

2017

# Sexual Health and Multiple Forms of Discrimination Among Heterosexual Youth

Eric Anthony Grollman

*University of Richmond*, [egrollma@richmond.edu](mailto:egrollma@richmond.edu)Follow this and additional works at: <https://scholarship.richmond.edu/socanth-faculty-publications> Part of the [Gender and Sexuality Commons](#)**This is a pre-publication author manuscript of the final, published article.**

## Recommended Citation

Grollman, Eric Anthony, "Sexual Health and Multiple Forms of Discrimination Among Heterosexual Youth" (2017). *Sociology and Anthropology Faculty Publications*. 50.<https://scholarship.richmond.edu/socanth-faculty-publications/50>

This Post-print Article is brought to you for free and open access by the Sociology and Anthropology at UR Scholarship Repository. It has been accepted for inclusion in Sociology and Anthropology Faculty Publications by an authorized administrator of UR Scholarship Repository. For more information, please contact [scholarshiprepository@richmond.edu](mailto:scholarshiprepository@richmond.edu).

## **Sexual Health and Multiple Forms of Discrimination Among Heterosexual Youth**

*By Eric Anthony Grollman, Ph.D.*

Author's final copy. Final version in *Social Problems*, published on February 1, 2017.  
<https://doi.org/10.1093/socpro/spw031>. Address correspondences to Dr. Eric Anthony Grollman,  
302E Weinstein Hall, 28 Westhampton Way, University of Richmond, VA 23173. Email:  
[egrollma@richmond.edu](mailto:egrollma@richmond.edu). Website: <http://egrollman.com>.

# Sexual Health and Multiple Forms of Discrimination Among Heterosexual Youth

By *Eric Anthony Grollman*

## **ABSTRACT**

Research suggests that inequality in material conditions contributes greatly to disparities in sexual health among youth; however, scholars have overlooked the effect of one manifestation of social disadvantage – interpersonal discrimination – on sexual health. This paper uses data from a nationally representative survey of 15-25 year olds ( $N=955$ ) to investigate the relationship between interpersonal discrimination and sexual health among heterosexual youth. I examine whether exposure to multiple forms of discrimination (e.g., race *and* gender) is associated with risky sexual behaviors, as well as STI history, teenage pregnancy, and abortion history. The findings suggest that experiences of multiple forms of discrimination are associated with sexual activity, including early sexual debut and multiple sexual partners. However, discrimination is not linked with condom and contraceptive use, or the negative outcomes of sexual activity. These findings emphasize the importance of examining, rather than presuming, risk associated with youths' sexual activity.

(Word Count: 145)

## **KEYWORDS**

disadvantage, discrimination, intersectionality, risk, sexual health, youth

## INTRODUCTION

Social scientists have attempted to determine the social factors that contribute to the persistent racial, ethnic, gender, and social class disparities in sexually transmitted infections (STIs), and teenage and unintended pregnancy among youth. One factor – social disadvantage – has been identified as a key determinant of differences in sexual behaviors that are associated with risk for these negative outcomes. Yet, researchers have primarily examined inequality in material conditions (e.g., neighborhood poverty), overlooking the interpersonal aspects of disadvantage, including interpersonal discrimination. Few studies have investigated the relationship between discrimination and sexual behaviors defined as risky (Pascoe and Richman 2009). Thus, little is known about the effect of interpersonal discrimination on sexual health. Beyond the presumption of risk, it is unclear whether discrimination is associated with actual negative outcomes of sexual behavior, namely STIs, teenage pregnancy, and abortion.

This paper uses data from the Black Youth Culture Survey, a nationally representative sample of Black, Latina/o, and white heterosexual youth, to examine the effect of multiple forms of interpersonal discrimination – race, gender, and social class – on *risky sexual practices* and *negative sexual outcomes*. Specifically, I investigate two research questions. First, are experiences of multiple forms of interpersonal discrimination associated with youths' sexual activity, including risky sexual behaviors: early sexual debut, multiple sexual partners, and inconsistent condom and contraception use? Second, are experiences of multiple forms of interpersonal discrimination associated with the consequences of these risky behaviors, including STIs, teenage pregnancy, and abortion?

## **BACKGROUND**

### **Social Determinants of Sexual Health**

Sexual health is broadly defined as “the state of physical, emotional, mental and social well-being in relation to sexuality” (WHO 2006:5). The present paper focuses specifically on freedom from sexually transmitted infections and other negative and unintended consequences of sexual activity (WASH 2008). Persistent disparities exist in this domain of sexual health, wherein disadvantaged youth are disproportionately burdened by sexual health problems. In particular, girls and young women, Black and Latina/o youth, and poor youth have higher rates of STIs, HIV, and teen pregnancy than their respective privileged counterparts (CDC 2013; Penman-Aguilar et al. 2013). In addition, Black and Latina girls and young women have higher rates of unintended pregnancy and abortion than their white peers (Curtin et al. 2013; Dehlendorf, Harris, and Weitz 2013).

One major source of these disparities is sociodemographic differences in sexual behaviors, particularly those that place heterosexual youth at risk for negative consequences of sexual activity (Slaymaker et al. 2004). Indeed, Latina/o and Black youth report an earlier sexual debut and more sexual partners than white youth, and girls and young women report less consistent condom use than boys and young men (CDC 2012). Researchers have documented family and community characteristics that help to explain racial, ethnic, and gender differences in youths’ sexual behavior. Generally, youth who have little parental involvement in their lives, live in unstable or non-intact homes, and live in impoverished and socially disintegrated communities are most likely to engage in risky sexual practices (Browning, Leventhal, and Brooks-Gunn 2004). However, scholars have almost exclusively attended to the role of social disadvantage in the form of such material conditions. Little is known about the effect of

interpersonal aspects of disadvantage, namely interpersonal discrimination, on youths' sexual health and behaviors.

### **Sexual Health and Interpersonal Discrimination**

To elaborate the link between interpersonal discrimination and health, scholars have drawn extensively from stress theory (Pearlin 1999). Interpersonal discrimination is any kind of differential or unfair treatment by another person or group of people on the basis of one's social group membership (e.g., being denied a job because of one's race). Discriminatory treatment reflects a social interaction that is distressing in nature, which, when experienced chronically, compromises victims' ability to cope and makes them more vulnerable to poor health. As such, scholars have conceptualized discrimination as a social stressor (Thoits 2010). Researchers have consistently found that these experiences are associated with myriad negative mental and physical health outcomes (Paradies 2006; Pascoe and Richman 2009; Williams, Neighbors, and Jackson 2003).

Marginalized groups, including people of color and women, are disproportionately burdened by experiences of interpersonal discrimination (see Thoits 2010 for a review). Meyer (1995) proposed a *minority stress model*, wherein minority-specific stressors (e.g., discrimination) further compound disparities in general stressors and coping resources (Lantz et al. 2005; Turner and Lloyd 1999). Consequently, marginalized groups are at an elevated risk for poor mental and physical health (Hatzenbuehler 2009; Meyer 1995; Turner and Avison 2003); some evidence suggests that interpersonal discrimination contributes to explaining mental and physical health disparities (e.g., Grollman 2012, 2014). Scholars have theorized that systems of oppression (i.e., racism, sexism, and classism) likely impact sexual health and behavior, as well, thus producing disparities in sexual health (e.g., Ziegler and Krieger 1997).

The impact of interpersonal discrimination on sexual health may stem primarily from behavioral responses to discriminatory treatment. Drawing upon a stress and coping framework, some scholars have suggested that victims may engage in sexual activity as a means of coping with discrimination (Folkman et al. 1992). Indeed, relieving stress, relaxing, and experiencing pleasure are commonly cited reasons for sexual activity (Hill and Preston 1996; Meston and Buss 2007). Thus, sex may serve as a *healthy* means of coping with stress – in this case, the distress following discriminatory treatment. However, like smoking, drinking, and drug use (Pascoe and Richman 2009; Richman and Lattanner 2014), individuals may seek out riskier sexual practices as a means to avoid or escape their stressful circumstances (Cooper, Shapiro, and Powers 1998; Martin, Pryce, and Leeper 2005). Experimental research suggests that victims of discrimination experience physiological, cognitive, and emotional changes following exposure to discrimination that, in turn, make them more likely to engage in risk-taking behavior (Jamieson et al. 2012). They may become more disinhibited following discriminatory treatment, focusing on short-term means of coping without regard to their long-term consequences (Richman and Lattanner 2014). Alternatively, victims of interpersonal discrimination may be more likely to engage in sexual situations in which it is difficult to assert the use of safe sex practices (e.g., under the influence of drugs or alcohol) likely due to increased depressive symptoms or suppressed self-control (Pascoe and Richman 2009; Stock et al. 2013).

