Sexual health of gender and sexual minority youth in Ireland: Recommendations for the Sexual Health Strategy

András Költő, Elena Vaughan, Colette Kelly and Saoirse Nic Gabhainn

HBSC Ireland, Health Promotion Research Centre, National University of Ireland Galway

The focus of this document

Lesbian, Gay, Bisexual, Transgender, Intersex and other Sexual and Gender Minority (LGBTI+) young people are disproportionately affected by risky sexual behaviours, and thus their sexual health outcomes are poorer than that of their non-minority (heterosexual and cisgender peers). In this submission we summarise findings from a recent landscape and research gap analysis on the health of LGBTI+ youth (Költő et al., 2021), specifically related to sexual health, and from recent analyses of the Irish Health Behaviour in School-aged Children (HBSC) study on sexual minority adolescents.

It is imperative that the new Sexual Health Strategy in the Republic of Ireland reflects these disparities and offers ways to reduce them. The available research suggests that evidence-based, comprehensive and non-judgemental sexuality and relationship education with an inclusive approach to LGBTI+ has the potential to reduce sexual inequalities and therefore contribute to better sexual health and well-being in gender and sexual minority youth.

International findings

Disparities in sexual health

Risky sex: European studies report that LGBTI+ adolescents are disproportionately affected by risky sexual behaviour, for instance engaging in sexual intercourse before the age of 14 or having been offered money or gifts for sex (Priebe & Svedin, 2012).

Lower rates of contraception: According to a review, sexual minority youth were 1.3–3.5 times more likely to engage in condomless sex than their heterosexual counterparts (Blais, Bergeron, Duford, Boislard, & Hébert, 2015). The authors also found that sexual minority youth were 1.8–3.6 times more likely to have an unplanned pregnancy compared to non-minority youth. Possible explanations include lower contraceptive use, unplanned sexual intercourse with opposite-gender partners, engaging in

heterosexual sexual behaviours or choosing pregnancy to avoid being identified as sexual minority and targeted for homophobia/biphobia, or a lack of sexual education that properly engages LGBTI+ youth by responding to their needs.

Pregnancy: Sexual minority adolescents' risk for pregnancy is between 2 and 10 times higher than that of heterosexual youth (Leonardi, Frecker, Scheim, & Kives, 2019). The term 'pregnancy involvement' implies that young people are involved in conception. Studies from Canada, New Zealand and the United States have unequivocally found that among lesbian and bisexual female youth, the rates of pregnancy were higher than among heterosexual girls. Similarly, gay and bisexual young males were significantly more likely to be involved in conceiving a pregnancy than heterosexual boys. These disparities can be linked to a wide range of sexual health risks, including earlier age of sexual initiation, exposure to sexual abuse, and a higher number of sexual partners.

We have identified no European evidence that compares pregnancy rates between Sexual and Gender Minority (SGM)and non-minority youth.

Sexual and relationships education

Internationally, SGM adolescents report a lack of sexual health education in school, and even when such education exists, usually it does not cover LGBTI+ related issues (Bradlow, Bartram, Guasp, & Jadva, 2017; Karsay, 2015). Starting age-appropriate LGBTI+ inclusive sexuality and relationship education early and sustaining it throughout the duration of school life, on the other hand, improved how young people evaluated these classes (THT, 2016). Providing information on HIV, Sexually Transmitted Infections (STIs), or pregnancy prevention information relevant to LGBTI+ youth, and covering these issues in school curricula may also reduce structural stigma (Hatzenbuehler & Pachankis, 2016).

A mixed-methods study with lesbian, gay and bisexual young people from the UK (Formby, 2011) investigated their views on sex and relationships education and sexual health. Sexuality was largely conceptualised and presented through a biomedical lens, instead of a holistic view on sexuality, including discussions on sexual pleasure or 'healthy' relationships. Young people reported that safer sex and sexual risk were depicted as being related to concepts of stigma, visibility/appearance and sexual ill-health. Some participants recounted that they were not practising safe sex because of embarrassment, lack of confidence or communication skills. Problems around the availability of appropriate sexual health information, access to safer-sex supplies, and barriers to service provision were also raised. These findings highlight the need to tackle sexual health disparities in a comprehensive way.

