

PARK UNIVERSITY

LGBT Youth and Sexually Transmitted Infections: The Tragedy of “Natural Sex”

PS309 Core Assessment

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An examination of sex education and lesbian, gay, bisexual and transgender youth, particularly surrounding the areas of safe sex practices.

Background Report

When evaluating the epidemic of sexually transmitted diseases among young people, it is a logical first step to assess the education the youth are receiving surrounding sex, relationships, and communication. It seems there are four main channels through which a young person may learn about sex: family, friends, school and the internet. Some researchers argue for religiosity to be considered a separate category, but for now it will be lumped in with the family environment.

Family

As a child, the family environment is the first place someone might begin to form ideas about the fundamentals of relationships and sex. For LGBT youth, this environment may assist in forming shame around their sexuality and learning not to talk about it.

Many factors have been identified regarding how youth develop ideas of sexuality, through dozens of studies, including embarrassment, parental ignorance of the facts, openness in the family, and closeness between parent and child. Researchers have found correlation between sexual behavior and these familial factors, but caution this does not necessarily imply causation.

However, one particular factor seems to weigh in on parent-youth communication more than the others – while teenagers had the ideal of open communication with parents, they had the fear that disclosing their experiences, thoughts, or questions to their parents might risk control of their private lives (Solomon, Warin, Lewis, & Langford, 2002). The youth surveyed reported their parent's potential attempts to reassert control over their lives was too hefty a risk. In fact, the teenagers felt the only control they held in the parent-child relationship was to keep secrets from their parents regarding their adult behaviors.

This sentiment was echoed in a Great Britain study of parent-teen sex communication in 2010. This study focused on parents, instead of teens; however, parents reported a lack of cooperation from their teenage (ages 10-19) children regardless of the closeness of their relationships, parental education on the subject, and parental embarrassment or confidence in discussing intimate issues (Hydea, Carneyb, Drennana, Butlera, Lohanc, & Howletta, 2010). Hydea et al reported the parents, particularly the mothers, of teens were sensitive to the potential for their child to express opposition, and many did not take the opportunities they identified for communication. Many cited their teen's potential embarrassment as the chief reason for avoiding initiating discussion around sexuality, relationships, and safe practices (Hydea, Carneyb, Drennana, Butlera, Lohanc, & Howletta, 2010). The parent's narratives described sex communication as a topic distinctly separate from "every day" conversations, perhaps lending the idea to their children that sexuality is something to be kept secret and managed with a delicate touch.

When parents did manage to broach the topic with their teenagers, the most common refrain described was the teen claiming to already have all the facts they needed, including where to find sexual protection (Hydea, Carneyb, Drennana, Butlera, Lohanc, & Howletta, 2010). However, teenagers did not claim to know the facts of successful communication, emotional impact of sex, or how to maintain a successful relationship – nor did parents pursue this conversation. Mothers reported the refrain of not needing education would shut down parent-teen communication completely, and they would likely not initiate the topic again.

School

Only one in four high schools in America provides sex education in the classroom – as its own class or as a segment to health class. Even if a school does provide sex education, 75-percent of teenagers report feeling unprepared for safe sex when they become sexually active.

Furthermore, schools virtually never address safety in same-sex encounters. While the information presented may be applicable to LGBT youth's encounters, it is not specialized to them. Some LGBT youth take this to mean it's impossible to get a sexually transmitted infection from their encounters (see interview with Fiona).

The textbook used in the North Kansas City school district health class specifically advocates for LGBT abstinence, according students who currently attend freshman year. The teacher reportedly told the students, "The only way to avoid STIs is to be in a monogamous heterosexual relationship." Of course, health professionals know monogamy and heterosexuality are not precursors to a healthy reproductive system.