Among adults, researchers have generally found that discrimination is associated with greater participation in risky sexual practices, including inconsistent condom use and multiple sexual partners (Bowleg et al. 2013; Choi, Bowleg, and Neilands, 2011; Reed et al. 2013). However, some scholars have found that discrimination is associated with greater efforts to *reduce* one's risk for STIs (e.g., consistent condom use, STI/HIV testing); in addition, other

scholars have found no association with sexual behaviors (Bowleg, Neilands, and Choi 2008; Ford et al. 2009; Jipguep, Sanders-Phillips, and Cotton 2004). It is unclear whether interpersonal discrimination is associated with contraception use (Bird and Bogard 2003; Kossler et al. 2011). Overwhelmingly, prior research has focused on heterosexual adult women and gay and bisexual adult men. Reflecting the broader trend in discrimination research, little work has examined the effect of interpersonal discrimination on youths' sexual activity (Sanders-Phillips et al. 2009; Williams et al. 2003).

Preliminary research on the association between interpersonal discrimination and sexual behaviors among youth has yielded patterns that mirror those found among adults. Youths' self-reports of discrimination are associated with multiple sexual partners and inconsistent condom use (Kogan et al. 2011; Stevens-Watkins, Brown-Wright, and Tyler 2011; Tobler et al. 2013). In addition, youth who face discriminatory treatment may be more likely to begin sexual activity at an earlier age (Tobler et al. 2013; Tsunokai, McGrath, and Hernandez-Hernandez 2012).

However, longitudinal research has yielded mixed findings regarding the association between risky sexual behaviors and discrimination (Burrow, Tubman, and Gil 2007; Roberts et al. 2012; Rosenthal et al. 2014; Stock et al. 2013). Most of the prior research on youth has focused on the effect of racial discrimination among Black and Latina/o youth. No study to date has utilized a nationally representative sample of youth.

There are two major limitations of prior research that may contribute to the inconsistent findings regarding the association between interpersonal discrimination and sexual health. The first major limitation is inattention to the association between discrimination and actual (negative) outcomes of sexual activity. Researchers have overwhelmingly focused on sexual behaviors – especially number of sex partners and condom use – that are *presumed* to put



individuals at risk for STIs, and teenage and unintended pregnancy. The few studies that have directly examined the link between discrimination and negative sexual outcomes (i.e., STI or HIV infection) have yielded mixed findings, including no association (Bradford et al. 2013), a positive effect (Rosenthal et al. 2014), and an inverse relationship (Raymond et al. 2011). Beyond STIs, researchers have not yet investigated the effects of interpersonal discrimination on other outcomes of sexual activity, namely teenage and unintended pregnancy, and abortion. Further, scholars tend to conflate any sexual activity in adolescence or young adulthood with sexual risk (Pearson and Wilkinson 2013; Tolman and McClelland 2011). Some of the aforementioned studies included youth who have not experienced sexual activity in analyses of sexual behaviors (e.g., Roberts et al. 2012; Stock et al. 2013; Tobler et al. 2013). Statistically, this may distort the relationship between discrimination and youths' (risky) sexual behaviors. Overall, little is known regarding the extent to which interpersonal discrimination impacts individuals' actual sexual health, especially among youth.

Second, scholars have overwhelmingly focused on the sexual health consequences of one form of interpersonal discrimination (e.g., race discrimination) in isolation from other forms. Increasingly, health scholars have recognized that individuals' health and well-being are not shaped by a single system of stratification (Schulz and Mullings 2006). Rather, drawing on the theoretical framework of *intersectionality*, these scholars recognize that individuals' health is impacted by the interlocking and mutually reinforcing relationships among multiple systems of oppression (Collins 2000). One line of research, focusing on individuals' exposure to more than one form of interpersonal discrimination (e.g., race *and* gender), has found that such experiences have harmful effects on mental and physical health that exceed those of a single form (Grollman 2012, 2014). Forms of discrimination reflect qualitatively distinct experiences that may have

different consequences for victims' sexual health and behaviors (Sue 2010). Further, youth who face multiple forms of discrimination experience discriminatory treatment more frequently, thus placing them at greater risk for poor health (Grollman 2012).

Few studies on sexual health have examined multiple forms of interpersonal discrimination, including only one that examined the *simultaneous* effects of more than one form of discrimination on sexual behaviors (Mizuno et al. 2012). Mizuno et al. (2012) found that, among Latino sexual minority adult men, exposure to race *and* sexual orientation discrimination, but not one form alone, was associated with condomless anal sex; a focus on race discrimination in isolation from sexual orientation discrimination, or vice versa, might have led the researchers to inaccurately conclude that discrimination is not associated with this risky sexual behavior. Such increased vulnerability may be missed in studies that examine only one form of interpersonal discrimination in isolation from others. No studies, to date, have examined the effects of multiple forms of discrimination on sexual health and behavior among youth, nor among heterosexuals.

The present study uses a nationally representative sample of heterosexual youth to investigate the effect of interpersonal discrimination on sexual health and behaviors. First, this study assesses whether multiple forms of interpersonal discrimination have an effect on sexual activity above and beyond the effect of only one form among youth. In particular, I examine the effect of multiple forms of discrimination on sexually experienced youths' participation in risky sexual behaviors (early sexual initiation, more sexual partners, inconsistent condom and contraceptive use). Then, I examine whether facing multiple forms of interpersonal discrimination is directly associated with the outcomes of risky sexual behaviors (STI, teenage pregnancy, and abortion).

## **DATA AND METHODS**

### **Data**

The present study uses data from the Black Youth Culture Survey (BYCS), a nationally representative survey of 1,590 15-25 year olds in the US conducted in 2005 (Cohen 2005, 2007). The BYCS employed a complex survey design, administered by the National Opinion Research Center (NORC), including two sampling strategies. First, the BYCS used random-digit-dial (RDD) sampling of all US households with a telephone to yield a nationally representative sample. Second, the survey used RDD sampling of households in areas where at least 15 percent of the population was Latina/o or Black in order to oversample from these groups. Selected households were then screened to determine whether any household members were eligible to participate. The data were collected using computer-assisted phone interviews, which lasted 45 minutes, on average. The overall BYCS response rate was 62 percent.

This study uses data specifically from the 1,062 Black, Latina/o, and white heterosexual-identified adolescent (15-17 years old) and young adult (18-25 years old) BYCS respondents; respondents of other races and sexual identities are excluded in the present study. Data are missing systematically only in one way: young adults were significantly more likely than adolescents to fail to report the number of sexual partners they have had in their lifetime; these estimates should be interpreted with caution because of the potential age bias. Listwise deletion for missing information on independent and dependent variables is employed. This yielded a final sample of 955 respondents who provided valid information for all variables. Analyses are based on weighted data, which account for estimates from the March 2004 Current Population Survey to adjust for racial/ethnic differences between the BYCS sample and the US population of 15-25 year olds.

## Measures

*Self-Reported Sexual Behaviors.* This study examines sexual behaviors that are associated with risk for sexually transmitted infections (STIs), teenage pregnancy, and abortion,<sup>2</sup> which are similar to measures in previous research on youth (Burrow et al. 2007; Roberts et al. 2012). A binary indicator is used to determine whether youth report having any *sexual experience*, including oral, vaginal, and/or anal sex (yes=1). Subsequent measures of sexual behaviors and outcomes are restricted to sexually experienced youth ( $N=602$ ).