Seeking and finding sexuality-related information

Sexual and gender minority youth face more barriers in obtaining sexuality information than heterosexual and cisgender youth. A systematic review of the health information-seeking practices of lesbian, gay and bisexual (sexual minority) adolescents found that the most commonly cited source of health information was healthcare providers, but many youth found it hard to build a trustworthy relationship with them (Rose & Friedman, 2013). The Internet was also an important source of sexual health information for sexual minority youth, perhaps due to the anonymity that enables users to access information on sensitive sexual health issues, seek online support groups and get 'expert'

health information. Parents were the least likely source of sexual health information. Overall, targeted health information was scarce, and lack of trust between patients/clients and providers and fear of breaching confidentiality were the most common barriers that prevented sexual minority youth from accessing health information.

Sexual and dating violence

Compared to heterosexual and cisgender adolescents, SGM youth are at elevated risk of physical aggression, emotional abuse, and sexual violence from dating partners (Reuter & Whitton, 2018). This may have a severe harmful impact on their mental and sexual health (Priebe & Svedin, 2012). Among Swedish high school seniors, sexual minority students were significantly more likely to report various forms of off-line sexual abuse than heterosexual students. Both sexual minority boys and girls were almost three times more likely than their heterosexual peers to report problematic sexual meetings off-line with person(s) they had met online. Such encounters included attempts to persuade or force them to have sex against their will or offers of money or gifts to have sex. Sexual minority girls were more likely than boys to report coercion with money and gifts in this way. Sexual victimisation, sexual orientation and gender contributed independently to poor mental health indicators, such as more psychiatric symptoms, lower self-esteem and a weaker sense of coherence. The authors attributed sexual minority youth's increased vulnerability to sexual abuse to various factors, including increased experiences of hate crime, and the theory that changes in sexual identity may encourage experimentation and risk-taking behaviour (Priebe & Svedin, 2012).

Sexual health of gender minority youth

For gender minority youth, including transgender and gender-nonconforming adolescents, the conflict with their gender identity, and potentially their sexual orientation, may be an additional burden. An added challenge in their sexual health is fertility preservation.

Existing knowledge on the psychosexual development of transgender adolescents is limited (Olson-Kennedy et al., 2016). The available evidence suggests that they are disproportionately affected by STIs and report high levels of unprotected anal and/or vaginal sex. The latter was reported by 52% of the male-to-female and 44% of the female-to-male young people. Trans girls and trans boys have different pathways to sexual health disparities (Reisner et al., 2015).

Transgender and gender-nonconforming adolescents experience higher rates of sexual violence than their cisgender peers. A study from the United States reported that 22% had experienced rape, and 33% reported being sexually harassed. Being a victim of sexual harassment and gender-based peer victimisation, problematic drug use, and female sex assigned at birth all predicted sexual victimisation, which in turn were significantly associated with suicidal ideation (Marx, Hatchel, Mehring, & Espelage, 2019).

Transgender youth (gender minority) are even more vulnerable to both physical and sexual violence perpetrated by their partners than sexual minority youth. The underlying mechanisms for this increased risk remain unclear, though some evidence shows that these phenomena may be explained by the minority stress model (Reuter & Whitton, 2018). Romantic stress may also contribute to sexual

minority adolescents' elevated risk for substance use (Költő et al., 2019) and poor self-rated health (Költő et al., 2020).

These findings present a negative picture of the sexual health of LGBTI+ adolescents, suggesting that transgender and other gender minority youth are in an especially challenging situation. Causes of such sexual health disparities suggest issues beyond lack of access to adequate relationship and sexual health information. Understanding and tackling the complex causal mechanisms behind the poor sexual health of LGBTI+ young people would require many more studies. However, it is noted in the literature that specific large-scale datasets that enable comparison of sexual health of adolescents by their sexual orientation are very scarce (Gayles & Garofalo, 2019). Improvments in both sexuality education and the availability of sexuality-related information are required to positively impact sexual health and well-being of LGBTI+ youth.

