

“Because it was expected”: Heterosexism as a Determinant of Pregnancy among Sexually Diverse Youth

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ABSTRACT

Sexually diverse youth are more likely than their heterosexual counterparts to be involved in a pregnancy. The social exclusion (heterosexism and homophobia) experienced by sexually diverse youth may help to contribute to our theoretical understanding of the phenomenon. Seventy-one sexually diverse youth and 23 service providers participated in interviews and focus groups which were transcribed and thematically coded. Pregnancy involvement can be understood as a response to heterosexism, where the “dominance of heterosexuality” in youths’ lives produce extreme pressures to conform to heterosexist expectations of relationships and a desire to prove one’s heterosexuality through heterosexual sex.

Keywords: adolescent pregnancy, sexual orientation, heterosexism, homophobia, focus groups

Using data collected in the Toronto Teen Survey (TTS), Flicker and colleagues (2009) report that lesbian, gay, and bisexual youths—as well as those who question their sexual orientation—are 3.2 times more likely than their heterosexual counterparts to be involved in a pregnancy. Over the past 15 years, several large school-based health surveys undertaken in the United States, as well as by the McCreary Centre Society have shown similar findings (Saewyc, Skay, Bearinger, Blum, & Resnick, 1998; Saewyc, Bearinger, Blum, & Resnick, 1999; Saewyc, Poon, Homma, & Skay, 2008). These studies point to a particularly troubling trend: While rates of pregnancy in the general teen population have declined steadily since 1990 (Feldman & Middleman, 2002), rates among lesbian, gay, bisexual, and questioning youth have not (Saewyc et al., 2008).

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For the purpose of this article, the umbrella term *sexually diverse youth* will be used to include lesbian, gay, bisexual, trans, questioning, and/or queer youth. While the perspectives of trans youth and service providers are included in this analysis, it is important to note that higher rates of pregnancy were not found among trans youth.

Harper and Schneider (2003) emphasize the significant role that homophobia and heterosexism play in problems faced by sexually diverse people—problems that are not inherent in being part of a sexual minority. Similarly, a consideration of how larger societal influences—particularly heterosexism and homophobia—might be contributing factors to the cumulative findings concerning pregnancy involvement must be undertaken.

Heterosexism and Homophobia as Forms of Social Exclusion

Madanipour, Cars, and Allen (1998) conceptualize social exclusion as a multi-dimensional process wherein participation in decision-making and political processes, access to employment and material resources, and integration into common cultural processes are all affected. Social exclusion pervades every facet of an individual's life—social, sexual, emotional, political, financial, and physical.

As a form of social exclusion, heterosexism is “an ideological system that denies, denigrates and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community” (Herek, 1990, p. 316). Heterosexism is particularly salient in youth settings, where traditions such as the school prom serve to reproduce and normalize heterosexuality through a “celebration of dreamy romance” (Best, 2005, p. 195). It is also evident in school curricula, which do not have information regarding non-heterosexual forms of safer sex and relationships available to sexually diverse high school students. Compared to their heterosexual peers, sexually diverse youth in this environment are denied the power, resources, and supports necessary for healthy development throughout adolescence (Takács, 2006).

Homophobia, on the other hand, contributes to social exclusion through more active forms of discrimination between individuals, what Herek described as “explicit hostility or prejudice toward gay, lesbian (and bisexual) persons” (1986, p. 563). Rivers and D’Augelli (2001) maintain that sexually diverse youth are subject to bullying, harassment, and physical abuse in multiple settings—including their neighbourhoods, homes, and schools—and from peers, parents, and teachers. A compilation of data from seven different studies in the United States and Canada shows that sexually diverse teens are more likely to self-report sexual and physical abuse than their same-age heterosexual counterparts (Saewyc, 2005). Moreover, even though more sexually diverse youth are “coming out” at younger ages and are becoming more visible, they are still faced with overt and subtle prejudice on a daily basis (Travers & Schneider, 1997; Rivers & D’Augelli, 2001; Harper & Schneider, 2003). Such prejudice can include: (a) family rejection (Travers & Schneider, 1997); (b) the lack of a supportive network of peers or mentors to ease the difficulties of adolescent development and LGBT victimization (Rivers & D’Augelli, 2001); (c) isolation, stigmatization, and harassment; and (d) physical violence (Travers & Schneider, 1997; D’Augelli, Hersberger, & Pilkington, 2002).

Savin-Williams (1994) maintains that the negative reactions sexually diverse youth experience as a result of their sexual orientation can explain the numerous risk factors that they face—school-related problems, running away from home, conflict with the law, substance use, prostitution, and suicidal ideation. More

recent studies show that homophobia increases their risk of violence, self-harm, rejection from family and peers, suicide ideation and attempts, underachievement in school, substance use, depression, homelessness, and survival sex (Saewyc et al., 1999; Gilliam, 2002; Gaetz, 2004; Scott, Pringle, & Lumsdaine, 2004; Ray, 2006). Furthermore, in an assessment of several studies conducted over time (1992–2003 and 1998–2003), lesbian and bisexual teens who reported pregnancy involvement were significantly more likely to report discrimination and harassment than were lesbian and bisexual teens who had never been pregnant. These data suggest that there may be some unique risk factors for sexually diverse youth related to social stigma and social exclusion (Saewyc et al., 2008).