Sexually experienced respondents were asked a series of questions regarding their experiences with sexual intercourse, defined as “any type of vaginal or anal penetration.” *Early sexual initiation* is a dichotomous variable for respondents who report having had sexual intercourse for the first time before the age of 15 (yes=1). The cut-off at age 15 has been used in prior research because of the social and psychological consequences of sexual activity prior to this age (Lohman and Billings 2008; Miller et al. 2002). *Lifetime number of sexual partners* is a count of the number of different partners with whom respondents report having had sexual intercourse, ranging from none (0) to eleven or more (11) ( $M=3.81$ ;  $SD=3.61$ ). Respondents were also asked to report how frequently they or their partners 1) “use protection such as condoms to prevent getting a sexually transmitted disease,” and 2) “use contraception to prevent pregnancy, meaning do things like take birth control pills, use condoms, get a shot of Depo Provera, or use a contraception patch” (“never” to “always” for both). From these reports, binary indicators are used for *inconsistent condom use* and *inconsistent contraceptive use* (always use=0; all else=1 for both). This paper uses the consistent/inconsistent distinction because consistent condom and contraceptive use are critical for the prevention of STI transmission and unintended pregnancy.

However, supplemental analyses using the full range – “never” (0) to “always” (4) – yield similar results (available upon request).

*Self-Reported Negative Sexual Outcomes.* This paper also investigates three negative outcomes of self-reported sexual activity. *STI history* is a binary indicator of whether respondents report ever having a sexually transmitted infection in their lifetime (yes=1). *Teenage pregnancy* is a dichotomous indicator of whether respondents report ever becoming pregnant (females) or impregnating a female partner (males), and/or becoming a parent prior to the age of 18 (yes=1). Finally, *abortion history* is a binary measure of whether respondents report ever having had an abortion (females) or impregnating a female partner who later had an abortion (males) (yes=1).

*Self-Reported Discrimination.* Respondents were asked a series of questions regarding their exposure to interpersonal discrimination using the prompt, “How often have you been discriminated against because of your”... “race”; “sex meaning male or female”; and, “class or how much money you or your parents make.” Respondents reported the relative frequency of each of these forms of discrimination, using the response categories “never,” “rarely,” “every now and then,” “often,” or “very often.” The relative frequency of each form of interpersonal discrimination is measured as an ordinal variable, ranging from 0 (never) to 4 (very often). To investigate multiple forms of discrimination, I created two additional variables: a count of the *number of forms of interpersonal discrimination* reported, and a scale of the *cumulative frequency of interpersonal discrimination* reported. The number of forms of discrimination is a sum total of the distinct forms reported (none [0] to all three [3]). The cumulative frequency of discrimination is measured by a sum of the relative frequencies of the three forms, ranging from 0 (no discrimination) to 12 (all three forms experienced very often) ( $\alpha=.68$ ). This scale captures

both the number of forms and relative frequency of interpersonal discrimination reported. These measures of discrimination are similar to those used with the BYCS survey by Grollman (2012).

*Sociodemographic Characteristics.* The present analyses include controls for sociodemographic characteristics that may be associated with discrimination and sexual health. *Race and ethnicity* is measured by dichotomous variables for Non-Hispanic Blacks (yes=1) and Latina/os (yes=1), with Non-Hispanic whites used as the reference group for each. *Gender* is measured by a dichotomous variable (male=0; female=1). A binary indicator of past family *welfare-recipienty* (welfare recipient=1) is used as a measure of socioeconomic status. This indicator of socioeconomic status is generally more accurate than youths' reports of their parents' education (Ridolfo and Maitland 2011).

Controls are also included for age, nativity, and depressive symptoms. *Age* is measured in years, ranging from 15 to 25 ( $M=18.68$ ,  $SD=2.96$ ). *Nativity* is measured as a dichotomous variable where immigrant=1 (i.e., born outside of the US) and US-born=0. Finally, a control is included for *depressive symptoms* in the past 30 days ( $M=8.68$ ;  $SD=11.62$ ) – an additive scale ( $\alpha=.64$ ) composed of two items: number of days feeling “down, depressed, or helpless” (0-30 days); and number of days experiencing “little interest or pleasure in doing things” (0-30 days). The depressive symptoms scale ranges from 0 (no days of depressive symptoms) to 60 (experienced both depressive symptoms everyday in the past month).

### **Analysis Plan**

After providing descriptive statistics for interpersonal discrimination, sexual behaviors, and outcomes, the analyses proceed in the following steps. First, the effects of race-, gender-, and social class-based discrimination are predicted on sexual experience using binary logistic regression ( $N=955$ ). These analyses will determine whether interpersonal discrimination is

associated with any sexual experience. Second, among *sexually experienced* youth ( $N=602$ ), the effects of each of these forms of interpersonal discrimination are estimated on the four risky sexual behaviors – early sexual debut (binary logistic regression), number of sex partners (negative binomial regression), inconsistent condom use (binary logistic regression), and contraceptive use (binary logistic regression). Third, binary logistic regression modeling is used to assess whether the relative frequencies of race, gender, and social class discrimination predict the three negative sexual outcomes among sexually experienced youth: STI history, teenage pregnancy, and abortion history. In the final step, I assess the effect of multiple forms of interpersonal discrimination and cumulative frequency of discrimination on those sexual behaviors and outcomes that were associated with one or more forms of interpersonal discrimination in the aforementioned analyses. This step moves beyond the previous analyses, which assess the effect of a single form of interpersonal discrimination in isolation from others; instead, I assess whether there is an effect of multiple forms of interpersonal discrimination on sexual health above and beyond the effect of a single form.

## **RESULTS**

### **Descriptive Statistics**

Table 1 presents means for youths' self-reports of interpersonal discrimination – relative frequency of each form, number of forms, and the cumulative frequency of discrimination – for the entire BYCS sample, and by race, ethnicity, gender, and social class ( $N=955$ ). (See Appendix A and medians of interpersonal discrimination.) The mean relative frequencies of race-, gender-, and social class-based discrimination are just below 1 (“rarely”=1), suggesting that these experiences are rare, on average; indeed, the modal response for each is “never” (analyses not shown). While 22 percent of youth report no discrimination and 20 percent report facing only

one form, the majority of respondents reporting experiencing two (26 percent) or three (31 percent) forms of discrimination ( $mean=1.62$ ;  $median=2$ ;  $SD=1.66$ ). Accounting for both the number of forms reported and the relative frequency of each form, the mean cumulative frequency for discrimination (0-12) is 2.68 ( $median=2$ ;  $SD=2.93$ ) – roughly the equivalent of facing all three forms rarely. In general, marginalized youth (i.e., Blacks and Latina/os, girls and young women, and welfare recipients) face more forms of discrimination and greater cumulative frequency of discrimination than their privileged counterparts (also see Grollman 2012).<sup>3</sup>

[TABLE 1 ABOUT HERE]

Table 2 presents descriptive statistics for sexual behaviors and outcomes among sexually experienced respondents ( $N=602$ ). The majority of BYCS respondents (63 percent) have experienced sexual activity (analyses not shown). One-fifth of youth report experiencing sexual intercourse earlier than the age of 15. On average, respondents report 3.81 lifetime sexual partners ( $SD=3.61$ ). Similar to other national estimates, the majority of youth (55 percent) report consistently using condoms (CDC 2012); similarly, only one-third of youth report inconsistent use of contraceptives. Few respondents report ever having an STI (6 percent), pregnancy before age 18 (8 percent), or an abortion (6 percent).

[TABLE 2 ABOUT HERE]

Table 2 also presents racial, ethnic, gender, and social class group-specific reports of sexual behaviors and outcomes among sexually experienced respondents. Compared to white youth, Black respondents are significantly more likely to report having sexual intercourse before age 15, report more sexual partners, and are more likely to have had an abortion. However, Black youth are significantly more likely to report consistent condom use than white and Latina/o youth. Latina/os are significantly more likely than whites to report inconsistent condom and



contraceptive use, multiple sex partners, and to have had an STI and teen pregnancy. Compared to their male counterparts, girls and young women report a later sexual debut and fewer sexual partners, yet are significantly more likely to have experienced all three negative sexual outcomes (i.e., STI, teen pregnancy, abortion). Finally, respondents whose families have received welfare are significantly more likely to report early sexual initiation, inconsistent contraceptive use, and experiencing all three negative sexual outcomes than their non-recipient peers.

