LONGITUDINAL EFFECTS OF LGBTQ-FOCUSED SCHOOL-BASED INTERVENTIONS ON ADOLESCENT SEXUAL HEALTH BEHAVIORS AMONG CANADIAN STUDENTS

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Purpose: It is important but challenging to evaluate population health interventions, such as Gay-Straight Alliances/Gender & Sexuality Alliances (GSAs) and anti-homophobic school policies, among adolescents in schools. Too often studies are limited to cross-sectional correlations. Recent studies of the long-term effects of GSAs and school policies have focused mostly on safety and mental health outcomes; a few cross-sectional studies point to possible influences on other health outcomes, such as sexual health. Therefore, we examined potential effects of these school-based interventions on sexual health and risk behaviours using the Site-level Longitudinal Effects of Population Health Interventions (SLEPHI) method among youth in schools across British Columbia, a province in Canada.

Methods: We drew on the provincial British Columbia Adolescent Health Surveys of public schools, collected in 2003, 2008, and 2013, selecting only students who reported being sexually experienced (N=5,138, grades 7-12, 49% male, 92% heterosexual). The predictor variable was the length of time a school had a GSA and/or policy, recorded in years. We assessed groups of sexual health outcomes as two latent variables: 1) Risky sexual behaviors, which included if participants had drunk alcohol/used drugs before most recent sex, no condom use at last sex, been pregnant or gotten someone pregnant, or ever told they had an STI by a doctor or nurse; 2) Healthy sexual behaviours included condom/barrier use at last sex, and condom, birth control pills, or Depo-provera use to prevent pregnancy. We used the SLEPHI approach for our multigroup-multilevel models in schools over time, which allows for improved causal inference in longitudinal cluster data, controlling for cohort effects, measurement errors, and measurement non-equivalence.

Results: Length of GSA presence was linked to a significant (p<.001) decrease in risky sexual behaviors among heterosexual and LGB girls, with constant effects across years (b=-0.52), suggesting increasing benefits the longer a GSA is in place. Pregnancy was relatively infrequent, reported almost exclusively by girls. To determine if this item contributed to gendered effects, we removed it from the risky sexual behavior indicator, and in this second model, school policy was also related to a decrease in risky sexual behavior for heterosexual girls (p<.001, b=-0.54), with a constant effect across years. GSAs were related to a significant increase in healthy sexual behavior for LGB girls (p<.001), again with constant effects (b=2.22). There were no statistically significant effects for boys of any orientation.

Conclusions: Results suggest that GSAs and anti-homophobic school policies can contribute to prevention of risky sexual behaviours and help encourage safer sexual practices the longer they are present in schools, but only among girls of all sexual orientations. Pregnancy as an outcome of risky sexual behavior appears to be the largest impact outcome of these models. Given the strongly gendered effects in these interventions, different population health interventions are needed to support sexual health among LGB and heterosexual boys. These findings highlight the importance of sexual health education and school-based interventions that are inclusive of diverse genders and orientations.

Sources of Support: Grants MOP119472 & FDN154335 from the Canadian Institutes of Health Research.
“I’VE BEEN HAPPILY DATING FOR 5 YEARS” - ROMANTIC AND SEXUAL HEALTH, EXPERIENCE AND EXPECTATIONS IN TRANSGENDER YOUTH
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Purpose: Adolescence is a developmental period for romantic and sexual competency as noted by the fact that 40% of youths in 9th to 12th grade have had sexual intercourse. There is a paucity of information regarding romantic and sexual relationships among transgender youths despite growing visibility of gender diversity. Health outcomes can be influenced by sexual education from schools and health care providers; however, there is significant variation in sexual education content, with much content being heteronormative. Knowledge surrounding our patients’ sexual education and expectations is required to shape best practices. The objective of this study was to describe transgender adolescents’ romantic and sexual health experiences and expectations, and to explore their engagement with educators, clinicians, and non-clinicians when seeking information and education pertaining to sexual health.

Methods: In this phenomenological qualitative study, a total of 30 English-speaking transgender and gender non-conforming youth were recruited from a single pediatric gender services clinic to participate in audio recorded semi-structured interviews. Interviews were transcribed to text for data analysis utilizing NVivo software. Transcription and data analysis occurred concurrently in an iterative nonlinear process as new commonalities/themes arose. Coding was performed independently with disagreement in coding of transcripts discussed and if consensus was not reached, a third party was utilized.