While the literature draws a clear link between increased stress and victimization of sexually diverse youth, on the one hand, and health risk behaviours and negative psychosocial outcomes on the other (Wright & Perry, 2006; Ginsburg et al., 2002; Rosario, Schrimshaw, & Hunter, 2006; Poteat & Espelage, 2007), pregnancy involvement among sexually diverse youth remains a phenomenon that is in need of further, in-depth investigation. Saewyc (2005) argues that quantitative studies are limited in their ability to disentangle competing explanations for pregnancy involvement and calls for qualitative work that explores lesbian, gay, and bisexual teens' own views of heterosexual behaviour and pregnancy involvement in order to develop a rich knowledge base about the context in which teens negotiate sexual and reproductive health, and in order to create teen-centred interventions relevant to the particular needs of sexually diverse youth. Moreover, Saewyc (2005) maintains that society's negative attitudes toward homosexuality and the resulting stigma and trauma faced by sexually diverse youth are the most convincing factors for greater pregnancy involvement. This theory, however, has yet to be validated by qualitative work, which is the ultimate goal of this paper.

METHODS

Participants

Participants were drawn from two Toronto-based research studies, the Toronto Teen Survey and the Teens Resisting Urban Trans/Homophobia initiative, as described below.

Toronto Teen Survey (TTS). The first study from which data were drawn was the Toronto Teen Survey, a mixed-methods, multi-stakeholder, community-based research project exploring sexual risk behaviours, barriers to sexual health services, and access to relevant and appropriate sexual health information for diverse groups of Toronto teens aged 13 to 18 (Flicker et al., 2009). A total of 1216 teens completed the survey, with slightly more female (53.6%) than male (44.7%) respondents. The sample was racially diverse, with participants identified as White (14.4%), East/Southeast Asian (14.5%), Black (38.1%), and multi-racial (12.9%). While 3.9% of the respondents indicated their sexual identity as lesbian, gay, bisexual, two-spirited, and queer, another 3.2% indicated they were questioning their sexual orientation.

The qualitative phase of TTS involved 16 focus groups of diverse youth across Toronto, two of which targeted lesbian, gay, bisexual and trans youth (who also identified as gay or lesbian). A total of 10 (5 female and 5 male) ethno-racially diverse youth between the age of 15 and 18 participated. A further focus group was held with 10 service providers who work with sexually diverse youth in the Greater Toronto Area. Youth and service providers were recruited using the rich networks of the TTS investigators. TTS received ethics approval through York University and the University of Toronto.

Teens Resisting Urban Trans/Homophobia (TRUTH). We also drew data from the TRUTH initiative, a qualitative community-based research partnership between Planned Parenthood Toronto and Wilfrid Laurier University in Waterloo, Ontario. TRUTH explored how sexually diverse youth from different communities, genders, and ethno-racial and cultural backgrounds experienced and understood homophobia/transphobia, and what impact these forms of social exclusion had on their lives.

Ten focus groups were conducted with youth and another three with service providers and teachers working with sexually diverse youth in the Greater Toronto Area. A total of 61 youth (30 females and 31 males, aged 13 to 28) participated in the focus groups, as did 13 service providers. Four of the focus groups were newcomer-specific; in these groups, there were 41 youth who identified as refugees, immigrants, or non-status. Additionally, key informant interviews were held with 4 additional newcomer LGBT youth. These youth were largely racialized minorities, and came from 16 different countries (Mexico, Guatemala, Columbia, Chile, Iran, Turkey, Russia, India, Pakistan, China, Philippines, Burundi, Rwanda, Kenya, Ukraine, and Jamaica). TRUTH received ethics approval from Wilfrid Laurier University and Ryerson University.

Procedure

All focus groups lasted approximately one hour, were held in youth-serving agencies known to be welcoming to sexually diverse youth in downtown Toronto, and were facilitated by members of sexually diverse communities. Participants were presented with a summary of the key quantitative data that emerged for sexually diverse youth in the TTS, including findings about service access barriers, risk behaviours (such as penetrative sex and alcohol/drug use), and, of course, pregnancy involvement. The specific pregnancy involvement probe that was used was: “Another TTS finding was that lesbian, gay, bisexual and questioning youth had very high rates of unintended pregnancy compared to straight youth—they got pregnant or they got someone else pregnant. Why do you think LGBTQ youth would be at a higher risk of pregnancy?” Youth and service providers were also asked another set of questions that probed “why they thought LGBTQ youth reported higher rates of these risk factors compared to their heterosexual counterparts” and “what social factors they believed were contributing to it.”