### **Sexual Health and Interpersonal Discrimination**

Table 3 presents the estimates for interpersonal discrimination on sexual experience among youth. The effects of race, gender, and social class discrimination are examined separately, first unadjusted and then adjusted for race, ethnicity, gender, welfare-recipientcy, age, nativity, and depressive symptoms. In both the unadjusted (OR: 1.53; CI: 1.2-1.9) and adjusted models (OR: 1.37; CI: 1.1-1.7), BYCS respondents who report more frequent race discrimination are significantly more likely to report any oral, vaginal, and/or anal sexual experience. The unadjusted and adjusted models for the relative frequency of gender- and social class-based discrimination yield similar patterns: respondents who face more frequent gender (adjusted OR: 1.35; CI: 1.1-1.7) and social class (adjusted OR: 1.24; CI: 1.1-1.5) discrimination are significantly more likely to be sexually experienced. Thus, regardless of the form, heterosexual adolescents and young adults who face more frequent interpersonal discrimination are more likely to have experienced sexual activity.

[TABLE 3 ABOUT HERE]

Table 4 presents the exponentiated coefficients for interpersonal discrimination on the four risky sexual behaviors among sexually experienced BYCS respondents: early sexual initiation (binary logistic regression); number of sexual partners (negative binomial regression);

inconsistent condom use (binary logistic regression); and, inconsistent contraceptive use (binary logistic regression). The effects of each form of discrimination are examined separately, first unadjusted and then adjusted for race, ethnicity, gender, welfare-recipientcy, age, nativity, and depressive symptoms. The latter models estimate the effects of each form of discrimination on the sexual behaviors net of the effects of respondents' sociodemographic characteristics and depressive symptoms.

[TABLE 4 ABOUT HERE]

The first column displays the odds ratios (OR) for early sexual initiation (i.e., before age 15) on interpersonal discrimination. In the unadjusted model, the relative frequency of race-based discrimination is significantly associated with early sexual debut (OR: 1.43; CI: 1.1-1.8); however, the association is nonsignificant in the adjusted model (OR: 1.25; CI: 1.0-1.6). In both the unadjusted (OR: 1.12; CI: .9-1.4) and adjusted (OR: 1.13; CI: .9-1.5) models, the relative frequency of gender discrimination is not significantly associated with early sexual debut. Yet, more frequent social class discrimination is significantly associated with early sexual intercourse in both models (OR: 1.34; CI: 1.1-1.7 in adjusted model). Youth who report more frequent social class discrimination are significantly more likely to report sexual intercourse before age 15 than those who face it less frequently.

The second column of Table 4 displays the incidence risk ratios (IRR) for number of sexual partners on interpersonal discrimination. For all three forms, more frequent interpersonal discrimination is associated with significantly more sexual partners in both unadjusted and adjusted models. Youth who face more frequent race (adjusted IRR: 1.26; CI: 1.2-1.4), gender (adjusted IRR: 1.11; CI: 1.0-1.2), and social class (adjusted IRR: 1.13; CI: 1.0-1.2) discrimination report significantly more sex partners than youth who face these forms less

frequently. The third and fourth columns of Table 4 display the odds ratios for inconsistent condom use and contraceptive use on discrimination, respectively. In adjusted models, more frequent race-, gender-, and social class-based discrimination are not significantly associated with these two risky behaviors.

Table 5 displays the odds ratios for STI history, teen pregnancy, and abortion history on interpersonal discrimination among sexually experienced youth. Each form of discrimination is examined separately, first unadjusted and then adjusted for race, ethnicity, gender, welfare-recipient status, age, nativity, and depressive symptoms. There is only one significant association. In the unadjusted models, BYCS respondents who report more frequent gender discrimination are significantly more likely to have terminated a pregnancy through abortion (OR: 1.46; CI: 1.1-2.0); however, this association is nonsignificant in the adjusted model (OR: 1.13; CI: .9-1.5). Thus, in general, interpersonal discrimination is not significantly associated with the three negative outcomes of sexual activity.

[TABLE 5 ABOUT HERE]

Taken together, these results suggest that heterosexual youth who face frequent interpersonal discrimination – regardless of the form – are more likely to report multiple sexual partners. This pattern also exists for sexual activity in early adolescence for more frequent social class discrimination (and race discrimination at the bivariate level). However, interpersonal discrimination is not associated with the consistency of condom and contraceptive use, or the three negative outcomes of sexual activity (i.e., history of STIs, teen pregnancy, or abortion).

### **Sexual Health and Multiple Forms of Interpersonal Discrimination**

The next set of analyses investigates whether there is an effect of experiencing more than one form of interpersonal discrimination over and above that of only one form on any sexual

experience (Table 6) and early sexual initiation and number of sexual partners (Table 7). The first set of models (Models 1) present the exponentiated coefficients for each outcome on race, ethnicity, gender, and welfare-recipientcy, controlling for age, nativity, and depressive symptoms. The second set of models (Models 2) adds the number of forms of interpersonal discrimination, and the third set of models (Models 3) adds the cumulative frequency of discrimination.

Table 6 displays the odds ratios for sexual experience among all respondents ( $N=955$ ). In Model 1, only age (OR: 1.48; CI: 1.3-1.7) and depressive symptoms (OR: 1.03; CI: 1.0-1.1) are significantly associated with sexual experience, wherein young adults and youth with more depressive symptoms are more likely to report any oral, vaginal, and/or anal sexual experience. In Model 2, number of forms of interpersonal discrimination reported is significantly associated with sexual experience (OR: 1.40; CI: 1.2-1.7). Respondents who report facing more forms of discrimination are significantly more likely to report sexual activity than those facing fewer or no forms. A similar pattern is found in Model 3 for cumulative frequency of discrimination, wherein respondents who face more frequent discrimination overall are significantly more likely to be sexually experienced (OR: 1.17; CI: 1.1-1.3). There are no significant racial, ethnic, gender, or social class differences in sexual experience.

[TABLE 6 ABOUT HERE]

Table 7 displays the exponentiated coefficients for multiple forms of interpersonal discrimination on early sexual activity (odds ratios) and number of sex partners (incidence risk ratios) among sexually experienced youth ( $N=602$ ). In Models 2, number of forms of discrimination reported is significantly associated with early sexual initiation (OR: 1.30; CI: 1.0-1.7) and number of sexual partners (OR: 1.15; CI: 1.1-1.3). Youth who report more forms of discrimination are significantly more likely to have had sexual experience before age 15 and

report significantly more sex partners than youth who report fewer or no forms. Similarly, in Models 3, the cumulative frequency of discrimination is significantly associated with early sexual initiation (OR: 1.3; CI: 1.0-1.3) and number of sex partners (OR: 1.08; CI: 1.0-1.1). Taken together, these findings suggest that heterosexual youth who face more forms of discrimination and greater cumulative frequency of discrimination are more likely to initiate sexual activity earlier and have multiple sexual partners than their peers who face less discrimination.

[TABLE 7 ABOUT HERE]

Table 7 also highlights a number of significant racial, gender, and social class differences in risky sexual behaviors, net of age, nativity, and depressive symptoms. Though early sexual debut does not significantly vary by race and ethnicity, Black youth report significantly more sexual partners than their white counterparts (OR: 1.26; CI: 1.0-1.5 in Model 3). Girls and young women are significantly less likely to report early sexual debut (OR: .54; CI: .3-1.0 in Model 3) and report significantly fewer sexual partners (OR: .76; CI: .6-.9 in Model 3) than their male counterparts. In addition, welfare recipients are significantly more likely to report sexual activity before age 15 (OR: 2.93; CI: 1.6-5.4 in Model 3) and report significantly more sexual partners (OR: 1.22; CI: 1.0-1.5 in Model 3) compared to non-recipients. Post-hoc Sobel tests (Sobel 1982) for mediation (including all controls) suggest that these racial, gender, and social class differences in sexual behaviors are not significantly mediated by number of forms of nor the cumulative frequency of interpersonal discrimination (available upon request). Thus, experiences of discrimination do not significantly contribute to explaining differences in sexual behavior.