Results: The study included 30 participants, comprised of 17 transmasculine and 13 transfeminine individuals between ages 15 and 20. Themes included 1) transgender adolescents’ use of dating applications despite transphobia: “Sorry I’m transgender, you didn’t have to swipe right in the first place, you know?”; 2) transphobia deterring romantic relationships: “I’m not uncomfortable with who I am and that makes people even more comfortable.”; 3) variable definitions of sexual intercourse: “penetrative or oral” vs “I don’t know;” 4) lack of inclusivity in sexual education: “it’s not very LGBT inclusive, it’s a public school;” 5) seeking reputable websites for sexual education: “I don’t look for a dot com, I make sure it’s coming from a university;” and 6) limited sexual health counseling: “They’ve asked but they haven’t really done anything.”

Conclusions: In this qualitative interview study, we discussed sexual and romantic health, and sexual education and information seeking among transgender adolescents. Transgender adolescents are engaged in a variety of romantic and sexual experiences both prior to and after medical and social transitioning. This developmental stage of exploration is complicated by transphobia experienced on dating applications and from cis-gender, lesbian and gay, and other transgender peers. Participants described notable gaps in sexual health information received from parents, school programming, and health care providers. Future research can evaluate the presence of these gaps on a larger scale in communities in an effort to ultimately guide interventions to enhance sexual health outcomes in this clinical population.

Sources of Support: Department of Pediatrics, Committee for Diversity, Equity and Inclusion
LGBTQ YOUTH-SERVING ORGANIZATIONS: WHAT DO THEY OFFER, AND DO THEY PROTECT AGAINST EMOTIONAL DISTRESS AMONG LGBQ YOUTH?

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Purpose: Research has shown that school-based programs supporting lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) students are associated with students’ well-being, but little research has examined similar resources in the community. This study sought to describe the features and services of LGBTQ youth-serving organizations in Minnesota and test how the extent of LGBTQ youth-serving organizational resources was associated with emotional distress among LGBQ youth. We hypothesized that LGBQ youth in areas with more organizational resources would have less emotional distress than LGBQ youth in areas without such resources.

Methods: Project RESPEQT is a cross-sectional study examining community resources and well-being among LGBQ adolescents. 2454 9th and 11th grade LGBQ students in 81 Minnesota communities provided survey data. Using an extensive website searching protocol, study staff identified LGBTQ youth-serving organizations throughout the state, and detailed the resources and services they provided. Each organization was coded for the presence or absence of nine characteristics (e.g. weekend hours, on/near public transit, confidential services, special events). One point was given for each characteristic; points were summed to create a score for each organization. Because the distribution of LGBTQ youth-serving organizational resources was highly skewed, three groups were created: students in communities with no such organizations, some resources, and many resources. Multilevel logistic regression tested associations between LGBTQ youth-serving organizational resources and four measures of emotional distress among LGBQ youth (i.e., internalizing problems, self-harming behavior, suicidal ideation, and suicide attempts). Models were stratified by sex and controlled for metropolitan location and within-cluster correlation. The University of Minnesota’s Institutional Review Board exempted this analysis from review due to use of existing anonymous data.

Results: Website searching identified 25 LGBTQ youth-serving organizations. The majority (72%) were located in a major metropolitan area. Most organizations were on or near public transit (74%) and provided information on social media (88%); few had LGBTQ words or symbols visible from the street via google maps (10%). The most common services described on organizations’ websites were social activities and special events (48% for each). Of the 81 communities, 66 did not have any LGBTQ youth-serving organizations, 8 had some resources and 7 had many resources. Among boys living in communities with some organizational resources, the odds of experiencing suicidal ideation were significantly lower than the odds among boys living in communities with no such resources (OR=0.68; CI=0.49-0.95). Similarly, among girls, the odds of internalizing symptoms were significantly lower for those living in communities with many LGBTQ youth organization resources compared to those living in areas with no resources (OR=0.83, CI=0.70-0.99).

Conclusions: As seen with in-school resources for LGBTQ students, the presence of supportive organizations in the community may similarly be protective for some aspects of emotional distress for LGBQ students living in those areas. Further research is warranted to understand the mechanisms of operation. Given substantial disparities in emotional distress adversely affecting LGBTQ youth, findings
from this study support the development and expansion of community-based LGBTQ youth-serving organizations.