Prior to commencing all focus groups, informed consent was obtained and youth and service providers were advised of the objectives of the in-progress studies and reminded that their participation was entirely voluntary. Youth participants were given subway tokens, a honorarium of \$20 for their time, and pizza and refreshments. Service providers were provided lunch and/or light snacks and refreshments for participating.

Analysis

Focus groups were transcribed verbatim and then coded using NVIVO 8 Software. Coding was undertaken with direction by the phenomenological categories the research teams were most interested in. Phenomenology aims to understand the “meaning of experiences” about a phenomenon (Creswell, 1998) among a group of individuals. This analysis sought to describe and understand the essence of youths’ experiences with heterosexism and homophobia and their insights into pregnancy involvement through identifying “meaning” themes. Using a coding scheme developed by two undergraduate and two graduate students who had earlier worked on the TTS and TRUTH projects, two Research Assistants (RAs) at Wilfrid Laurier

University coded all transcripts. The initial coding scheme was developed with significant input from this paper's principal author, who drew upon insights from his own past clinical experience with sexually diverse youth and upon codes derived from the literature. In the first-order coding, the two RAs worked through the transcripts using the initial coding structure, accounting for all text and adding new codes as they went along. During second-stage coding, they discussed any codes they disagreed on and came to consensus on them. At the same time, the RAs began to make connections between codes and began to reorganize them into broader categories. During the final stage of coding, the RAs worked to develop themes and then reached consensus through discussion about the naming of these themes, which are described below in greater detail.

It is important to note that, due to our use of a focus group method, we were unable to apply specific demographic information to participant responses—that is, we were unable to link ages, gender identities, or specific orientations to participant quotes.

RESULTS

Normal Sexuality: Dominant Representations of Heterosexual Relationships

Youth described the overwhelming dominance of heterosexuality in their everyday experiences. Heterosexual forms of relationships were assumed, taken for granted, and always presented as both normative and ideal. One youth expressed how prevalent this normative type of relationship was:

You see sexually normative relationships everywhere, like the hottest blonde girl and the quarterback, the captain of the cheerleading team and the quarterback. They are like beautiful and holding hands and their relationship is like this weird perfect, gross thing with no problems.

Youth also spoke of the role of media in perpetuating this heteronormative dominance and in contributing to both the invisibility and denigration of same-sex relationships. One gay male described his disdain for the way relationships are depicted in the media:

The media, television is a big one, because kids get a lot of their preconceived ideas from television, they get a lot of what they think is normal sexuality from television and sometimes it's not the best view of it or it is a very one-sided view of sexuality and love and romantic relationships and what not.

Where to Turn to? Invisibility of Relationships Involving Sexually Diverse Youth

In addition to the dominance of heterosexual relationships, youth also expressed concerns about the invisibility of positive examples of same-sex relationships.

Still there is not a lot of available positive role models out there that show the relationship in a positive light that we can relate to, and I think that this is a big cause for concern because there are so many youth out there that don't really know who to turn to, to get information [about relationships] that is accurate.

Not Even an Accurate Representation: Heterosexism/Exclusion in Curriculum

Youth were keenly aware of the dominance of heterosexuality and how it was reflected in the education system. Heterosexual relationships (and consequently, heterosexual sex) were considered the only legitimate form of relationships in sex education curriculum. One young woman stated:

When we were learning about sex in gym we learned about heterosexual sex, the penis goes in the vagina and that's the legitimate way and if you are not straight then there is something wrong with you.

Another male discussed the complete focus on heterosexuality in the sexual health education curriculum and how it also ignored the idea that pleasure might be involved in sex:

And when they touched on sexuality it was also heteronormative, stuff that only applies to a particular group of people and it is not even an accurate representation of that group because it varies even within traditional sexuality and they didn't touch on pleasure at all. It's like they completely removed it from the equation and I think they wanted to remove it from the equation.

Youth were dissatisfied with their lack of representation in other areas of curriculum, such as history. One woman stated, "I have never learned about queer history in my life."

We Don't Have the Knowledge: Lack of Sexual Health Information and Resources

Service providers and youth participants spoke in unity about the lack of available sexual health resources for sexually diverse youth. They argued that reproductive health campaigns reflect heterosexist assumptions about what kinds of sexuality are normative and, therefore, tend to be targeted at heterosexual teens. One young woman stated "having sex is a serious thing like that is a serious responsibility and we are not prepared for it because we don't have the knowledge."

Still others illustrated how heterosexism impacts young people's ability to access health clinics—places where youth should expect to receive value-free information. This young gay male described his fear (or actual experience) of judgement about his sexuality at health clinics:

I think that youth maybe don't go to clinics often especially for us because we are considered a weird community, there are just so many doctors and people that just judge you and you may not be out to people.

You're Gay, You're Bad: Homophobia in the School Environment

In addition to the heterosexism that youth experienced in their everyday lives—in the media, in sexual health curriculum, and in the portrayal of relationships—they also experienced active discrimination in their school environments. One young woman recounted:

Especially where I used to go to school, a large part [of what I dealt with] was homophobia and we don't cover it.... because I remember them being like "You're gay, you're bad, you have AIDS and then you die," but it's obviously not true.