## **DISCUSSION**

This study is the first investigation of interpersonal discrimination and sexual health within a nationally representative sample of heterosexual adolescents and young adults. Whereas prior

research that focuses on one form of discrimination in isolation from others may misspecify the discrimination-health relationship (Grollman 2012, 2014), the present paper assess whether multiple forms of interpersonal discrimination have an effect on sexual health over and above that of only one form. The majority of youth (57 percent) reported facing more than one form of discrimination, with the modal, or most commonly reported, number being all three forms. In addition to examining the association between discrimination and sexual practices among sexually experienced youth, this paper directly assesses the effect of interpersonal discrimination on negative outcomes of these sexual behaviors (i.e., STI, teenage pregnancy, and abortion). The majority of youth (65 percent) reported having experienced sexual activity. A substantial number of sexually experienced youth reported participating in risky sexual practices: sexual intercourse before age fifteen (19 percent), multiple sexual partners (64 percent), and inconsistent condom (45 percent) and contraceptive use (31 percent). Despite the high levels of these risky behaviors, fewer than 10 percent of respondents reported STIs, teen pregnancy, or having an abortion.

This study offers three key findings. First, the findings suggest a positive association between multiple forms of interpersonal discrimination and sexual experience among heterosexual youth. Adolescents and young adults who faced multiple forms of discrimination were more likely to report having experienced any sexual activity than those experiencing fewer or no forms. Similarly, those who reported greater cumulative frequency of discrimination were more likely to be sexually experienced than those who faced discrimination less frequently. Thus, before considering whether interpersonal discrimination is linked with *risky* sexual activity, it is important to note that these experiences are linked with sexual experience in general among 15-25 year olds (also see Tsunokai et al. 2012).

The second key finding is that experiences of multiple forms of interpersonal discrimination were also linked with two of the four risky sexual behaviors: lifetime number of sexual partners and age of sexual debut. Sexually experienced respondents who faced multiple forms of discrimination reported more sexual partners and were more likely to have sexual intercourse before age 15 than those who faced fewer or no forms. The same pattern was found for youth who faced greater cumulative frequency of discrimination compared to those who faced it less frequently. However, interpersonal discrimination was not associated with the consistency of condom use or contraceptive use. Indeed, some evidence suggests that one's motivations to have sex, including coping or stress relief, do not appear to affect one's use of condoms and other contraceptives (Patrick et al. 2011). With the exception of condom use, these findings are consistent with prior research on discrimination and sexual behaviors (Bird and Bogart 2003; Stevens-Watkins et al. 2011; Tobler et al. 2013).

Finally, interpersonal discrimination was not associated with the three outcomes for which the aforementioned sexual behaviors are presumed to put youth at risk: STIs, teenage pregnancy, and abortion history. Despite its association with early sexual debut and multiple sex partners, interpersonal discrimination may not be directly linked with an elevated risk for STIs and teenage and unintended pregnancy because the consistency of condom and contraceptive use were not affected. Further, discrimination did not contribute to explaining racial, ethnic, gender, and social class disparities in sexual behaviors or outcomes. Indeed, sociodemographic differences in sexual behaviors only partially explain sexual health disparities (Earnshaw et al. 2013). For example, Black youth who engage in relatively low-risk sexual behaviors are still much more likely to contract STIs and HIV than their white peers (Hallfors et al. 2007). Other factors, including sexual networks and access to sexual and reproductive health care, may also

contribute to sexual health disparities (Kraut-Becher et al. 2008). Researchers should continue to identify the social factors that contribute to disparities in sexual health, and investigate whether and how these factors are shaped by interpersonal, institutional, and structural discrimination.

In two ways, the present paper contributes to a growing body of literature that challenges the conceptualization of youths' sexual activity exclusively as risk (Pearson and Wilkinson 2013; Tolman and McClelland 2011). First, the findings emphasize the importance of explicitly examining whether social factors – in this case, discrimination – are directly associated with negative outcomes of risky sexual behaviors. The findings suggest that interpersonal discrimination was linked with participation in two of the four risky sexual behaviors, but not with the negative outcomes of these behaviors. Scholars may inaccurately conclude that discrimination places youth at risk for STIs, and teenage and unwanted pregnancy when they focus exclusively on sexual behaviors presumed to put them at risk for these outcomes. It is crucial that researchers move beyond this presumption of risk, and further examine youths' efforts to minimize or avoid risk (e.g., regular STI testing; Ford et al. 2009) that may co-occur with their participation in risky sexual behaviors.

Second, the present paper distinguishes sexual experience in adolescence and young adulthood from *risky* sexual behaviors. In particular, I excluded youth who have not experienced sexual activity from the analyses of sexual behaviors and outcomes. The only other study to date that has excluded virgins found no association between discrimination and risky sexual behavior (Burrow et al. 2007); interestingly, studies that include virgins found that discrimination is linked with these behaviors (e.g., Roberts et al. 2012; Stock et al. 2013; Tobler et al. 2013). In supplemental analyses including virgins, I found that that interpersonal discrimination was positively associated with all four risky sexual behaviors, as well as teen pregnancy and abortion



(available upon request). Thus, researchers may misspecify the relationship between discrimination and sexual behaviors by including youth who have not had sex.

Increasingly, scholars view sexual activity in adolescence and young adulthood as a normal component of one's development that simultaneously entails risk and the potential for pleasure, exploration, and intimacy (Tolman and McClelland 2011). The findings can be viewed within the "both/and" framework proposed by Tolman and McClelland (2011). On one hand, young victims of discrimination may begin having sexual intercourse earlier, and with more partners; yet, their efforts to protect themselves against STIs and unintended pregnancy are not affected by experiences of discrimination. Sexual activity may serve as a relatively low-risk coping strategy, possibly as a means of obtaining pleasure, intimacy, support, or connection with others following the damaging experience of discriminatory treatment (Ziegler and Krieger 1997). On the other hand, there are additional social and psychological risks associated with youths' sexual activity, especially in early adolescence (Frisco 2008; Meier 2007; Spriggs and Halpern 2008), which may contribute to the lifetime accumulation of disadvantage in health for marginalized youth (e.g., Umberson et al. 2014). Future work should continue to move beyond the exclusive focus on risk and negative outcomes, broadening attention to include sexual well-being and subjective understandings of the sexual self (Hunter, Guerro, and Cohen 2010).

This paper also contributes to research on the health consequences of interpersonal discrimination. The findings suggest that the damaging effects of discrimination to victims' health and well-being also extend somewhat to their sexual lives. In addition, this study emphasizes the importance of accounting for multiple forms of interpersonal discrimination in research on sexual health, as well as mental and physical health (Grollman 2012). Studies that examine one form of discrimination in isolation from others miss the heightened exposure to

discrimination (e.g., greater relative frequency) and health consequences of experiencing multiple forms (Grollman 2014). Finally, this study offers further insight into the impact of discrimination in the lives of youth – a population that has been largely overlooked in discrimination research (Sanders-Phillips et al. 2009; Williams et al. 2003). Future research should continue to investigate the mental, physical, and sexual health consequences of youths' experiences of multiple forms of discrimination.

The present study faces a few limitations that should be noted. First, the aforementioned results are based on cross-sectional data, which limits the possibility of discerning whether sexual behaviors and outcomes influence later reports of interpersonal discrimination or vice versa. A related concern is that the measures of discrimination, and sexual behaviors and outcomes are not time-specific; this is of particular concern for the lifetime measures of sexual behaviors and outcomes (i.e., number of sex partners, STI history, abortion history). Thus, the time-ordering of these variables could not be determined. As such, it is plausible that discriminatory treatment stems from sexual experience. For example, prior research suggests that girls and young women are often “slut-shamed,” viewed and treated negatively by their peers because of their actual or presumed sexual experience (Allison and Risman 2013; Kreager and Staff 2009). However, prior studies using longitudinal data confirm that experiences of discrimination predict health (including mental, physical, and sexual health), but health does not predict later reports of discrimination (Paradies 2006; Roberts et al. 2012). Future work should rely in longitudinal data and analyses to further investigate the causal relationships among stigma (including discrimination), sexual behaviors, and negative outcomes of sexual activity.