Sources of Support: NICHD award #R01HD078470 and NIDA award #K01DA047918

THE FALLACY OF “SYSTEMS LITERACY”: HOW STRUCTURAL VIOLENCE IN SERVICE PROVISION AFFECTS THE HEALTH OF TRANSGENDER AND GENDER NONCONFORMING YOUTH EXPERIENCING HOMELESSNESS
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Purpose: Clear health disparities exist both in transgender and gender nonconforming (TGNC) populations and for youth experiencing homelessness (YEH), and TGNC individuals are over-represented within populations of YEH. Many studies describe both homelessness and TGNC identity as risks for health disparities. However, no peer-reviewed research has yet explored the health disparities experienced by TGNC YEH, nor the structural factors that underlie risk for this population.

Methods: We conducted a cross-sectional qualitative study aiming to describe key social and structural factors influencing the health disparities faced by TGNC YEH in the San Francisco Bay Area. Semi-structured, in-depth interviews were conducted with (1) youth ages 19-24, recruited through flyers at service provision sites and via snowball sampling, and (2) key informants. Topics explored included physical and mental health, identity, causes of homelessness, survival strategies, HIV risk, PrEP use, violence, stigma, and service access. Interviews were audio-recorded, transcribed, and double-coded. Salient themes were identified using a grounded theory approach.

Results: We completed 26 in-depth semi-structured interviews with homeless transgender youth (n=19) and key informants (n=7). Youth participants included 6 transfeminine youth, 4 transmasculine youth, and 9 youth who identified as genderqueer, nonbinary, agender or multiple genders. The mean age among youth was 22.0 years, and just over half were non-white or mixed. Youth described that their physical and mental health was significantly affected by their ability or inability to navigate housing and health services, which in turn was affected by stigma around transgender identity and homeless status. Youth explained the conundrum they faced: they often lacked knowledge or training about how to navigate complicated, bureaucratic health and social services, yet that knowledge was essential to successfully procure secure housing, as well as transgender and general health services. As one nonbinary transfeminine youth said, “I feel like the level of care is varied, especially among the system – and it’s just [some] people who can access it better, or are familiar with the system. What’s available and actually get[ing] help to tell you what’s available is really varied.” Moreover, differential possession of that knowledge and a sense of deserving positive outcomes from systems engagement were tied to factors including race, disabilities, childhood wealth or poverty, and mentorship from peers or family.

Conclusions: TGNC YEH face significant health disparities, mediated by social and structural determinants. For this population, obtaining favorable health outcomes is predicated upon possessing skills, attitudes, and other knowledge about how to successfully access social and health services – a skill set which we are coining “systems literacy.” A fallacy is inherent in services that rely on their patients’
systems literacy, whereby success depends upon patients learning the system rather than systems being structured to meet their patients’ needs. The structural concerns highlighted in this study point to potentially modifiable targets in service provision, toward decreasing systemic violence and exposure to risks, and improving health for TGNC YEH.

Sources of Support: HIV Medical Association Medical Student Program Award, Arnold P. Gold Foundation, UC Berkeley Innovations for Youth, Alameda-Contra Costa Medical Association, UCSF and UC Berkeley-UCSF Joint Medical Program Fellowships.

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TRANSMASCULINE YOUTHS’ EXPERIENCES OF CHEST DYSPHORIA AND MASCULINIZING CHEST SURGERY: A QUALITATIVE ANALYSIS
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Purpose: Transmasculine individuals, those who were assigned female gender at birth but identify along the masculine spectrum, often suffer from chest dysphoria—discomfort and distress from unwanted breast development. Growing numbers of transmasculine youth are pursuing definitive treatment with masculinizing chest surgery (MCS) or “top surgery,” though little is known about the impact of chest dysphoria on transmasculine youth or the optimal timing of MCS. The purpose of this study was to understand youth experiences of chest dysphoria and the impact of MCS.

Methods: Transmasculine youth ages 13-21 were recruited from a large pediatric hospital-based gender clinic. Participants completed an in-depth, semi-structured qualitative interview exploring the experience and impact of chest dysphoria, experience with binding, and thoughts about or experiences with MCS. Interviews were audio recorded, transcribed, and coded by 3 investigators. Thematic analysis was performed using NVivo-12 software, employing modified Grounded Theory. Inter-rater reliability on all transcripts produced kappas > 0.9.