Giving Someone Flack: Stigma and Discrimination

Youth and service providers agreed that the desire to use heterosexual sex as proof of heterosexuality may be particularly strong among youth who feel stigmatized for being gay or lesbian, or who have been subjected to any kind of homophobic discrimination. Many refugee youths who came from countries where homophobic persecution was common, and often encouraged, described having to hide their sexual orientation by engaging in heterosexual relationships.

A gay refugee youth described how he had sex with a woman because he felt pressured. He said, “I only did it because it was expected, and I didn’t really want to do it anyways, it was just that, I had to.”

This service provider reminds us that anti-gay stigma emanates from within families as well:

When working with young people I always try to think back on my own experiences, what was I doing at your age? To prove to myself that I wasn’t gay, to prove to myself that I wasn’t trans, and to convince my parents that I wasn’t either, it is like I remember my mother one time saying “I would rather hear you are having sex with a man than being a lesbian.”

I Could Change Your Mind: Pressure to Conform to Heterosexual Norms

Youth spoke a great deal in the focus groups about the pressures they face to conform to heterosexual expectations. This was not simply limited to peer pressure, but was ubiquitous, affecting all aspects of their lives. One services worker reflects:

I guess they were testing out the waters. At that age I didn’t want to try it but I guess they’re trying to be something that they’re not. Their families, cultures, or religions, or whatever what it is . . . it means a lot of gay youth are getting pregnant.

One young woman recounted how her pregnancy was related directly to intense pressures to have romantic and sexual relationships with men:

If everyone is getting a boyfriend and you are just sitting there, like “I don’t want a boyfriend I want a girlfriend,” then you can’t really do that. So, I dated [men] and I got pregnant and that was the last time I ever experienced a male because I don’t know I guess I had enough.

Particularly interesting is that societal heteronormative expectations are fused with the active pressures that males exert over females to have sexual relationships.

It’s understandable, to me when I think about it now, it’s like if I didn’t go through that [pregnancy], I think I would still be questioning whether or not there is a person or a guy out there I can fall in love with or a guy out there that could apparently change my mind, because that’s what they all say. They are like “oh you like girls, I could change your mind, come home with me or be my girlfriend or whatever and I’ll change you.” They all say that to a certain point. When I got pregnant and broke down I was finally like I can’t do this anymore, I’m not doing it.

This woman’s description paints a picture of how many of these themes are interconnected and can play out in people’s lives. She describes how she experienced dominant representations of heterosexual relationships and heterosexist pressures in her daily life. She also hints at the idea that she felt there was something wrong with being attracted to people of the same sex or that being straight was better. These pressures led her to engage in heterosexual sex, as a means to hide or try to change her same-sex attractions.

I Kept up the Charade: Heterosexual Sex to Hide Same-Sex Attractions

Both service providers and youth participants spoke of the pressures that LGBTQ youth face during their teen years. In the face of stigma related to their same-sex desires, youth feel pressured to conform to heterosexual forms of relationships and sexual behaviour. Describing a strong desire to fit in, this service provider noted that this pressure is equally prevalent for young women and young men:

I keep hearing this from work over and over again, that the girls keep having sex with guys because they want to fit in for one and guys are doing that too, like “oh well I screwed this many girls” and “had sex with this many guys” . . . It becomes almost some point of honour.

Several service providers spoke to the pressures sexually diverse youth experience while trying to fit in with their peers. One service provider drew from personal experience, saying, “When I was at that age I just wanted to do it to show my friends that I was not queer.” Another offered peer pressure as an explanation as to why youth felt they had to prove they were straight: “Peer pressure, I think that in many situations they find themselves in a place where they feel like they have to prove that they are not queer.”

Some youths suggested that involvement in heterosexual relationships could be used as a means for hiding their actual sexual orientation and giving the illusion of heterosexuality. One youth stated:

Well my thing is, let’s just say they weren’t out, like they had secret gay lives, that possibility to hide that they could have been more active, physically as opposed to emotionally to prove that they weren’t, and possibly got pregnant.

In discussing his experiences with homophobia in Jamaica, a gay male refugee said, “When I lived in Jamaica, at one point I had a girlfriend, only because I didn’t want people to suspect that I was (read gay), and I kept up the charade and whatever and whatever.”

To Prove that I’m Not: Heterosexual Sex as Proof of Straightness

One of the more predominant themes in the data was denial—involvement in heterosexual sex among sexually diverse youth was a strategy for denying or disproving same-sex attractions. For some youth, heterosexual sex was a means of testing the waters, or confirming one’s sexual identity. As one service provider stated, “First of all they think, well, I am only going to have sex with this girl once to see if I really am gay, but don’t think that once you could get pregnant.”

Several youth and service providers regarded involvement in heterosexual sex as a means of proclaiming or proving to the world that one is actually straight. This was evident in the words of this lesbian youth:

Also I think it happens because people don’t want to admit to themselves and are just like let’s go have sex with guys to prove to myself that I’m not or the other way around and that’s how they end up having sex.

