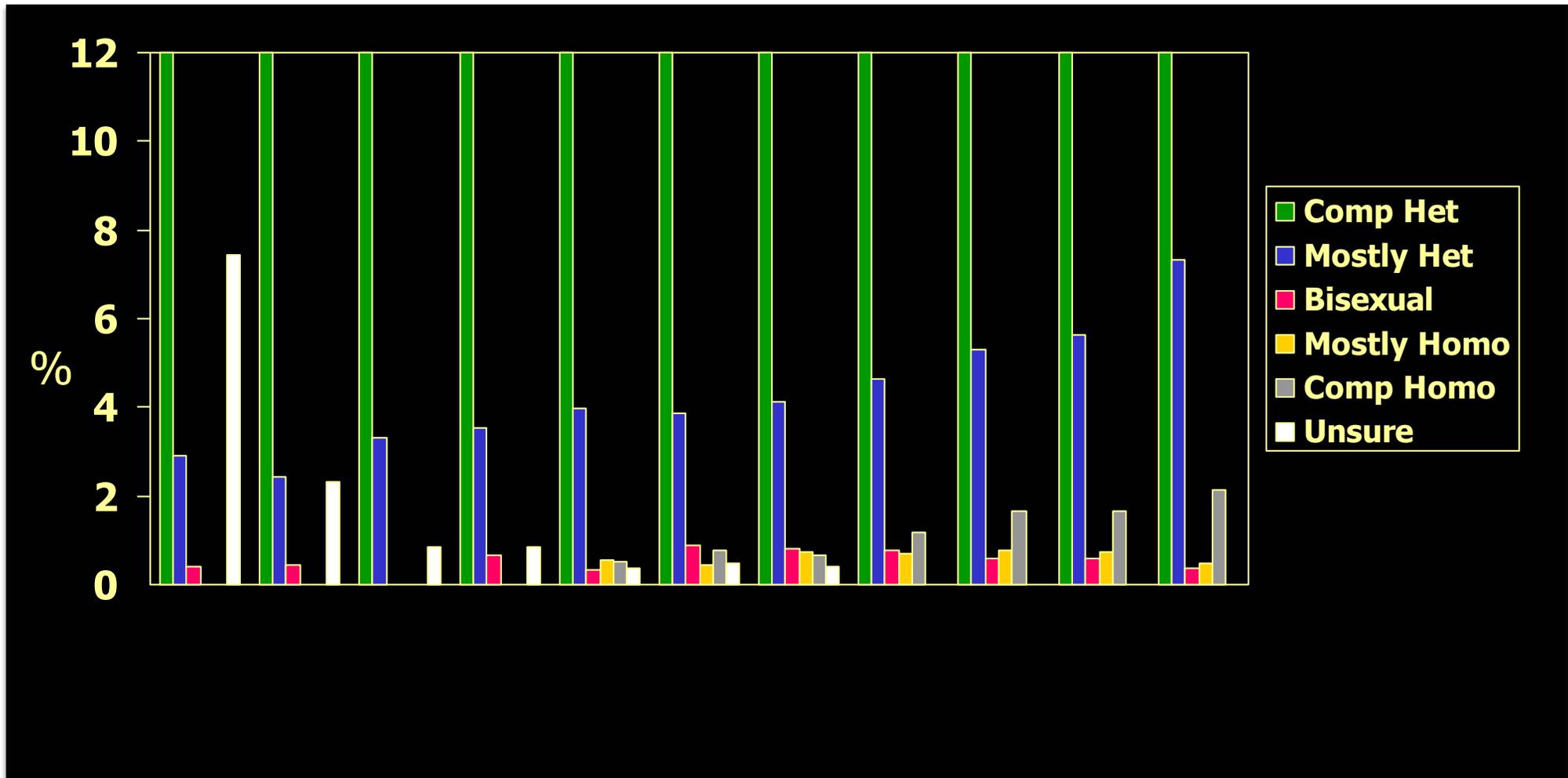
Which one of the following best describes your feelings

- Completely heterosexual (attracted to persons of the opposite sex)
- Mostly heterosexual
- Bisexual (equally attracted to men and women)
- Mostly homosexual
- Completely homosexual (gay/lesbian, attracted to persons of the same sex)
- Not sure