Media

It's no secret, nor is it a surprise, that youth get information about safe sex and healthy relationships from the media. However, television and the internet are not necessarily good places to get information. Some youth report getting the bulk of their knowledge about sex from pornography on the internet (see interview with Nathan). The issue with using pornography for information – even disregarding moral or ethical protests – is the lack of emphasis on safety. Many pornographic clips and films do not show the usage of condoms or dental dams during same-sex encounters.

Even with non-controversial media, like prime time television, LGBT couples are still not making safe sex decisions. For example, a recent episode of the popular musical teen drama *Glee* chronicled two couple's decisions regarding losing their virginities. Rachel and Finn, the heterosexual couple, discussed condoms as a form of birth control. However, the homosexual couple Kurt and Blaine never discussed safe sex, nor mentioned condoms as a preparation of their encounter. This may have given the impression to LGBT youth that safe sex is only for heterosexuals to be worried about.

Media experts say the media (traditional and the internet) functions like a peer in youth's lives. (Proudfoot, 2010) Teens remember the messages about sex and love they see on television and their computer screens. However, most of those messages are aimed towards opposite-sex couples and focus on pregnancy as the consequence to sex. As homosexual partners cannot reproduce together, this has little bearing on the attitudes LGBT youth hold about protection.

Intersection of Knowledge and Actions

Communicable disease researcher Elizabeth Pisani found that virtually every young adult in her samples understood what sexually transmitted infections were, and nine out of ten knew how to protect themselves from becoming infected. However, they did not utilize this knowledge – only one in ten actually practiced safety in sex. (Pisani, 2009)

Interview One – Fiona

Meet Fiona. She identifies as a “Gold Star Lesbian;” that is, a lesbian who has never had sexual contact with a male. She is 22 years old, and is majoring in education at a small college in the southwest. She has been in her current relationship, with a 33-year-old woman named Annie, for about six months.

Fiona reports “at least” several dozen female sex partners since becoming sexually active in junior high. She estimated between 36 and 52 partners. Many of her encounters occurred while intoxicated and were often with women substantially older than herself.

“I just really like middle-aged women,” said Fiona. “There’s just something about them, and how experienced they are.”

Fiona grew up in a rural town in southern Missouri, and she said she did not receive any sex education at all during her years in middle and high school – let alone education on lesbian sex. In college, she was required to take one health class. In that course, she says the professor spent one class period talking about sex and reproduction, but his only mention of homosexual sex was in regards to the HIV/AIDS epidemic. She never approached her parents for information, nor did they ever offer any.

Fiona has never practiced safe sex, she said. She said she attempts to only sleep with other “Gold Stars,” under the assumption that women who have only been with women cannot have sexually transmitted infections. Fiona believes sexually transmitted infections originate in men.

Despite her belief, Fiona says she gets a test for blood-borne sexually transmitted infections every six months, or whenever she discovers a recent partner has also had sex with a man. She said she has never been tested for Chlamydia, gonorrhea, HPV, or other tests conducted through a pelvic exam. She believes women cannot transmit these infections to each other.

To be extra-safe, Fiona said, she does not allow the use of sex toys in her encounter, nor does she let her partner use fingers to penetrate her. Even though she said she believes sexually

transmitted infections cannot occur between women, she still has a sense of paranoia in her own encounters.

Until the interview, Fiona said she did not realize there were ways to protect herself and her partners during sex. She was not aware of the existence of dental dams, nor did she know what to do if she didn't have a dental dam handy (use saran wrap, or slit a condom open). Despite her new knowledge, Fiona said she did not intend upon changing her safety habits, as she had never been infected before (to her knowledge).

Interview Two – Nathan

Nathan is a 20-year-old music composition major at a large public university in the Midwest. His sexual encounters with women have been limited to clothed touching, and he assures anyone listening that he was “just confused” when dating girls in middle school. He reports having about a dozen male sex partners since becoming sexually active at age 16. He is not currently in a relationship, though he admits to having a “friend with benefits” sex partner.