Participants also discussed the possibility that sexually diverse youth might engage in heterosexual sex with the mindset that their sexual orientation was amenable to change through the “right [read heterosexual] kinds of sex.” One youth summarized this opinion as follows:

I was thinking maybe one of the reasons pregnancy rates are higher for queer youth is [they] are thinking well maybe if I have sex with a person of the opposite sex then maybe that will make me change my mind or maybe that will make me straight.

Lack of Acknowledgement of Risk

Another explanation that emerged in the data had to do with a lack of acknowledgement among LGBTQ youth that they would be at risk of pregnancy if they had unprotected sex. One youth said, “It’s just like

people who are gay just like experimenting with the opposite sex or something and they forget that pregnancy is an issue that you know it's not the same as like two women or two men having sex."

Service providers also drew out the complicated and ironic nature of this reasoning, illustrating how it can be a risk factor for pregnancy in and of itself. One service provider said, "It's also the general level of not having really any information, tuning out information around sexual behaviour because you are not, it is not relevant to you because it's like 'I am gay or I am a lesbian.'" Another service provider supported this idea, stating:

So they do that and particularly these men that are having sex with men but say I am not gay, the women are saying well I am having sex with a woman but I am not a lesbian, right, so you have sex and you say okay I am not going to get pregnant, all that ignorance but they will have more sex, more partners, to define them to see if they are gay so they try a lot of that and partners just to get that and that also puts them at a higher risk.

Ironically, the intense focus of HIV prevention work targeting gay males may be creating an unintentional risk factor for pregnancy among sexually diverse youth, who may simply associate condoms as preventative measures for HIV and other STIs, but unrelated to pregnancy risk:

I have a younger brother, he said he's gay, and his first experience with a girl, he didn't use a condom and he got her pregnant. The reason why he didn't use a condom, was the information thrown back to "oh you're gay use a condom, use this, use that," and I think that you would associate a condom with two guys having sex, so when you're having sex with a girl they don't necessarily see the need to use a condom.

Another young woman agreed, but drew a slightly different conclusion, drawing attention to the invisibility of pregnancy risk for bisexual youth in reproductive health approaches:

It goes back to like, associating HIV . . . like, they're not talking about getting pregnant because they're talking about contracting something. So they like drill it in your head, always use a condom when you're having sex with a GUY, not knowing that like other persons are going out there having sex with girls, because there are people who are bisexual, so they probably don't, like elaborate that you're also supposed to use a condom with a girl to protect yourself from getting something OR getting that girl pregnant. And they're young so they probably get caught up in the moment and just do it.

The Daily Lived Experiences of Sexually Diverse Teens are Shaped by Heterosexism

It is evident that the daily experiences of sexually diverse youth are shaped by both heterosexism and others' reactions to their sexual identity. From advertisements and mainstream movies to their daily interactions in high school, youth are exposed to normative messages which tell them that heterosexual relationships are *the* standard of perfection, a moral measure of what is considered right. Media attention to same-sex relationships is scarce; that which does exist is negative and results in a lack of positive non-heterosexual relationship role models. Any form of relationship that falls outside of the prescribed norms is considered deviant and is potentially stigmatized—leaving youth at the mercy of homophobic experiences, particularly in school.

Within the curriculum itself, sexually diverse youth are ignored in reproductive health-related materials and discussions and any form of non-heterosexual activity or relationship is invisible. Consequently, sexually diverse youth are not getting the sexual health information that they need to make informed sexual health decisions. Moreover, it appears that they also lack adequate perceptions of their personal risks for pregnancy.

Homophobia Impacts the Well-Being of Sexually Diverse Youth

The findings in this study are consistent with the general trend in the literature. Sexually diverse youth frequently experience homophobic discrimination that has a negative impact on their well-being. Indeed, these youth spend a considerable amount of time avoiding discrimination and harassment. Engaging in heterosexual sexual relationships could, therefore, be used as a coping strategy—as a strategy to avoid homophobic discrimination.

Most of the participants in this sample suggested that engaging in heterosexual sex is a means for sexually diverse youth to prove that they are straight or to avoid the discrimination and social rejection that they experience for being “out.” Young lesbian and bisexual women may find themselves further affected by gender power imbalances and by heterosexual young men preying on them and pressuring them into sexual relationships.

Given the prevalence of heterosexism and homophobia in society and the stressors facing them, engaging in opposite sex sexual relations may be part of a process by which sexually diverse youth manage their identities and/or their visibility as non-heterosexual people. This idea is partially supported by Saewyc who, in a recent study, showed that sexually diverse youth who had experienced actual stigma (compared to fear of being stigmatized) were more likely to report pregnancy involvement. Reflecting their desire to hide from being stigmatized, she refers to this phenomenon as a “camouflage effect” (Saewyc et al., 2008). While such risk factors might eventually lead to teen pregnancy for sexually diverse youth, the commonality between all of these factors seems to be the indirect or direct effects of homophobia, which is produced and enabled by societal heterosexism.