Sexual health of LGBTI+ youth in Ireland

(Lack of) evidence

Only tangential evidence on LGBTI+ adolescents' sexual health exists in Ireland, despite the fact that inclusive sex and relationships education is the second most highly prioritised 'burning issue' for SGM youth (Noone, 2018). The My World Survey 2 (Dooley, O'Connor, Fitzgerald, & O'Reilly, 2019) reports sexual initiation broken down by sexual orientation. Bisexual students were most likely to report ever having had sex (72%), while those who preferred not to disclose their sexual orientation were the least likely to be sexually initiated (10%). To address this research gap, we conducted analyses on the Health Behaviour in School-aged Children (HBSC) data collected in Ireland in 2018, to investigate sexual behaviour in sexual minority youth aged 13–18 (Költő & Nic Gabhainn, in press). Young people were classified as sexual minority if they reported being in love with same- or both gender partners. Sexual minority youth were at higher risk than their peers who report being in love with opposite-gender partners. Boys in love with boys and girls in love with girls were 1.6 times, and youth attracted to both-gender partners 1.8 times, more likely to report being sexually initiated, compared to their non-minority peers (boys in love with girls, and girls in love with boys).

Compared to the 32% of sexually active non-minority youth who had been sexually initiated before age 15 years, the prevalence of early sexual initiation among same-gender attracted youth was 65%, and in both-gender attracted youth it was 47%. Same-gender attracted youth were 0.6 times less likely and both-gender attracted youth 0.5 times less likely than their non-minority peers to report using a condom at the last sexual intercourse. The pattern of the results was not influenced by gender or social class. These initial results also support sexual minority youth's disproportionate burden of risky sexual behaviours and indirectly suggest that they might also be affected by negative outcomes, including the higher prevalence of STIs and teenage pregnancy.

Repressive sociocultural environment

The lack of good quality evidence on the sexual health of LGBT+ youth in Ireland may be linked to the sociocultural environment: Ireland traditionally had a sexually repressive culture (Inglis, 2005). However, there is a general dearth of evidence in this area all across Europe. Researchers and other stakeholders need to consider the suggestion of Formby (2011); first we may have to tackle our own reticence to talk openly and frankly about sex.

Research gaps

The main conclusion of our landscape and research gap analysis in terms of sexual health was that while elevated prevalence of risky sexual behaviours in SGM youth are relatively well documented, evidence on what factors may protect and improve their sexual health seem to be extremely scarce. This includes the support needs of victims of sexual abuse or violence. Another area where population health estimates in Europe are almost entirely missing is on pregnancy involvement among LGBTI+ youth. This evidence gap underlines the need for good indicators of sexual and gender minority status in youth health surveys in Ireland and other European countries. A third area where evidence is largely missing is mapping of specific sexual health needs of transgender and other gender minority adolescents (McCann, Keogh, Doyle, & Coyne, 2017). Finally, while in many countries, some forms of sexuality and relationships education is provided to children, its efficacy is often not assessed. Here the methodology of adolescent population health surveys such as the HBSC and the My World survey should be combined with the expertise and outreach of LGBTI+ youth organisations, including the BeLonG To and other groups that work with sexual and gender minority youth.

A second wave of research is needed which moves beyond describing individual factors and seeks to understand the structural and psycho-developmental trajectories which lead to poor sexual health outcomes as well as good sexual health and wellbeing. Intervention studies, preferably in the form of quasi-randomised trials, need to be developed to monitor the efficacy and sustainability of sexual health initiatives. These should include pre-, short- and long-term post-intervention measurement and cover various indicators, such as prevalence of STIs and unplanned pregnancy, psychological well-being and satisfaction with romantic relationships, perceived self-efficacy and sexual competences.

Recommendations for the new Sexual Health Strategy

1. *Challenge cultural norms and structural stigma*

A barrier to improving the life prospects of LGBTI+ young people, especially in terms of sexual health, is a culture where issues of sexuality cannot be openly and frankly discussed. Society-level changes in the discourse on sexuality are needed to ensure that schools, families and other social environments support sexual and gender minority youth in developing a sexual culture based on honesty, respect and responsibility.

2. *Support data collection and analysis*

There are large knowledge gaps in our understanding of the sexual behaviour in youth, especially among sexual and gender minority youth, in Ireland. The new Strategy should prioritise high-quality population health studies in this area, with comprehensive measures of sexual orientation, gender identity, and various aspects of sexual health.