# Emergence of Sexual Orientation Over Time: Females



# Emergence of Sexual Orientation Over Time: Males



# Sexual Orientation Health Disparities

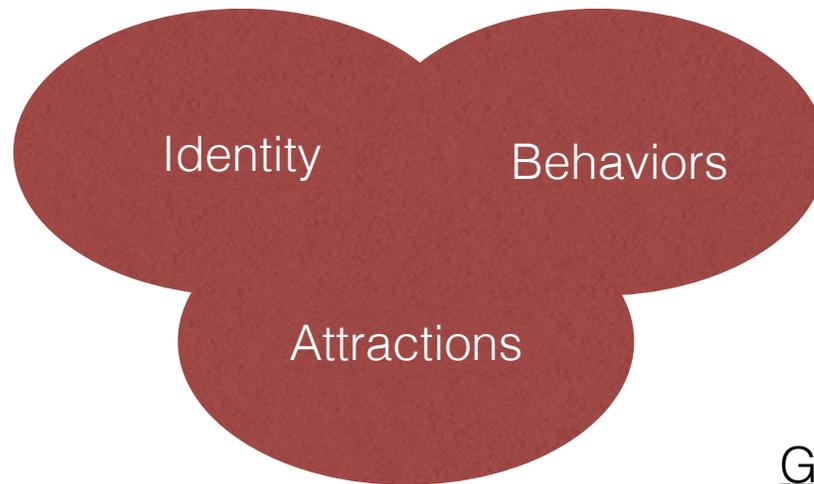
Observed for many outcomes

- BMI/overweight
- Eating disorder behaviors
- Substance use
- Many more

Significant sex/gender-by-orientation interactions

- Patterns vary by outcome and developmental period

# Sexual Orientation Assessment



## NHS2 Categories

Heterosexual

Bisexual

Lesbian

## GUTS Categories

Completely heterosexual

Completely heterosexual  
with same-sex partners

Mostly heterosexual

Bisexual

Lesbian

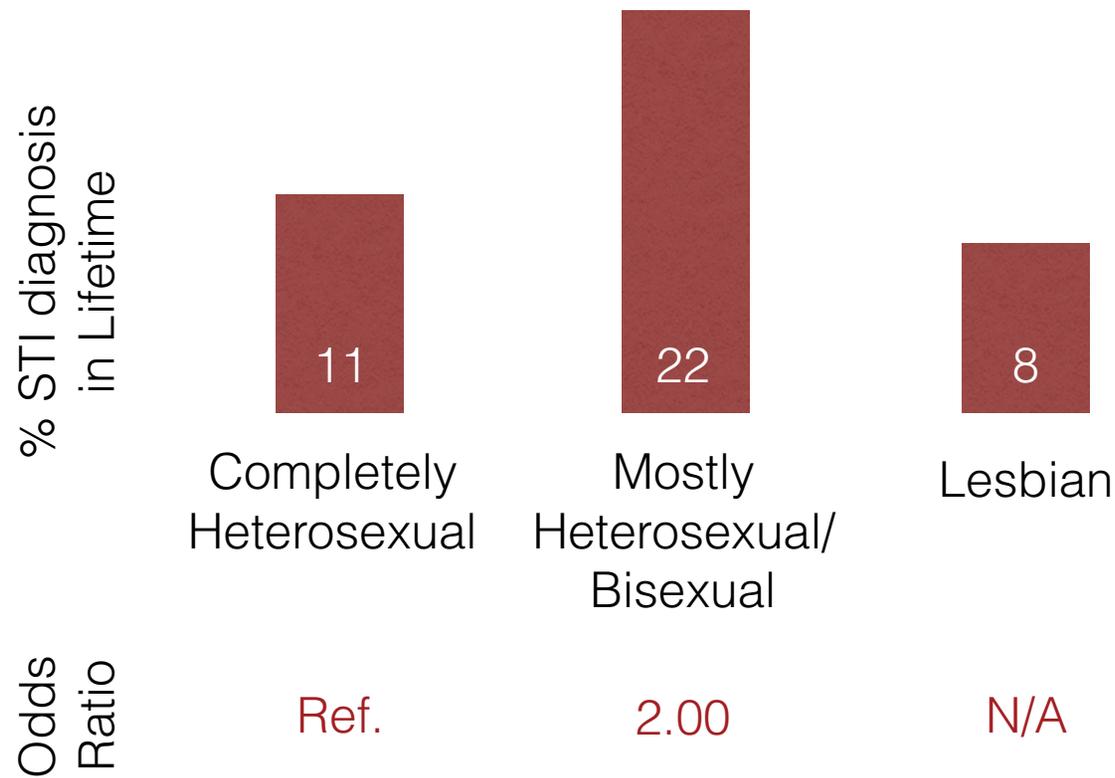
# Sexual Behavior

Compared to heterosexuals, bisexual and lesbian females are:

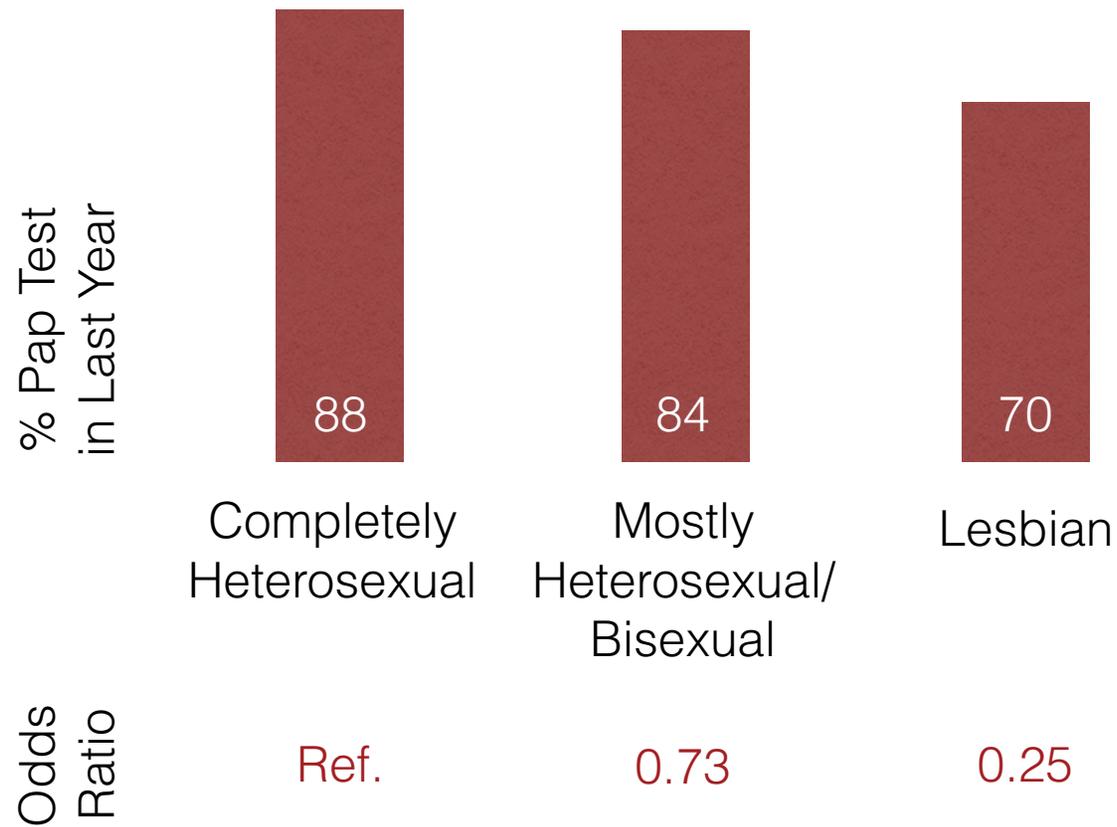
1. As likely to have sex with:
  - A. Men
2. More likely to have sex:
  - B. At a younger age
  - C. With more partners