While pregnancy can be viewed as a risk factor related to victimization or homophobia, engaging in heterosexual sex could be described as a strategy employed by sexually diverse youth to avoid some of the negative effects of a homophobic society. It provides a means of asserting one’s “heterosexuality” in the face of external pressures or threats. If a youth engages in behaviour that is read as heterosexual, they may be less likely to experience direct instances of homophobia or homophobic violence. In this way, their “heterosexual behaviour” may offer them some degree of protection from the negative effects of homophobia.”

Given the implications and risks of coming out, especially for youth, pregnancy for sexually diverse youth may be a multi-dimensional phenomenon related to societal heterosexism, fear of homophobia, and actual discrimination experienced in everyday life. Involvement in a pregnancy for a sexually diverse youth may be part of concealing one’s identity, be part of the process of coming out, and/or be the indirect result of coming out.

DISCUSSION

Principal Findings

This paper set out to explore the complex reasons why sexually diverse youth experience higher pregnancy rates than do their heterosexual counterparts. Youth spoke about the “dominance of heterosexuality” in their lives—in school sexual health curricula, homophobic school environments, an absence of same-sex

role models, extreme pressures to conform to heterosexist expectations of relationships, and pressures to engage in opposite-sex sexual relationships. They also described a desire to prove one's heterosexuality through heterosexual sex.

Pathways to Pregnancy Vulnerability

In discussing potential explanations for the high rate of unintended pregnancies among sexually diverse youth, the youth in this sample described the heterosexism they encounter as characterized by the exclusion of sexually diverse perspectives in school curriculum, the lack of sexual health information and resources for sexually diverse youth, dominant representations of heterosexual relationships, and the consequent invisibility of sexually diverse relationships.

In our model (refer to Figure 1), we propose that it is this heterosexism that leads to homophobia in the school environment and contributes to the stigma and discrimination that sexually diverse youth experience in all aspects of their lives. It is possible that this heterosexist-based stigma is what fuels the pressure for youth to conform to heterosexual norms. As suggested by many youth in our sample, this pressure can potentially cause sexually diverse youth to question, or attempt to hide, their sexual orientation. As a result, some youth may engage in heterosexual sex as means to prove heterosexuality or to mask their true sexual orientation. These heterosexual encounters may be more likely to result in pregnancy due to the lack of acknowledgement of risk described by youth and service providers. We propose that youth's low levels of safer sex awareness in relation to heterosexual sex results from the lack of sexual health information and resources focused on sexually diverse orientations.

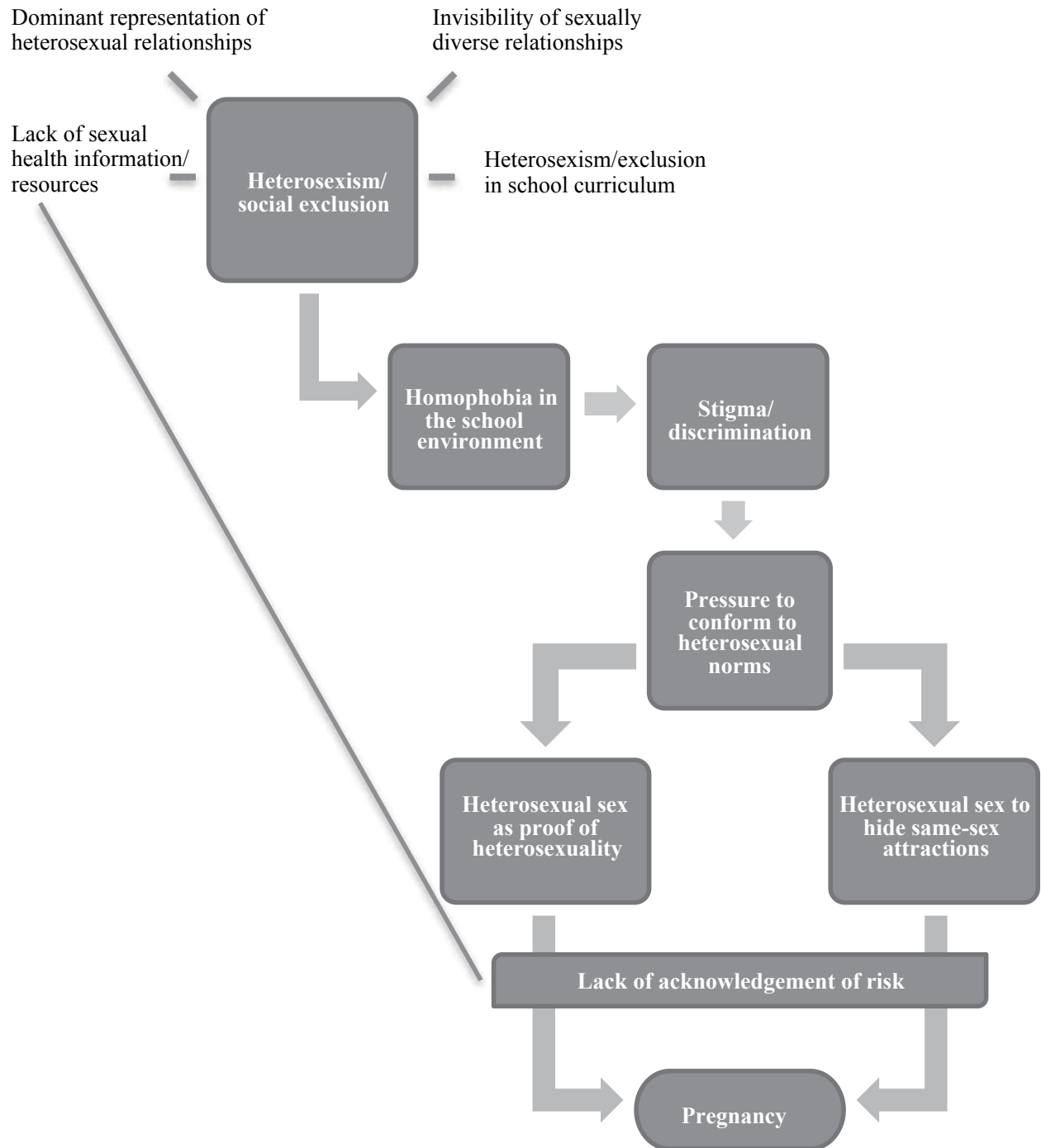
An alternative pathway to pregnancy for some sexually diverse youth may be that they simply desired to have a child. Though this was not reported by the participants in this study, it is a potential explanation for the high rates of pregnancy involvement among sexually diverse youth and should be followed up in future research.