He spent his childhood in a suburban Kansas town before moving to an urban neighborhood in high school. He said once he met other young gay men, he realized he was also gay. It made him feel free, he said, and he no longer felt strange for his repulsion to the idea of touching women's bodies.

He said he took a health class in high school that spent a lot of time on safe sex in regards to pregnancy prevention for heterosexuals, but protecting gays and lesbians from STIs was not mentioned. His mother gave him a brochure on HIV/AIDS from the health clinic after he came out, but otherwise she did not advise him about safe sex.

Nathan said he did not begin his encounters with safety in mind. His first two or three boyfriends all went unprotected, he said.

“Once I realized how dangerous that is,” he said, “I immediately made my boyfriends wear condoms.”

He described losing his virginity to an 18-year-old male, and neither of them talked about safe sex. They engaged in anal sex without a condom or lubrication – an experience Nathan appears still pained to remember.

However, as an adult, he only believes in asking his partners wear condoms during anal sex. He does not believe oral sex has enough risk to warrant the decreased sensation of a condom.

“I just don’t let them come in my mouth,” he said. “And then it’s really no different than kissing.”

Like Fiona, Nathan says he regularly seeks testing for blood-borne diseases, such as HIV/AIDS and syphilis. He said he has never sought testing for Chlamydia, gonorrhea, or other sexually transmitted infections. He said he may have had mononucleosis in high school, but he’s not sure.

Nathan said he has no desire to change his safe-sex habits, even if he was to learn that oral sex was more dangerous than he currently believes.

Interview Three – Hector

Hector is a 24-year-old male who resides in a suburban neighborhood. He identifies as straight or heterosexual to strangers and acquaintances, hetero-flexible (mostly attracted to

women, but with exceptions) to his close friends, and pansexual (attracted to a person regardless of their gender identity) to his partners. He has mostly had sexual encounters with biological women, but he expresses an affinity for transgender (male-to-female) women and androgynous-looking males.

Hector was raised in an urban neighborhood in a medium-sized city. He went to public school, and received basic sex education. He said the teacher asked if anyone in the class was interested in safe sex for homosexuals, and when no one replied “yes”, she moved on to other topics. Hector did not reply affirmatively because he was not ready to admit his attraction to men.

He protected some of his encounters, he said – but only the ones where he believed there was a high risk, and he was not intoxicated. He said he believes biological and transgender women carry a very low risk of infection transmission.

“The f*cker has very little chance of catching a disease,” he said. “If I was the f*ckee, it would be different. It’s nearly impossible to catch something from a girl. I’m willing to take the risk.”

Hector said he has sought testing for HIV/AIDS after encounters with males, but otherwise has not sought testing for sexually transmitted infections. Though he reports having sexual intercourse with “at least” 20 biological women and around a dozen transgender women and men, he believes he is low-risk for sexually transmitted infections.

Theoretical Analysis

From a biological standpoint, both Fiona and Nathan are mistaken in their belief that they are somehow exempt from sexually transmitted diseases. Lesbians are at risk for herpes, public lice, bacterial vaginosis, HPV, and syphilis – all of which can be transmitted through manual sex, oral sex, or just rubbing bodies (US Department of Health, 2005). Gay men are at risk for hepatitis, HIV/AIDS, syphilis, public lice, and it seems just about every STI a heterosexual might be worried about.

One of the reasons LGBT youth have for not insisting on safe sex is the feelings that come with unprotected sex – youth report feeling closer to their partners emotionally, as well as having more physical pleasure. In fact, there is a trend in the gay male community to have unprotected sex as a rebellion against the fear of HIV/AIDS. It's called “bareback” sex by some, but is more commonly known as “natural” sex. This lends the idea that using condoms is “unnatural” – or even “wrong”. (Donsky, 2009)

Another factor pressuring youth into engaging in risky sexual behaviors is the social psychology idea, the Theory of Reasoned Action. This theory suggests youth want to engage in socially acceptable behavior. If a young adult believes asking for safe sex practices lies outside of “normal” behavior, they will not ask for it – even when they comprehend the risk. The idea of being socially abnormal is more frightening to them than the idea of sickness and even death (Elwood et al, 2003).