Results: To date, 22 youth have participated (mean age 17 years, range 14-20, 36% post-operative MCS). Youth reported that chest dysphoria triggered strong negative emotions (e.g. “Suicidal ideation definitely stemmed from that—from chest dysphoria and the feelings that it gave me”) and described feeling helpless and unable to escape chest dysphoria. Functional impacts of chest dysphoria included avoidance of social interactions and athletic pursuits, interference in forming relationships, adoption of hunched posture, and inability to focus or attend to other problems due to perseveration about chest dysphoria. All youth (n=22) used chest binding as a way to cope with chest dysphoria prior to surgery. Youth reported adverse physical and functional impacts of binding, and had to choose between mental and physical comfort (e.g. “if I wasn’t wearing my binder I wouldn’t go out and do things. So I’d wear it even if I was unable to breathe”). All non-operative youth intended to undergo MCS, though cited barriers including cost, insurance coverage, family support, and school/work schedules. Non-operative youth acknowledged risks and irreversibility of MCS, yet expressed confidence in this decision, believing it critical to improving quality of life and functioning. All post-operative youth reported complete or near-complete resolution of their chest dysphoria, lack of regret about surgery, improvements in quality of life (e.g. “It was liberating, because I just could finally live a normal life like the rest of kids my age”),
and functional improvements (e.g. “I can now do actual exercise for the first time in my life”, “[it’s] a lot easier to talk to people”).

Conclusions: This study is among the first to explore and describe the experience of chest dysphoria in transmasculine youth. We observed consensus that chest dysphoria is a major source of distress and can be functionally disabling to transmasculine youth. Further, MCS performed during adolescence—including prior to age 18—can alleviate suffering and improve functioning. Additional research is needed to develop more patient-reported outcome measures to assess the impacts of chest dysphoria and MCS, and to better understand the optimal timing of surgery.

Sources of Support: Children’s Hospital of Philadelphia, Center for Pediatric Clinical Effectiveness

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UNDERSTANDING YOUNG BISEXUAL MEN’S UNIQUE HEALTH OUTCOMES AND SEXUAL RISK: IMPLICATIONS FOR FUTURE RESEARCH
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Purpose: More Americans than ever are identifying as bisexual, or having attraction to more than one gender. In 2016 the CDC reported more men identifying as bisexual than gay. With LGBT identification increasing as age decreases, the number of adolescent men who identify as bisexual is likely higher. Research focusing on young gay and bisexual men often collapse these groups into one subpopulation. This conflation has led to the overwhelming majority of evidence-based interventions for young bisexual men to focus on HIV prevention as understood by syndemic theory, co-occurring epidemics of psychosocial problems which may accelerate HIV acquisition. Recent evidence indicates that bisexual men are at an increased risk of the “syndemic” psychosocial factors compared to gay men. However, numerous studies have shown that bisexual men engage in less sexual risk behaviors compared to gay men. Our objective is to further demonstrate the unique health outcomes and behaviors of a sample of young bisexual men (YBM) compared to young gay men (YGM). We conducted multivariate analyses to compare YBM and YGM on measures of psychosocial outcomes and sexual risk.

Methods: Data, collected from 2016-2019, were analyzed from an ongoing electronic screening and brief alcohol intervention paired with HIV testing in the Chicago area. Eligible participants must be ages 16-25, seeking HIV testing, HIV-negative/HIV status unknown, men or transgender women who have had sex with men. Data are collected via computer self-interview. Four logistic regression analyses were conducted to predict depression, anxiety, polydrug use, and condomless receptive anal sex as a function of reported sexual orientation, adjusting for age and race.

Results: The sample to date includes 365 gay and bisexual cisgender men (30% bisexual). The mean age of participants is 22.7 (SD = 2.1) and most are Black/African American (45%). The prevalence of 3 syndemic problems was pervasive: 36% met criteria for depression; 22% met criteria for anxiety; and 34% reported lifetime polydrug use. When controlling for age and race, YBM were 2.2 times more likely to meet depression criteria (p < .01), 1.9 times more likely to meet anxiety criteria (p < .05), and 1.9
times more likely to report lifetime polydrug use (p < .05). However, when controlling for age and race, YGM were 1.8 times more likely to report condomless anal sex in the 3 months prior (p < .05).

Conclusions: These findings provide evidence that while YBM exhibit poorer mental health and other psychosocial outcomes, they are less likely to engage in sexual risk behaviors associated with HIV acquisition compared to YGM, suggesting that the “syndemics” through which YBM are more at risk for HIV may operate differently. More research is needed to examine the kind of syndemics associated with the unique qualitative experiences of being a young bisexual man. Furthermore, future research and development of evidence-based health interventions geared towards YBM should promote a broader range of emotional and psychological well-being beyond sexual risk.

Sources of Support: This research was supported by the National Institute on Drug Abuse (NIDA) under award number R01DA041071 (multiple principal investigators including NK and RG).