3. *Ensure that Sexuality and Relationships Education is LGBTI+ inclusive*

Many sexual and gender minority young people in Ireland and other European countries report that information on LGBTI+ in sexuality and relationships education in school was often entirely missing or was barely mentioned. Even if it was present, sexual orientation and gender identity were often misrepresented or depicted from a pathologising and medicalising point of view. The new Strategy should ensure that appropriate and correct information on LGBTI+ is presented in Relationships and Sexuality education, and is discussed as normal variations within the diversity of sexualities and gender experiences. Non-minority (heterosexual and cisgender) young people should be encouraged to participate in inclusive initiatives such as organising diversity events, setting up gender-sexuality alliances, or other actions that are appropriate in the given schools. Discussions on gender and sexuality should reflect on societal stigma, exclusion and discrimination, and young people should be made aware that there are many other (often interacting) reasons for people to be discriminated against.

4. *Implement and monitor intervention programmes*

Educating young people on sexuality and relationships can happen in many forms and ways. Besides formal curricular teaching, workshops, trainings, and other formats (e.g., school-based health centres) can be used. A systematic review (Denford, Abraham, Campbell, & Busse, 2017) demonstrated that the interventions that have the largest efficacy are those that are comprehensive and do not aim to prevent, stop or decrease sexual activity but which rather promote condom use and other safe-sex strategies. Life skills and social skills (such as communication, assertiveness and obtaining and maintaining sexual consent) are particularly important. The authors provide a detailed list of recommendations on how to maximise the efficacy of such programmes. These recommendations include that the techniques and methods need to be tailored to the characteristics of the young people and the local settings; that specific sub-groups of young people need to be targeted; and that the intervention must be carefully evaluated, including short- and long-term health outcomes.

5. *Include young people in decision-making*

Young people should have a voice in decisions regarding their lives and health. In order to increase their autonomy and authority, they should be included in planning, carrying out and evaluating sexual health interventions. Meaningful inclusion of LGBTI+ youth, as well as youth of other and intersecting minorities throughout the process is crucial. This will ensure that interventions are relevant, fit-for-purpose, and that their specific needs of sexual and gender minority young people are considered in planning and carrying out programmes that aim to improve sexual health and well-being.

References

Blais, M., Bergeron, F.-A., Duford, J., Boislard, M.-A., & Hébert, M. (2015). Health outcomes of youth sexual-minorities in Canada: An overview. *Adolescencia e Saude, 12*(3), 53–73. doi:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5247260/

Bradlow, J., Bartram, F., Guasp, A., & Jadva, V. (2017). *School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools 2017*. Retrieved from London, United Kingdom: https://www.stonewall.org.uk/system/files/the_school_report_2017.pdf

Denford, S., Abraham, C., Campbell, R., & Busse, H. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychology Review, 11*(1), 33–52. doi:https://doi.org/10.1080/17437199.2016.1240625

Dooley, B., O'Connor, C., Fitzgerald, A., & O'Reilly, A. (2019). *My World Survey 2: The National Study of Youth Mental Health in Ireland*. Retrieved from Dublin, Ireland: http://www.myworldsurvey.ie/content/docs/My_World_Survey_2.pdf

Formby, E. (2011). Sex and relationships education, sexual health, and lesbian, gay and bisexual sexual cultures: Views from young people. *Sex Education, 11*(3), 255–266. doi:https://doi.org/10.1080/14681811.2011.590078

Gayles, T. A., & Garofalo, R. (2019). Exploring the health issues of LGBT adolescents. In J. S. Schneider, V. M. B. Silenzio, & L. Erickson-Schroth (Eds.), *The GLMA Handbook on LGBT Health* (pp. 133–154). Santa Barbara, California, USA: ABC-CLIO.

Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. *Pediatric Clinics of North America, 63*(6), 985–997. doi:https://doi.org/10.1016/j.pcl.2016.07.003

Inglis, T. (2005). Origins and legacies of Irish prudery: Sexuality and social control in modern Ireland. *Éire-Ireland, 40*(2), 9–37. doi:https://doi.org/10.1353/eir.2005.0022

Karsay, D. (2015). *The social exclusion of lesbian, gay, bisexual and transgender people in Hungary: Results from the LGBT Survey 2010*. Retrieved from Budapest, Hungary: http://hatter.hu/sites/default/files/dokumentum/kiadvany/hatter-lmbtkut2010-english.pdf

Költő, A., Cosma, A., Moreau, N., Young, H., Thorsteinsson, E. B., Gobina, I., . . . Nic Gabhainn, S. (2020). Self-reported health and patterns of romantic love in adolescents from eight European countries and regions. *LGBT Health, 7*(2), 90–100. doi:https://doi.org/10.1089/lgbt.2019.0107

Költő, A., Cosma, A., Young, H., Moreau, N., Pavlova, D., Tesler, R., . . . Nic Gabhainn, S. (2019). Romantic attraction and substance use in 15-year-old adolescents from eight European countries. *International Journal of Environmental Research and Public Health, 16*(17), 3063. doi:https://doi.org/10.3390/ijerph16173063

Költő, A., & Nic Gabhainn, S. (in press). Sexual behaviour in sexual minority and non-minority youth in Ireland. In B. Górnicka, M. Doyle, & R. F. Plante (Eds.), *Sex and Sexualities in Ireland: Interdisciplinary Perspectives*. London, UK: Palgrave Macmillan.