CONCLUSION

Study Limitations

One significant limitation of this analysis is that not all of the youth had been involved in a pregnancy (in fact, only a small percentage of the overall sample had). Moreover, we spoke to youth in both studies who were "out" with their sexual orientation and did not connect with those youth who might still be questioning or hiding their sexual orientation. It may be that youth who are questioning have more specific pregnancy-related issues that go beyond the explanations offered here. For example, it is possible that, during the questioning stage of the coming out process, youth may have more other-sex than same-sex interactions. Taken together, these two issues limit our conclusions about pregnancy involvement among sexually diverse youth. Clearly, our theory would be enhanced both through further study with youth who *have* been directly involved in a pregnancy and through examination of the unique experiences of specific populations (e.g., women vs. men) in pregnancy involvement.

Figure 1
Pathways to Pregnancy



Another limitation of this analysis is that we addressed pregnancy as a “risk factor” that youth generally saw as negative. While we did take into account the fact that pregnancy is a positive outcome for some youth, we did not consider that sexually diverse youth might get pregnant by choice. In order to fully understand the determinants of pregnancy among sexually diverse youth, future research should explore the possibility that specific populations might actively desire to have a baby.

Time restrictions and the direction of the focus groups also presented limitations to this analysis. These focus groups were conducted to explore a broader range of topics than those under exploration in this particular paper. And, as with all focus groups, it is not always clear who is speaking; accordingly, it was not possible to connect specific demographic data to the speakers or to identify any differing experiences between groups of youth.

Study Strengths

Notwithstanding the limitations discussed above, this paper has some very noteworthy strengths. These qualitative studies were some of the first to examine pregnancy involvement among sexually diverse youth and to take into account their lived experiences and perceptions of the issue. They also took into account the perspectives of service providers. The use of focus groups, or qualitative methods, provided more in-depth “illumination” of the phenomenon—something quantitative findings to date have been unable to fully do. The findings from these studies and the theory developed in this paper will inevitably serve as the inspiration and basis from which other researchers can further investigate pregnancy involvement among sexually diverse youth.

Policy Implications

Both the Toronto Teen Survey and Teens Resisting Urban Trans/Homophobia studies undertook action-oriented, community-based research processes. From the outset, policy-change was considered a priority. Given the magnitude of these projects and their community-centred approaches, the results presented in this paper have direct implications for the work of service providers, youth organizations and policy-makers.

Through providing a greater understanding of pregnancy involvement among sexually diverse youth, the results from these studies point to the need to address root causes of homophobia and heterosexism among youth populations—and within society as a whole—in order to ameliorate unintended pregnancy. Furthermore, in developing a new theoretical framework for understanding pregnancy involvement within the social context of sexually diverse youth’s lives, this paper allows for a new direction in research that avoids blaming the victim and challenges the status quo.