Second, this study relies on self-report measures of discrimination. Specifically, I rely on respondents' *perceptions* of discrimination, which cannot capture undetected events of

discrimination, nor discrimination at the institutional and structural levels (Major, Mendes, and Dovidio 2013; Meyer 2003). Although scholars have raised concerns that self-reports of discrimination may be over- or understated due to hypervigilance or minimization, respectively, there is evidence that self-reports reflect actual experiences of discrimination (NRC 2004). Future research should employ measures of discrimination that include questions about specific events of discriminatory treatment rather than more global measures of discrimination (see Krieger 2000 for a review). For example, in the study of sexual health consequences of interpersonal discrimination, researchers should further examine discrimination that occurs in sex education and sexual health care settings (Bird and Bogart 2003; Garcia 2009; Mann 2013).

A final limitation is the reliance on youths' self-reported sexual behaviors and sexual health status. Scholars have raised concerns about the impact of recall bias, social desirability, and interview mode on such self-report measures (e.g., Jaccard et al. 2002). For example, a minority of youth reported abstaining from or never experiencing sexual activity, but test positive for STIs in laboratory tests (DiClemente et al. 2011). Yet, some evidence suggests that inaccuracies in self-reports of sexual behaviors are negligible and randomly distributed (Brauner-Otto, Yarger, and Abma 2012; Upchurch et al. 2002), and self-reports of STI diagnoses are as reliable as medical and health department records (Niccolai et al. 2005). Although expensive and time-consuming, assessing official medical records and conducting health examinations may be ideal for future research on discrimination and sexual and reproductive health. In addition, future research should employ more extensive measures of sexual behaviors that put youth at risk for or fail to protect them from negative outcomes of sexual activity (e.g., accuracy of condom use; Dolezal et al. 2014, Sanders et al. 2011).

Despite the aforementioned limitations, this study contributes to a growing understanding of adolescents' and young adults' exposure to discriminatory treatment, and the harmful effects of these experiences on their health and well-being. It complements growing research on the mental and physical health consequences of interpersonal discrimination, in this case, by focusing on sexual behaviors and the negative outcomes of these behaviors. Despite its association with some, but not all, of the risky sexual behaviors, interpersonal discrimination was not associated with the outcomes for which sexually experienced youth are at risk: STIs, teenage pregnancy, and abortion. As such, these findings emphasize that scholars who rely on a simplistic model of sexual risk among youth (i.e., that all sexual activity is risky) may misspecify the relationship between discrimination and sexual health. Scholars should empirically assess whether sexually experienced youth (particularly marginalized youth) are truly at risk, and the outcomes for which they are at risk, rather than automatically labeling these youth as "at-risk" (Bay-Cheng and Fava 2014).

## REFERENCES

- Allison, Rachel, and Barbara Risman. 2013. "A Double Standard for 'Hooking Up': How Far Have We Come Toward Gender Equality?" *Social Science Research* 42: 1191-206.
- Ayala, George, Trista Bingham, Junyeop Kim, Darrell Wheeler, and Gregorio Millett. 2012. "Modeling the Impact of Social Discrimination and Financial Hardship on the Sexual Risk of HIV among Latino and Black Men Who Have Sex With Men." *American Journal of Public Health* 102: S242-S249.
- Bay-Cheng, Laina, and Nicole Fava. 2014. "What Puts 'At-Risk' Girls At Risk? Sexual Vulnerability and Social Inequality in the Lives of Girls in the Child Welfare System." *Sexuality Research and Social Policy* 11: 116-25.
- Bird, Sheryl, and Laura Bogart. 2003. "Birth Control Conspiracy Beliefs, Perceived Discrimination, and Contraception among African Americans: An Exploratory Study." *Journal of Health Psychology* 8: 263-76.
- Bowleg, Lisa, Gary Burkholder, Jenne Massie, Rahab Wahome, Michelle Teti, David Malebranche, and Jeanne Tschann. 2013. "Racial Discrimination, Social Support, and Sexual HIV Risk among Black Heterosexual Men." *AIDS Behavior* 17: 407-18.
- Bowleg, Lisa, Torsten Neilands, and Kyung-Hee Choi. 2008. "Evaluating the Validity and Reliability of a Modified Schedule of Sexist Events: Implications for Public Health Research on Women's HIV Risk Behaviors." *Women & Health* 47: 19-40.
- Bradford, Judith, Sari Reisner, Julie Honnold, and Jessica Xavier. 2013. "Experiences of Transgender-Related Discrimination and Implications for Health: Results from the Virginia Transgender Health Initiative Study." *American Journal of Public Health* 103: 1820-9.
- Brauner-Otto, Sarah, Jennifer Yarger, and Joyce Abma. 2012. "Does It Matter How You Ask? Question Wording and Males' Reporting of Contraceptive Use at Last Sex." *Social Science Research* 41: 1028-36.
- Browning, Christopher, Tama Leventhal, and Jeanne Brooks-Gunn. 2004. "Neighborhood Context and Racial Differences in Early Adolescent Sexual Activity." *Demography* 41: 697-720.
- Bruce, Douglas, Jesus Ramirez-Valles, and Richard Campbell. 2008. "Stigmatization, Substance use, and Sexual Risk Behavior Among Latino Gay and Bisexual Men and Transgender Persons." *Journal of Drug Issues* 8: 235-60.
- Burrow, Anthony, Jonathan Tubman, and Andres Gil. 2007. "Heterogeneity in Patterns of Sexual Risk Behaviors Among African-American Youth: Associations with General and Race-Specific Factors." *Journal of Community Psychology* 35: 447-62.

- Centers for Disease Control and Prevention. 2012. "Youth Risk Behavior Surveillance – United States, 2011." *Morbidity and Mortality Weekly* 61: 1-162.
- Centers for Disease Control and Prevention. 2013. *Sexually Transmitted Disease Surveillance 2012*. Atlanta, GA: Department of Health and Human Services.
- Choi, Kyung-Lee, Lisa Bowleg, and Torsten Neilands. 2011. "The Effects of Sexism, Psychological Distress, and Difficult Sexual Situations on U.S. Women's Sexual Behaviors." *AIDS Education and Prevention* 23: 397-411.
- Cohen, Cathy. 2005. "Black Youth Culture Survey." Chicago, IL. Black Youth Project. Data set accessed November 15, 2010 at <http://www.blackyouthproject.com>.
- Cohen, Cathy. 2007. *The Attitudes and Behavior of Young Black Americans: Research Summary*. Chicago, IL: Center for the Study of Race, Politics, and Culture, University of Chicago.
- Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.
- Cooper, Lynne, Cheryl Shapiro, and Anne Powers. 1998. "Motivations for Sex and Risky Sexual Behavior Among Adolescents and Young Adults: A Functional Perspective." *Journal of Personality and Social Psychology* 75: 1528-58.
- Curtin, Sally, Joyce Abma, Stephanie Ventura, and Stanley Henshaw. 2013. "Pregnancy Rates for U.S. Women Continue to Drop." NCHS data brief no. 136. Hyattsville, MD: US Department of Health and Human Services, National Center for Health Statistics, CDC.
- Dehlendorf, Christine, Lisa Harris, and Tracy Weitz. 2013. "Disparities in Abortion Rates: A Public Health Approach." *American Journal of Public Health* 103: 1772-9.
- DiClemente, Ralph, Jessica Sales, Fred Danner, and Richard Crosby. 2011. "Association Between Sexually Transmitted Diseases and Young Adults' Self-reported Abstinence." *Pediatrics* 127: 208-13.
- Dolezal, Curtis, Patricia Warne, E. Karina Santamaria, Katherine Elkington, Jessica Benavides, and Claude Mellins. 2014. "Asking Only 'Did You Use A Condom?' Underestimates the Prevalence of Unprotected Sex Among Perinatally HIV Infected and Perinatally Exposed But Uninfected Youth." *Journal of Sex Research* 51: 599-604.
- Earnshaw, Valarie, Laura Bogart, John Dovidio, and David Williams. 2013. "Stigma and Racial/Ethnic HIV Disparities: Moving Toward Resilience." *American Psychologist* 68: 225-36.
- Folkman, Susan, Margaret Chesney, Lance Pollack, and Connie Phillips. 1992. "Stress, Coping, and High-Risk Sexual Behavior." *Health Psychology* 11: 218-22.