Young gay men likened asking for condom use to expressing that he doesn't know his partner well enough to trust him (Metts & Fitzpatrick, 1992). Women of all sexual orientations reiterated that idea. In fact, with youth, the “controversy” of the condom most often came down

to perceived trust. Citing lack of perceived trust seemed to be most common way a LGBT youth was pressured into engaging in risky sexual behaviors.

A “surprising” number of GLBT youth respondents perceived themselves as low-risk for STIs, but were actually high-risk (Moore & Rosenthale, 1991). That statistic is from an older study, but still rings true in 2011. A large amount of sexual partners, like Fiona, or selectively understanding risky behaviors, like Nathan, are certainly examples of high-risk people believing themselves to be low-risk.

However, a mutual dislike of condoms did not mean sexual compatibility for gay couples. One study reported gay men would not consider a long-term relationship with someone who did not ask for condom use. Gay men who were not asked to use a condom by a casual partner attributed psychological problems to that person, such as depression and low self-esteem (Elwood, Greene, & Carter, 2003).

Fiona mentioned that the bulk of her sexual experiences have occurred while intoxicated. Multiple studies have shown youth are less likely to consider safety during sex when under the influence of alcohol, no matter what orientation they are. This may occur because inhibitions are lowered due to the alcohol (resulting in less fear of sexually transmitted infections), they may be unable to articulate their desire for safety, or they may be more easily pressured into participating in risky behaviors. While an intoxicated person may not be able to legally consent, obviously this doesn't stop Fiona and Nathan from engaging in sexual acts while drunk.

Additionally, it has been suggested that unprotected sex can actually be physically addictive. Studies suggest the hormones in sexual excretions give benefit to their partners. The study was focused exclusively on heterosexuals, and found women who allowed their male

partners to ejaculate inside of them reported less depression and anxiety overall. They also reported feeling more assertive – a common side effect of increased testosterone. Furthermore, if the women switched to using condoms or did not have sex for a longer period than normal, she would report feel like she was undergoing withdrawal. Since the study did not address homosexuals, it can be speculated that gay men may garner similar benefits (and addictive feelings) from receiving ejaculation.

Finally, studies suggest many more youth experiment with same-sex encounters than are reported as LGBT. While the Kinsey Institute of Indiana University reports as many as one in five people identify as non-heterosexual, there appears to be many like Hector who simply don't identify differently, even though they are engaging in same-sex encounters. This suggests sex educators should be addressing safety in same-sex encounters, even when they believe only heterosexuals are present.

Conclusion

First of all, LGBT youth are not receiving adequate sex education. The public school system is not addressing them. One could speculate on why this is – avoiding conflict with religious families, not giving class time to the minority of needs, and focus on pregnancy prevention as the main motivation for safe sex. These youth are also not getting the information they need from their parents.

The LGBT youth who do understand the risk of engaging in unprotected sexual activity choose to believe they are exempt from the risk. They use superstition and ideas from their peers to conclude their activities are low-risk. It is the same sort of denial and self-persuasion seen

with people who smoke tobacco – since there are more risky activities, this one must not be so bad.

Finally, the healthcare providers for these LGBT youth are not giving the information they need. All three reported getting at least semi-regular testing, but none reported their doctor or nurse provided information on staying safe in the future. Each youth left the testing clinic just as in-the-dark about safe sex practices as when they entered.

This suggests there needs to be an overhaul of the public school sex education curriculum (which has been called for before, even just concerning heterosexual students), as well as more education for healthcare practitioners and college professors. Finally, it would serve the public if the Center for Disease Control or other mass media campaign developers addressed the needs of this community.

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