# Gynecologic Care

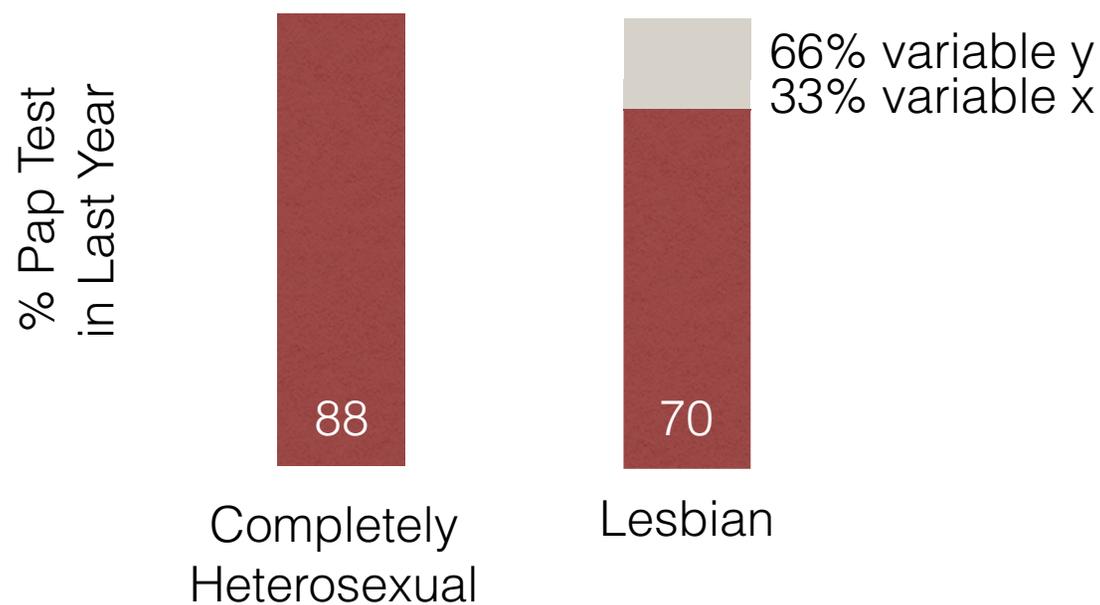
# Sexually Transmitted Infections



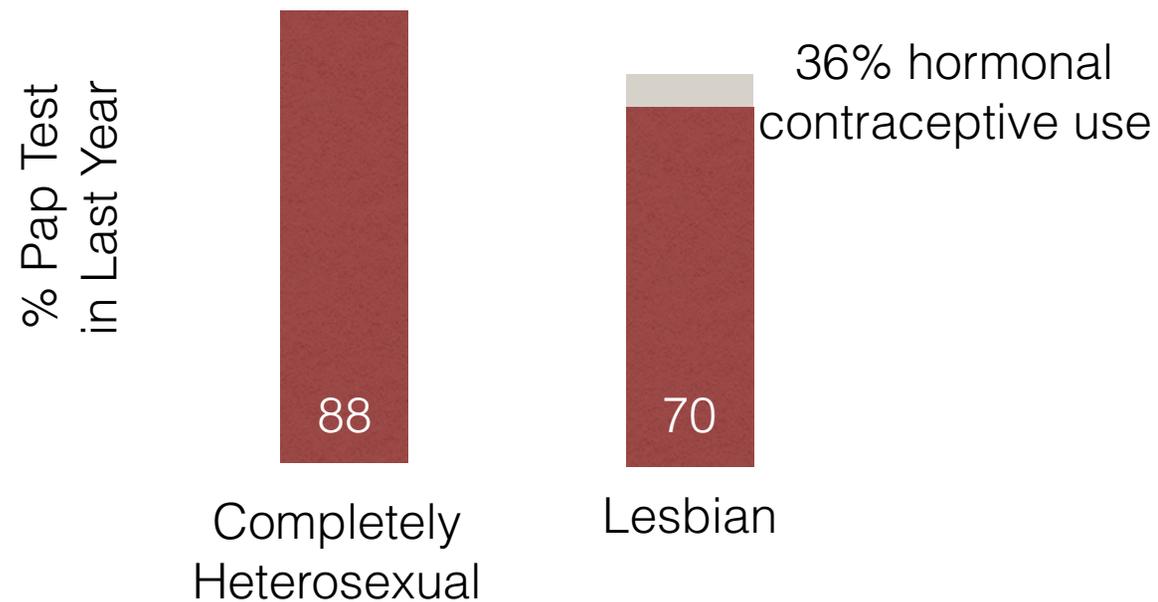
# Pap Testing



# Gynecologic Care Mediators

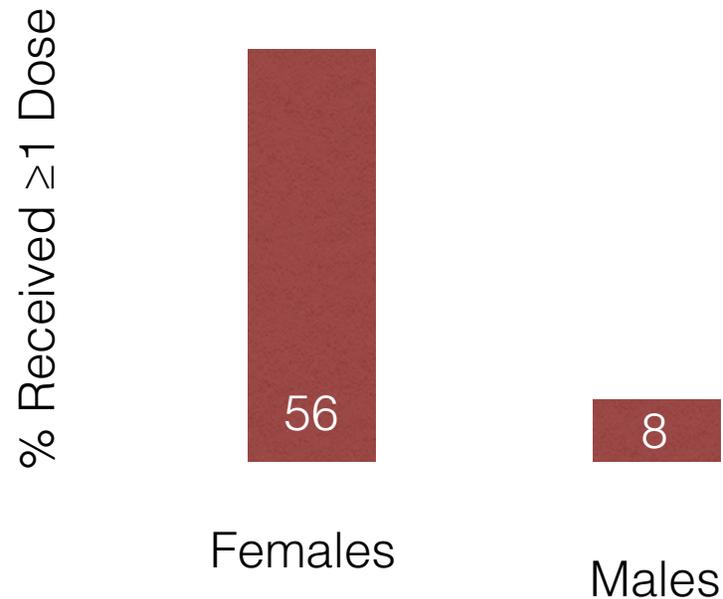


# Gynecologic Care Mediators



# HPV Vaccination

