

# Sexual Health Practices in Young Adults: The Intersection of Sexual Orientation & STI Preventive Method Usage

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## Background

- Sexually transmitted infections (STIs) are infectious diseases spread through sexual contact, including vaginal, anal, and oral sex.<sup>1</sup>
- Annually, there are approximately **333 million** new STI cases; **nearly half** of the incident STIs occur in individuals **aged 15 to 24 years**.<sup>2</sup>
- Over 50% of individuals aged 15 to 24 have engaged in sexual intercourse by the age of 18. Of those, **40% to 50% reported not using condoms** during their most recent sexual encounter.<sup>1</sup>
- The rate of condomless sex among MSM (Men who have Sex with Men) has **increased** from 35% to 45% between 2005 and 2014.<sup>3</sup>

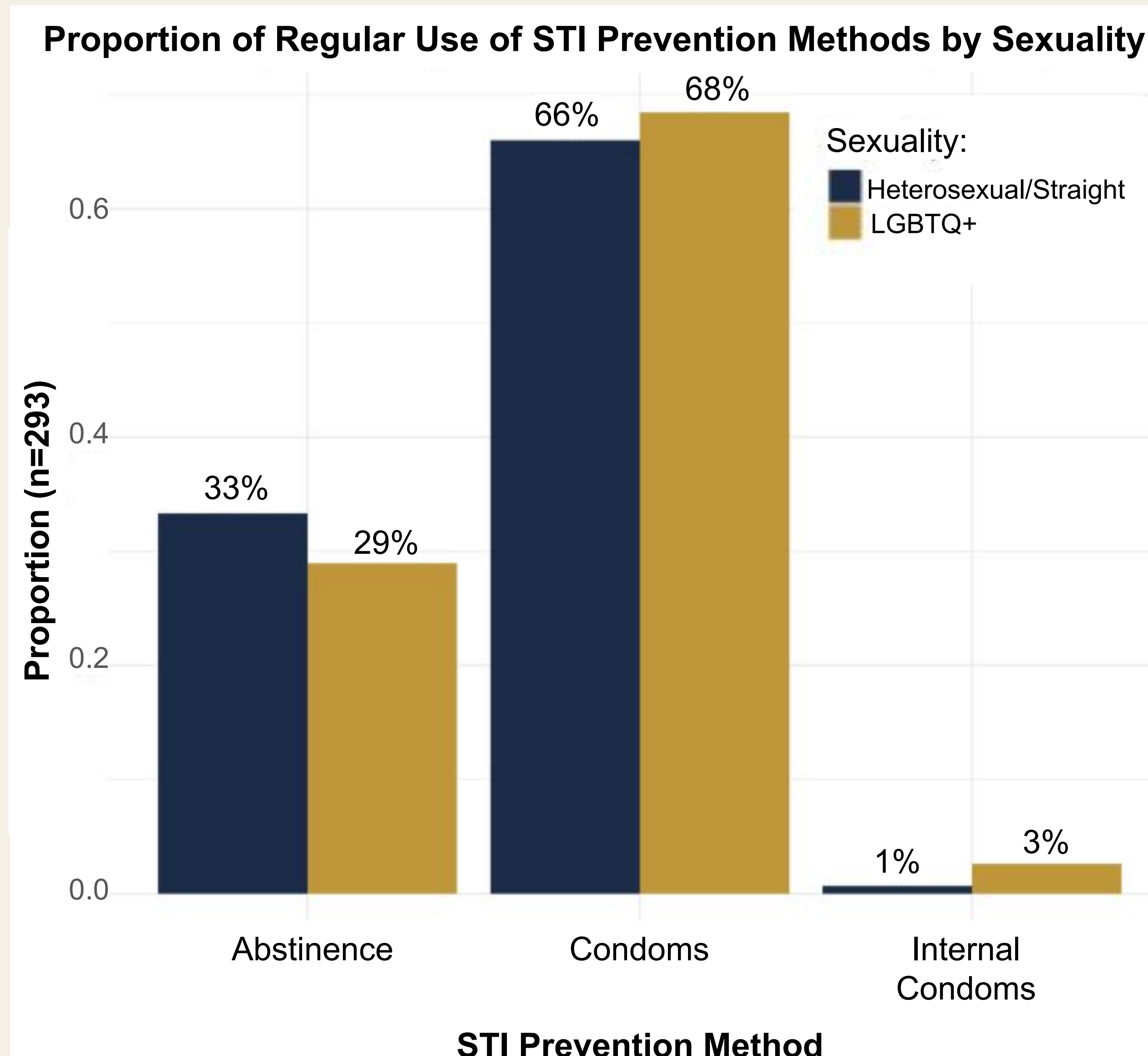
## Objective

- Is there a difference in rates of sexually transmitted infections (STIs) between heterosexual and queer-identifying young adults?
- Is there a difference in if and when usage of STI prevention methods occurs in the two populations?

## Methods

- Analytical cross-sectional survey
- Anonymous Qualtrics survey distributed via social media & messaging services
- Population:
  - Young adults, ages 18-24
  - Sample size, n = 293
    - Sample is representative of UCSD population.<sup>4</sup>
- Statistical tests using R-Studio
  - Chi-square tests
  - prevalence statistics
    - Evaluate the association between sexual orientation and use of STI-preventative methods.

## Results



**Figure 1:** Proportion of regular STI prevention method use between LGBTQ+ and heterosexual respondents.

Demographic Variable		Percentage (n=293)
Sexuality	Bisexual	13.0%
	Gay/MSM	4.1%
	Heterosexual/Straight	74.4%
	Lesbian/WSW	2.7%
	Pansexual	2.4%
	Prefer not to say	2.4%
Race	Sexual identity not listed	1.0%
	American Indian/native American or Alaskan Native	0.7%
	Asian	45.1%
	Bi- or Multi-Racial	9.2%
	Black or African American	1.0%
	White or Caucasian	32.8%
Sex	Other	9.2%
	Prefer not to say	2.0%
Gender	Female	68.3%
	Male	31.7%
	Cisgender Man	29.7%
	Cisgender Woman	64.8%
	Non-binary	2.0%
	Not-listed gender identity	1.4%
	Prefer not to say	2.0%

**Table 1:** Demographic characteristics of survey respondents

## Findings:

- No statistically significant difference found in rate of STIs across all sexual orientations.