Költő, A., Vaughan, E., O'Sullivan, L., Kelly, C., Saewyc, E. M., & Nic Gabhainn, S. (2021). *LGBTI+ Youth in Ireland and across Europe: A two-phased landscape and research gap analysis*. Dublin: Department of Children, Equality, Disability, Integration and Youth. Retrieved August 2021 from https://www.gov.ie/en/publication/88354-lgbti-youth-in-ireland-and-across-europe-a-two-phased-landscape-and-research-gap-analysis/

Leonardi, M., Frecker, H., Scheim, A. I., & Kives, S. (2019). Reproductive health considerations in sexual and/or gender minority adolescents. *Journal of Pediatric and Adolescent Gynecology, 32*(1), 15–20. doi:https://doi.org/10.1016/j.jpag.2018.09.010

Marx, R. A., Hatchel, T., Mehring, C. B., & Espelage, D. L. (2019). Predictors of sexual victimisation and suicidal ideation among transgender and gender-nonconforming adolescents.

Psychology & Sexuality, Early Online, 1–17. doi:https://doi.org/10.1080/19419899.2019.1690034

McCann, E., Keogh, B., Doyle, L., & Coyne, I. (2017). The experiences of youth who identify as trans* in relation to health and social care needs: A scoping review. *Youth & Society, 51*(6), 840–864. doi:https://doi.org/10.1177%2F0044118X17719345

Noone, C. (2018). Budding Burning Issues: The issues facing Ireland's LGBT+ young people. *GCN Magazine, 333*, 28–32. Retrieved from https://www.dropbox.com/s/3g3td2bq920on0x/Burning-Issues-Survey.pdf?dl=0

Olson-Kennedy, J., Cohen-Kettenis, P. T., Kreukels, B. P., Meyer-Bahlburg, H. F., Garofalo, R., Meyer, W., & Rosenthal, S. M. (2016). Research priorities for gender nonconforming/transgender youth: Gender identity development and biopsychosocial outcomes. *Current Opinion in Endocrinology, Diabetes and Obesity, 23*(2), 172–179. doi:https://doi.org/10.1097/MED.0000000000000236

Priebe, G., & Svedin, C.-G. (2012). Online or off-line victimisation and psychological well-being: A comparison of sexual-minority and heterosexual youth. *European Child and Adolescent Psychiatry, 21*(10), 569–582. doi:https://doi.org/10.1007/s00787-012-0294-5

Reisner, S. L., Vetters, R., White, J. M., Cohen, E. L., LeClerc, M., Zaslow, S., . . . Mimiaga, M. J. (2015). Laboratory-confirmed HIV and sexually transmitted infection seropositivity and risk behavior among sexually active transgender patients at an adolescent and young adult urban community health center. *AIDS Care, 27*(8), 1031–1036. doi:https://doi.org/10.1080/09540121.2015.1020750

Reuter, T. R., & Whitton, S. W. (2018). Adolescent dating violence among lesbian, gay, bisexual, transgender, and questioning youth. In D. A. Wolfe & J. R. Temple (Eds.), *Adolescent Dating Violence: Theory, Research, and Prevention* (pp. 215–231). London, UK: Academic Press.

Rose, I. D., & Friedman, D. B. (2013). We need health information too: A systematic review of studies examining the health information seeking and communication practices of sexual minority youth. *Health Education Journal, 72*(4), 417–430. doi:https://doi.org/10.1177/0017896912446739

THT. (2016). *Shh… No talking: LGBT-inclusive sex and relationships education in the UK*. Retrieved from London, UK: https://www.tht.org.uk/sites/default/files/2018-07/Shh%20No%20talking%20LGBT%20inclusive%20SRE%20in%20the%20UK.pdf