- Ford, Chandra, Mark Daniel, Jo Anne Earp, Jay Kaufman, Carol Golin, and William Miller. 2009. "Perceived Everyday Racism, Residential Segregation, and HIV Testing Among Patients at a Sexually Transmitted Disease Clinic." *American Journal of Public Health* 99: S137-S143.
- Frisco, Michelle. 2008. "Adolescents' Sexual Behavior and Academic Attainment." *Sociology of Education* 81: 284-311.
- Garcia, Lorena. 2009. "'Now Why Do You Want to Know About That?': Heteronormativity, Sexism, and Racism in the Sexual (Mis)Education of Latina Youth." *Gender & Society* 23: 520-41.
- Grollman, Eric. 2012. "Multiple Forms of Perceived Discrimination and Health among Adolescents and Young Adults." *Journal of Health and Social Behavior* 53: 199-214.
- Grollman, Eric. 2014. "Multiple Disadvantaged Statuses and Health: The Role of Multiple Dimensions of Discrimination." *Journal of Health and Social Behavior* 55: 3-19
- Hallfors, Denise, Bonita Iritani, William Miller, and Daniel Bauer. 2007. "Sexual and Drug Behavior Patterns and HIV and STD Racial Disparities: The Need for New Directions." *American Journal of Public Health* 97: 125-32.
- Hatzenbuehler, Mark. 2009. "How Does Sexual Minority Stigma 'Get Under the Skin'? A Psychological Mediation Framework." *Psychological Bulletin* 135: 707-30
- Hill, Craig, and Leslie Preston. 1996. "Individual Differences in the Experience of Sexual Motivation: Theory and Measurement of Dispositional Sexual Motives." *The Journal of Sex Research* 33: 37-45.
- Hunter, Marcus, Marissa Guerrero, and Cathy Cohen. 2010. "Black Youth Sexuality: Established Paradigms and New Approaches." Pp. 377-400 in *Black Sexualities: Probing Power, Passions, Practices, and Policies*, edited by J. Battle and S. Barnes. New Brunswick, NJ: Rutgers University Press.
- Jaccard, James, Robert McDonald, Choi Wan, Patricia Dittus, and Shannon Quinlan. 2002. "The Accuracy of Self-Reports of Condom Use and Sexual Behavior." *Journal of Applied Social Psychology* 32: 1863-905.
- Jamieson, Jeremy, Katrina Koslov, Matthew Nock, and Wendy Mendes. 2012. "Experiencing Discrimination Increases Risk Taking." *Psychological Science* 24: 131-9.
- Jipguep, Marie-Claude, Kathy Sanders-Phillips, and Lisa Cotton. 2004. "Another Look at HIV in African American Women: The Impact of Psychosocial and Contextual Factors." *Journal of Black Psychology* 30: 366-85.

- Kogan, Steven, Gene Brody, Yi-Fu Chen, and Ralph DiClemente. 2011. "Self-Regulatory Problems Mediate the Association of Contextual Stressors and Unprotected Intercourse among Rural, African American, Young Adult Men." *Journal of Health Psychology* 16: 50-7.
- Kossler, Karla, Lindsay Kuroki, Jenifer Allsworth, Gina Secura, Kimberly Roehl, and Jeffrey Peipert. 2011. "Perceived Racial, Socioeconomic and Gender Discrimination and its Impact on Contraceptive Choice." *Contraception* 84: 273-9.
- Kraut-Becher, Julie, Marlene Eisenberg, Chelsea Voytek, Tiffany Brown, David Metzger, and Sevgi Aral. 2008. "Examining Racial Disparities in HIV: Lessons from Sexually Transmitted Infections Research." *Journal of Acquired Immune Deficiency Syndrome* 47: S20-S27.
- Kreager, Derek, and Jeremy Staff. 2009. "The Sexual Double Standard and Adolescent Peer Acceptance." *Social Psychology Quarterly* 72: 143-64.
- Krieger, Nancy. 2000. "Discrimination and Health." Pp. 36-75 in *Social Epidemiology*, edited by L. F. Berkman and I. Kawachi. New York, NY: Oxford University Press.
- Lantz, Paula, James House, Richard Mero, and David Williams. 2005. "Stress, Life Events, and Socioeconomic Disparities in Health: Results from the Americans' Changing Lives Study." *Journal of Health and Social Behavior* 46: 274-88.
- Lohman, Brenda, and Amanda Billings. 2008. "Protective and Risk Factors Associated with Adolescents Boys' Early Sexual Debut and Risky Sexual Behaviors." *Journal of Youth and Adolescence* 37: 723-35.
- Major, Brenda, Wendy Mendes, and John Dovidio. 2013. "Intergroup Relations and Health Disparities: A Social Psychological Perspective." *Health Psychology* 32: 514-24.
- Mann, Emily. 2013. "Regulating Latina Youth Sexualities through Community Health Centers: Discourses and Practices of Sexual Citizenship." *Gender & Society* 27: 681-703.
- Martin, James, Jo Pryce, and James Leeper. 2005. "Avoidance Coping and HIV Risk Behavior among Gay Men." *Health & Social Work* 30: 193-201.
- Meier, Ann. 2007. "Adolescent First Sex and Subsequent Mental Health." *American Journal of Sociology* 112: 1811-47.
- Meston, Cindy, and David Buss. 2007. "Why Humans Have Sex." *Archives of Sexual Behavior* 36: 477-507.
- Meyer, Ilan. 1995. "Minority Stress and Mental Health in Gay Men." *Journal of Health and Social Behavior* 36: 38-56.



- Meyer, Ilan. 2003. "Prejudice as Stress: Conceptual and Measurement Problems." *American Journal of Public Health* 93: 262-65.
- Miller, Kathleen, Grace Barnes, Merrill Melnick, Donald Sabo, and Michael Farrell. 2002. "Gender and Racial/Ethnic Differences in Predicting Adolescent Sexual Risk: Athletic Participation versus Exercise." *Journal of Health and Social Behavior* 43: 436-50.
- Mizuno, Yuko, Craig Borkowf, Gregorio Millett, Trista Bingham, George Ayala, and Ann Stueve. 2012. "Homophobia and Racism Experienced by Latino Men Who Have Sex with Men in the United States: Correlates of Exposure and Associations with HIV Risk Behaviors." *AIDS Behavior* 16: 724-35.
- Mollborn, Stefanie, and Elizabeth Morningstar. 2009. "Investigating the Relationship between Teenage Childbearing and Psychological Distress Using Longitudinal Evidence." *Journal of Health and Social Behavior* 50: 310-26.
- Nakamura, Nadine, and Maria Cecilia Zea. 2010. "Experiences of Homonegativity and Sexual Risk Behaviour in a Sample of Latino Gay and Bisexual Men." *Culture, Health & Sexuality* 12: 73-85.
- National Research Council. 2004. *Measuring Racial Discrimination*. Washington, DC: The National Academies Press.
- Niccolai, Linda, Trace Kershaw, Jessica Lewis, Domenic Cicchetti, Kathleen Ethier, and Jeanette Ickovics. 2005. "Data Collection for Sexually Transmitted Disease Diagnoses: A Comparison of Self-Report, Medical Record Reviews, and State Health Department Reports." *Annals of Epidemiology* 15: 236-42.
- Paradies, Yin. 2006. "A Systematic Review of Empirical Research on Self-Reported Racism and Health." *International Journal of Epidemiology* 35: 888-901.
- Pascoe, Elizabeth, and Laura Richman. 2009. "Perceived Discrimination and Health: A Meta-Analytic Review." *Psychological Bulletin* 135: 531-54.
- Patrick, Megan, Jennifer Mags, M. Lynne Cooper, and Christine Lee. 2011. "Measurement of Motivations For and Against Sexual Behavior." *Assessment* 18: 502-16.
- Pearlin, Leonard. 1999. "The Stress Process Revisited: Reflections on Concepts and their Interrelationships. Pp. 395-415 in *Handbook on the Sociology of Mental Health*, edited by C. S. Aneshensel and J. Phelan. New York: Plenum Press.
- Pearson, Jennifer, and Lindsey Wilkinson. 2013. "Adolescent Sexual Experiences." Pp. 167-93 in *International Handbook on the Demography of Sexuality*, edited by A. Baumle. Dordrecht, Netherlands: Springer.

