Fact Sheet

Sexual Orientation & HIV Risk

British Columbia, Canada

European-heritage Youth

SURVEY DATA:

Data used in this fact sheet were collected in 2003 through the BC Adolescent Health Survey III, conducted by the McCreary Centre Society. The BC AHS was administered to students in Grades 7-12 across British Columbia, and responses were weighted to represent the 290,000 students enrolled in public schools. The results shown here are for the estimated 135,000 students who, when asked "What is your background?" only marked "European (e.g. English, French, Scottish, Irish, German, Ukrainian, etc.)" and also identified as either GLB or heterosexual.

More information about the BC AHS and McCreary Centre Society can be found at www.mcs.bc.ca

During adolescence, when sexual orientation usually unfolds, research shows high schools in most Western countries have tended to be unsupportive (and even unsafe) environments for gay, lesbian, and bisexual (GLB) teens. This may be manifested as harassment or discrimination, or more subtly as indifference. The stress GLB teens face as they cope with sexual orientation stigma may help explain higher rates of risky sexual behaviors and injected drug use.

The results presented here compare behaviours that can increase risk for HIV infection between European-heritage GLB and heterosexual students of the same gender. Among European-heritage high school students in BC, 1% of males and 3% of females identify as gay, lesbian, or bisexual: about 1,000 males and 2,400 females across the province.

HIV and European-heritage teens

Young people in Canada generally do not get tested for HIV. However, because of the long delay between becoming infected and finally showing symptoms, many people who are diagnosed with HIV in their twenties may have gotten HIV during their teen years. While same-gender sex among males and injection drug use are still the most common routes for getting HIV, in the past several years, an increasing number of teens and young adults are getting HIV through heterosexual sex. The percentage of young women who become HIV positive each year has grown since 2000. Although information on HIV-positive cases among European-heritage teens is not available, youth aged 15 to 19 in general make up 1.5% of HIV-positive cases reported during the past decade.

Although the overall HIV infection rate in Canada is low, some young people are at risk.

In BC, do European-heritage GLB youth have higher HIV risk behaviours than their European-heritage heterosexual peers?

The survey asks a number of questions about behaviours that can increase a teen's risk for HIV:

- Ever having sexual intercourse
- Sex before age 14
- Multiple sexual partners
- Not using a condom at last intercourse
- Drinking or drug use at last intercourse
- Ever being pregnant (unprotected intercourse)
- Ever having a sexually transmitted disease
- Ever being forced to have sexual intercourse
- Ever injecting drugs

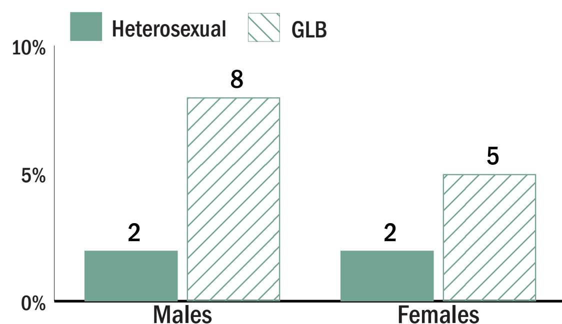
Findings—Individual risk behaviours

Among European-heritage youth in school, risky sexual behaviours and injected drug use are not common. In fact, almost all European-heritage students of any orientation reported they had never used injected drugs.

Compared to European-heritage heterosexual teens, European-heritage GLB teens were more likely to:

- Have sex before age 14:
  - GLB males 4 times more likely than heterosexual males their same age
  - GLB females 6 times more likely than heterosexual females their same age
- Have 2 or more sexual partners during the past 3 months:
  - 7% GLB males vs. 5% Heterosexual males
  - 9% GLB females vs. 2% Heterosexual females
- Have been pregnant or gotten someone pregnant:
  - 8% GLB males vs. 2% Heterosexual males
  - 5% GLB females vs. 2% Heterosexual females

Had ever been pregnant or gotten someone pregnant (An indicator of unprotected sex)



Adding up the Risk: How do they compare on total HIV Risk Score?

A "HIV risk score" was created by adding up the number of various risky sexual behaviours and injected drug use reported by youth. The score ranges from 0 (no risk) to 7 (highest risk of HIV infection).

European-heritage GLB males and females had higher HIV risk scores on average than heterosexual students of the same age and gender:

Average HIV Risk Scores

	Heterosexual	GLB
European-heritage Males	0.47	0.87
European-heritage Females	0.43	1.17

Among European-heritage youth of any orientation, HIV risk behaviours are not common.

What do the research results suggest?

Gay, lesbian, and bisexual European-heritage youth are more likely than their heterosexual European-heritage peers to report sexual practices that can increase risk for HIV infection. However, just being gay, lesbian, or bisexual does not cause risky sexual behaviour; the majority of GLB teens do not report any risk behaviours.

Sexual health classes should include information for gay, lesbian, and bisexual adolescents, and discuss safe sexual behaviours for all youth.

It can be difficult to talk about sexual orientation in communities because of stigma. Communities who work to reduce stigma and value all young people may help prevent HIV infection among GLB youth in BC.

This fact sheet is one in a series reporting results from the study, *Stigma, Risk and Protective Factors for Vulnerable Youth,* an international study to explore how stigma links to health disparities, and ways we can enhance protective environments to promote healthy development of all youth. The study includes school-based survey data from Canada, New Zealand, and the USA. The study focuses on Indigenous, Asian, and European-heritage youth in school in all 3 countries; the project team includes Indigenous, Asian, and European-heritage researchers, of whom some identify as GLB, or who work with GLB youth. Researchers are from the University of British Columbia & McCreary Centre Society, Canada; the University of Auckland, New Zealand; and the University of Minnesota, USA.

The results for youth from these three ethnic groups in BC are reported in separate fact sheets. Because the samples are overlapping, results should not be compared across different ethnic groups.

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Further information about the study, and fact sheets from the other countries, are available at: www.mcs.bc.ca/partners/

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