  - Yet, bisexual participants had **2.87x higher** prevalence of STIs compared to heterosexual participants.
- Statistically significant difference in reported STI-prevention method usage between LGBTQ+ and heterosexual respondents
  - abstinence**, p=0.0074
  - condoms**, p=0.0006
  - internal condoms**, p=0.0092
- Overall proportions of reported use of STI prevention methods among adults 18-24:
  - abstinence** (44.03%)
  - condoms** (59.73%)
  - internal condoms** (4.78%)
  - dental dams** (3.41%)
  - finger condoms** (2.05%)

## Limitations:

- Data limitations:**
  - Statistically significant difference in usage of finger condoms (p=0.02661) and dental dams (p=0.004083) between LGBTQ+ and heterosexual individuals, but no conclusion on use can be drawn because:
    - small sample size
    - irregularity of reported use.
  - No conclusion can be drawn on STI testing and diagnosis rates because:
    - small sample size
- Survey limitations:**
  - No data collected on prior sexual health education
  - Non-sexually active respondents were not included, limiting comparison abilities

## Conclusion

- Statistically significant difference in regular STI prevention method usage between LGBTQ+ and heterosexual respondents, indicating **queer young adults are utilizing STI-preventative barrier methods more than their heterosexual peers with:**
  - condoms**
  - internal condoms**
- Statistically significant difference in LGBTQ+ and heterosexual respondents use of abstinence, indicating **higher heterosexual rates of abstinence.**
- Future researchers may look to conduct a study that has a **larger sample size**, with more queer-identifying respondents, and is more geographically diverse.

## Policy Implications

- UCSD can **increase queer-friendly marketing** for sexual health resources by ensuring that messaging reflects diverse identities and experiences, which will increase awareness, accessibility, and engagement with campus health services.
- Significant disparities may stem from **unequal access to comprehensive, queer-inclusive sexual health education**, highlighting the need for expanded inclusive programming at UCSD.
- Findings reinforce the need to involve existing queer community resources within and outside campus health initiatives to better inform future programming.

## Acknowledgements & References

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