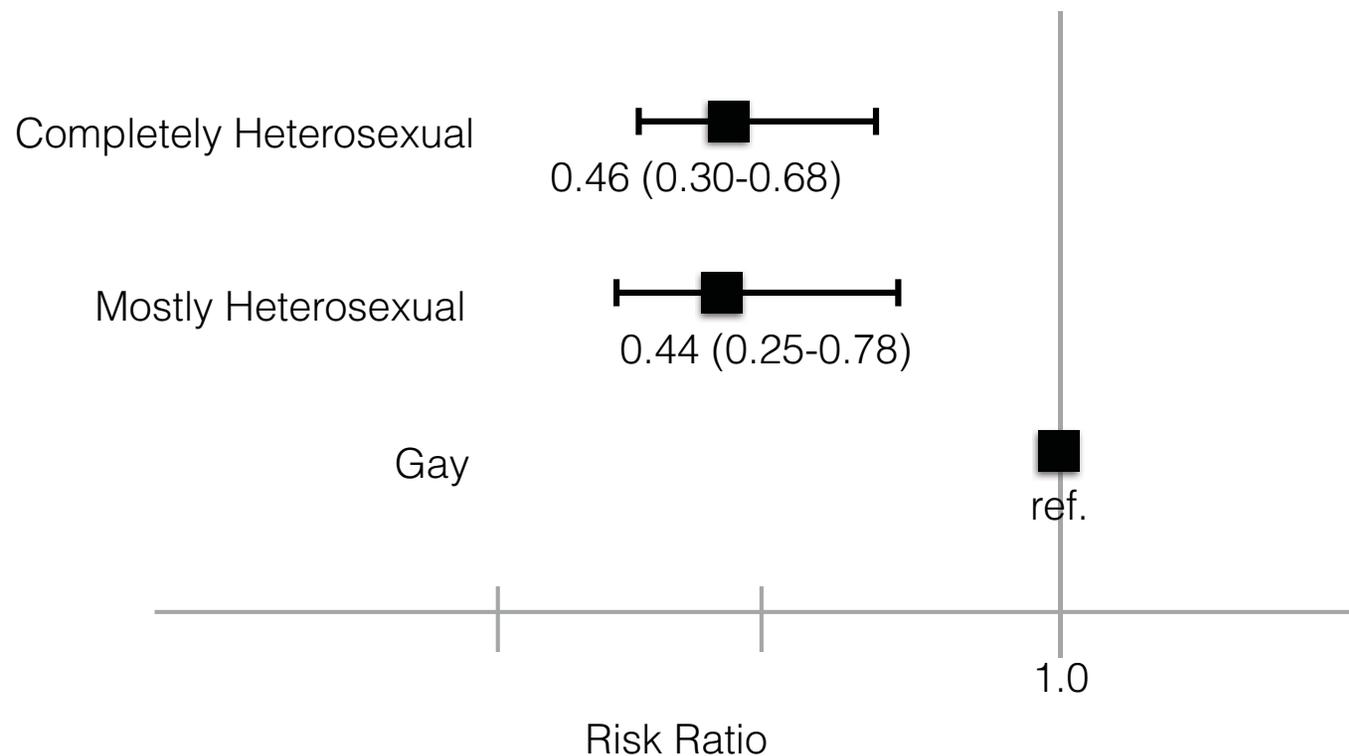
# HPV Vaccination



**Special attention is needed among boys and men, especially those males who do not identify as gay.**

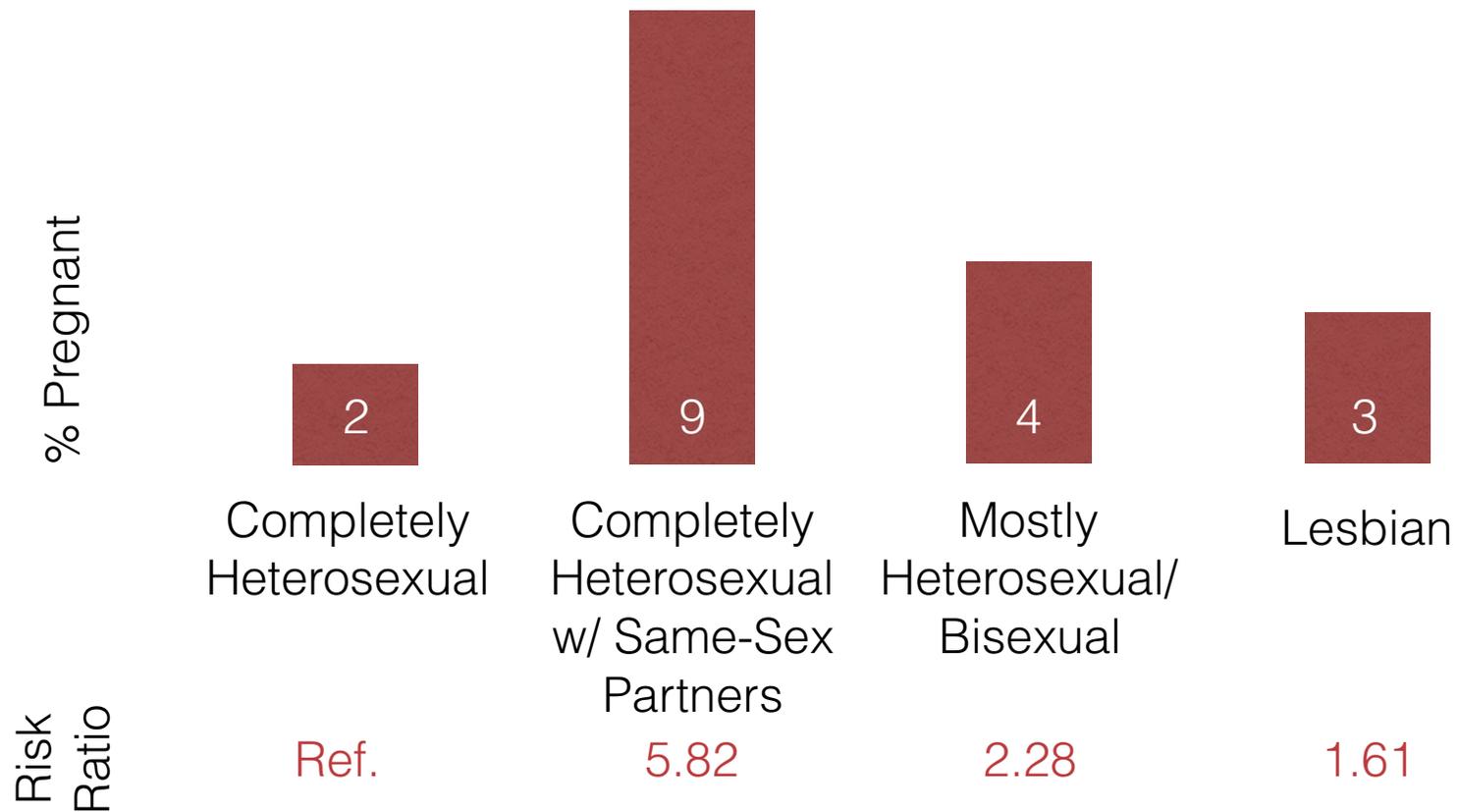
# HPV Vaccination

HPV vaccination ( $\geq 1$  dose) by sexual orientation among males



# Teen Pregnancy

# Increased Teen Pregnancy



# Potential Risk Factors

1. Gender expression/conformity
2. Identity-related stress
3. Bullying
4. Childhood abuse
5. Sexual orientation disclosure
6. LGB community involvement
7. Developmental milestones