RÉSUMÉ

Les jeunes avec diverses orientations sexuelles sont plus susceptibles que leurs homologues hétérosexuels et hétérosexuelles d’être impliqués dans une grossesse. L’exclusion sociale (l’hétérosexisme et l’homophobie) vécue par ces jeunes peut aider à contribuer à notre compréhension théorique du phénomène. Soixante et onze jeunes avec diverses orientations sexuelles et 23 fournisseurs de services ont participé à des entrevues et des groupes de discussion, qui ont été transcrites et codées thématiquement. L’implication

dans une grossesse peut être comprise comme une réponse à l'hétérosexisme. La « position dominante de l'hétérosexualité » dans la vie des jeunes produit des pressions extrêmes pour se conformer aux attentes hétérosexistes concernant les relations et un désir de prouver son hétérosexualité par des rapports hétérosexuels, et la grossesse.

Mots clés : grossesse à l'adolescence, orientation sexuelle, hétérosexisme, homophobie, groupes de discussion

REFERENCES

- Best, A.L. (2005). The production of heterosexuality at the high school prom. In C. Ingraham (Ed.), *Thinking straight: The power, the promise, and the paradox of heterosexuality* (pp. 193-214). New York, NY: Routledge.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- D'Augelli, A.R., Pilkington, N.W., & Hershberger, S.L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17, 148-167.
- Feldmann, J., & Middleman, A.B. (2002). Adolescent sexuality and sexual behavior. *Current Opinion in Obstetrics & Gynecology*, 14, 489-493.
- Flicker, S., Flynn, S., Larkin, J., Travers, R., Guta, A., Pole, J., & Layne, C. (2009). *Sexpress: The Toronto Teen Survey report*. Toronto, ON: Planned Parenthood Toronto. Retrieved from: <http://www.ppt.on.ca/pdf/reports/TTSreportfinal.pdf>
- Gaetz, S. (2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice*, 46, 423-456.
- Gilliam, J. (2002). Respecting the rights of GLBTQ youth, a responsibility of youth-serving professionals. *Transitions*, 14(4), 1-2.
- Ginsburg, K.R., Winn, R.J., Rudy, B.J., Crawford, J., Zhao, H., & Schwarz, D.F. (2002). How to reach sexual minority youth in the health care setting: The teens offer guidance. *Journal of Adolescent Health*, 31, 407-416.
- Harper, G.W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: A challenge for community psychology. *American Journal of Community Psychology*, 31, 243-252.
- Herek, G.M. (1986). On heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. *American Behavioral Scientist*, 29, 563-577.
- Herek, G.M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5, 316-333.
- Madanipour, A., Cars, G., & Allen, J. (1998). *Social exclusion in European cities*. London, UK: Jessica Kingsley.
- Poteat, V.P., & Espelage, D.L. (2007). Predicting psychosocial consequences of homophobic victimization in middle school student. *Journal of Early Adolescence*, 27, 175-191.
- Ray, N. (2006). Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York, NY: National Gay and Lesbian Task Force Policy Institute /National Coalition for the Homeless.
- Rivers, I., & D'Augelli, A.R. (2001). The victimization of lesbian, gay, and bisexual youths. In A.R. D'Augelli, & C.J. Patterson (Eds.), *Lesbian, gay, and bisexual identities and youth: Psychological perspectives* (pp. 199-223). New York, NY: Oxford University Press.
- Rosario, M., Schrimshaw, E.W., & Hunter, J. (2006). A model of sexual risk behaviors among young gay & bisexual men: Longitudinal associations of mental health, substance abuse, sexual abuse, & the coming-out process. *AIDS Education and Prevention*, 18, 444-460.
- Saewyc, E.M. (2005). Pregnancy among lesbian, gay, and bisexual adolescents: Influences of stigma, sexual abuse, and sexual orientation. In A. Omoto & H. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay and bisexual people* (pp. 95-116). Washington, DC: American Psychological Association.
- Saewyc, E.M., Bearinger, L.H., Blum, R.W., & Resnick M.D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*, 31, 127-131.

- Saewyc, E.M., Poon, C., Homma, Y., & Skay, C.L. (2008). Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian and bisexual students in British Columbia. *Canadian Journal of Human Sexuality, 17*, 123-131.
- Saewyc, E.M., Skay, C.L., Bearinger, L.H., Blum, R.W. & Resnick, M.D. (1998). Sexual orientation, sexual behaviors, and pregnancy among American Indian adolescents. *Journal of Adolescent Health, 23*, 238-247.
- Savin-Williams, R.C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261-269.
- Scott, S.D., Pringle, A., & Lumsdaine, C. (2004). *Sexual exclusion: Homophobia and health inequalities: A review of health inequalities and social exclusion experienced by lesbian, gay and bisexual people*. London, UK: Gay Men's Health Network.
- Takács, J. (2006). *Social exclusion of young lesbian, gay, bisexual and transgender (LGBT) people in Europe*. Brussels, Belgium: ILGA-Europe and IGLYO.
- Travers, R., & Schneider, M. (1997). A multi-faceted approach to reduce risk factors for lesbian, gay and bisexual youth. In M. Schneider (Ed.), *Pride and prejudice: Working with lesbian, gay and bisexual youth*. Toronto, ON: Central Toronto Youth Services.
- Wright, E.R., & Perry, B.L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality, 51*, 81-110.