Disparity driven by established risk factors, rather than unique risk factors

# Further Risk Factors

Upcoming qualitative work

1. Family composition
2. Pregnancies, abortions, contraceptive use
3. Sexual history, sexual orientation
4. Abuse
5. Stigma
6. Discrimination

# Maternal Attitudes

# Maternal Attitudes Assessment

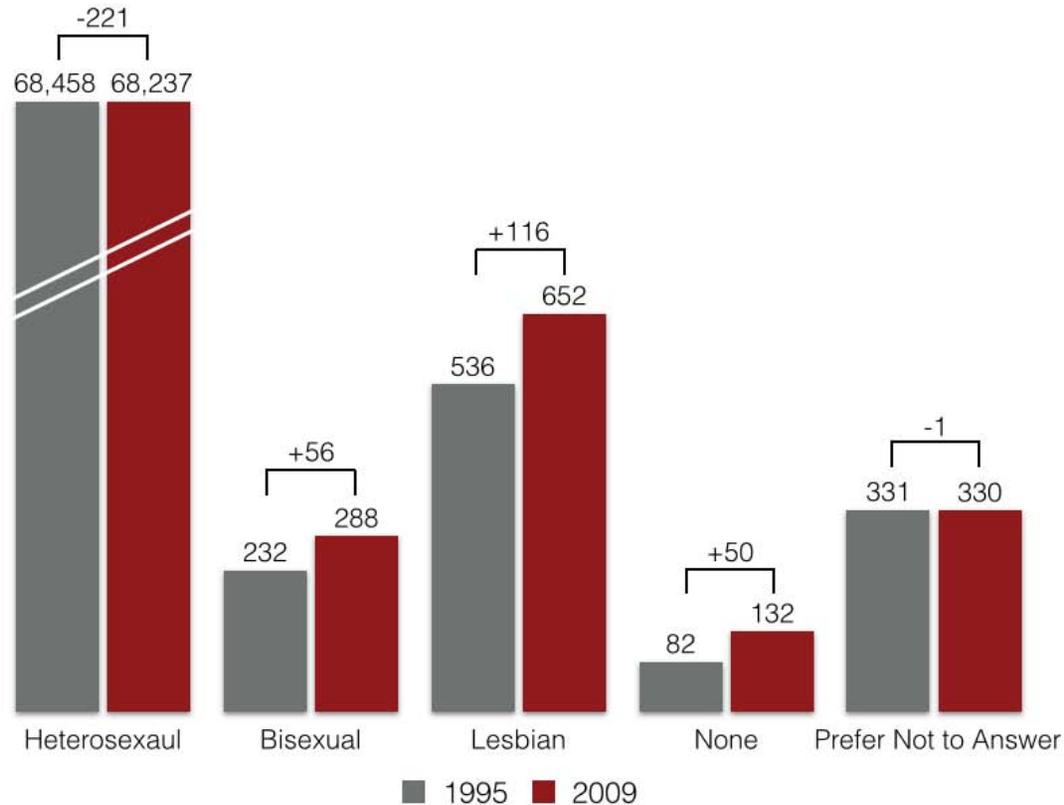
- Attitudes and behaviors around Pap tests and HPV vaccines
  - A number of sexual orientation-related differences (e.g., mothers of LGB participants more likely to intend to vaccinate)
- Acceptance of diverse sexual orientations
  - Mothers of LGB participants were more accepting
- Maternal-child relationship quality
  - Mothers of LGB participants and their child were more likely to both report low relationship quality

# Maternal Attitudes Predicting Daughter's Reproductive Health

- Some maternal attitudes and behaviors around Pap tests and HPV vaccines (e.g., intention to vaccinate daughter) predicted daughter's improved reproductive healthcare (e.g., daughter's Pap test and HPV vaccination)
- More acceptance of diverse sexual orientations predicted daughter's improved reproductive healthcare
- Maternal-child relationship quality less consistently predictive
- Next step: Examine mediation (e.g., sexual orientation differences)

# Public Policy

# Law and Policy



30% more likely to change from heterosexual to any sexual minority if living in state with same-sex marriage laws

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