- Penman-Aguilar, Ana, Marion Carter, M. Christine Snead, and Anthena Kourtis. 2013. "Socioeconomic Disadvantage as a Social Determinant of Teen Childbearing in the U.S." *Public Health Reports* 128: 5-22.
- Ramirez-Valles, Jesus, Lisa Kuhns, Richard Campbell, and Rafael Diaz. 2010. "Social Integration and Health: Community Involvement, Stigmatized Identities, and Sexual Risk in Latino Sexual Minorities." *Journal of Health and Social Behavior* 51: 30-47.
- Raymond, H. Fisher, Yea-Hung Chen, Ron Stall, and Willi McFarland. 2011. "Adolescent Experiences of Discrimination, Harassment, Connectedness to Community and Comfort with Sexual Orientation Reported by Adult Men Who have Sex with Men as a Predictor of Adult HIV Status." *AIDS Behavior* 15: 550-6.
- Reed, Elizabeth, Christina Sanatana, Lisa Bowleg, Seth Welles, C. Robert. Horshburgh, and Anita Raj. 2013. "Experiences of Racial Discrimination and Relation to Sexual Risk for HIV among a Sample of Urban Black and African American Men." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 90: 314-22.
- Richman, Laura, and Micah Lattanner. 2014. "Self-Regulatory Processes Underlying Structural Stigma and Health." *Social Science & Medicine* 103: 94-100.
- Ridolfo, Heather, and Aaron Maitland. 2011. "Factors that Influence the Accuracy of Adolescent Proxy Reporting of Parental Characteristics: A Research Note." *Journal of Adolescence* 34: 95-103.
- Roberts, Megan, Frederick Gibbons, Meg Gerrard, Chin-Yuan Weng, Velma Murry, Leslie Simons, Ronald Simons, and Frederick Lorenz. 2012. "From Racial Discrimination to Risky Sex: Prospective Relations Involving Peers and Parents." *Developmental Psychology* 48: 89-102.
- Rosenthal, Lisa, Valarie Earnshaw, Jessica Lewis, Tené Lewis, Allecia Reid, Emily Stasko, Jonathan Tobin, and Jeannette Ickovics. 2014. "Discrimination and Sexual Risk among Young Urban Pregnant Women of Color." *Health Psychology* 33: 3-10.
- Sanders, Stephanie, William Yarber, Erin Kaufman, Richard Crosby, Cynthia Graham, and Robin Milhausen. 2011. "Condom Use Errors and Problems: A Global View." *Sexual Health* 9: 81-95.
- Sanders-Phillips, Kathy, Beverlyn Settles-Reaves, Doren Walker, and Janeese Brownlow. 2009. "Social Inequality and Racial Discrimination: Risk Factors for Health Disparities in Children of Color." *Pediatrics* 124: S176-S186.
- Schulz, Amy, and Leith Mullings. 2006. *Gender, Race, Class and Health: Intersectional Approaches*, edited by A. Schulz and L. Mullings. San Francisco, CA: Jossey-Bass.

- Slaymaker, Emma, Neff Walker, Basia Zaba, and Martine Collumbien. 2004. "Unsafe Sex." Pp. 1177-1254 in *Comparative Quantification of Health Risks: Global and Regional Burdens of Disease Attributable to Selected Major Risk Factors*, edited by M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray. Geneva: World Health Organization.
- Sobel, Michael. 1982. "Asymptotic Confidence Intervals for Indirect Effects in Structural Equation Models." *Sociological Methodology* 13: 290-312.
- Spriggs, Aubrey, and Carolyn Halpern. 2008. "Sexual Debut Timing and Depressive Symptoms in Emerging Adulthood." *Journal of Youth and Adolescence* 37: 1085-96.
- Stevens-Watkins, Danelle, Lynda Brown-Wright, and Kenneth Tyler. 2011. "Brief Report: The Number of Sexual Partners and Race-Related Stress in African American Adolescents: Preliminary Findings." *Journal of Adolescence* 34: 191-4.
- Stock, Michelle, Frederick Gibbons, Laurel Peterson, and Meg Gerrard. 2013. "The Effects of Racial Discrimination on the HIV-Risk Cognitions and Behaviors of Black Adolescents and Young Adults." *Health Psychology* 32: 543-50.
- Sue, Derald. 2010. *Microaggressions and Marginality: Manifestation, Dynamics, and Impact*. Hoboken, NJ: John Wiley & Sons, Inc.
- Thoits, Peggy. 2010. "Stress and Health: Major Findings and Policy Implications." *Journal of Health and Social Behavior* 51: S41-S53.
- Tobler, Amy, Mildred Maldonado-Molina, Stephanie Staras, Ryan O'Mara, Melvin Livingston, and Kelli Komro. 2013. "Perceived Racial/Ethnic Discrimination, Problem Behaviors, and Mental Health among Minority Urban Youth." *Ethnicity and Health* 18: 337-49.
- Tolman, Deborah, and Sara McClelland. 2011. "Normative Sexuality Development in Adolescence: A Decade in Review, 2000-2009." *Journal of Research on Adolescence* 21: 242-55.
- Tsunokai, Glenn, Allison McGrath, and Lurdes Hernandez-Hernandez. 2012. "Early Sexual Initiation and HIV Awareness among Asian American Adolescents." *Journal of Asian American Studies* 15: 299-325.
- Turner, R. Jay, and William Avison. 2003. "Status Variations in Stress Exposure: Implications for the Interpretation of Research on Race, Socioeconomic Status, and Gender." *Journal of Health and Social Behavior* 44: 488-505.
- Turner, R. Jay, and Donald Lloyd. 1999. "The Stress Process and the Social Distribution of Depression." *Journal of Health and Social Behavior* 40: 374-404.

- Umberson, Debra, Kristi Williams, Patricia Thomas, Hui Lui, and Mieke Beth Thomeer. 2014. "Race, Gender, and Chains of Disadvantage: Childhood Adversity, Social Relationships, and Health." *Journal of Health and Social Behavior* 55: 20-38.
- Upchurch, Dawn, Lee Lillard, Carol Aneshensel, and Nicole Li. 2002. "Inconsistencies in Reporting the Occurrence and Timing of First Intercourse Among Adolescents." *Journal of Sex Research* 39: 197-206.
- Williams, David, Harold Neighbors, and James Jackson. 2003. "Racial/Ethnic Discrimination and Health: Findings from Community Studies." *American Journal of Public Health* 93: 200-8.
- World Association for Sexual Health. 2008. *Sexual Health for the Millennium. A Declaration and Technical Document*. Minneapolis, MN: World Association for Sexual Health.
- World Health Organization. 2006. "Defining Sexual Health: Report of a Technical Consultation on Sexual Health, 28-31 January 2002, Geneva." Geneva, Switzerland: World Health Organization.
- Yoshikawa, Hirokazu, Patrick Wilson, David Chae, and Jih-Fei Cheng. 2004. "Do Family and Friendship Networks Protect Against the Influence of Discrimination on Mental Health and HIV Risk Among Asian and Pacific Islander Gay Men?" *AIDS Education and Prevention* 16: 84-100.
- Zamboni, Brian, and Isaiah Crawford. 2007. "Minority Stress and Sexual Problems among African-American Gay and Bisexual Men." *Archives of Sexual Behavior* 36: 569-78.
- Ziegler, Sally, and Nancy Krieger. 1997. "Reframing Women's Risk: Social Inequalities and HIV Infection." *Annual Review of Public Health* 18: 401-36.

**TABLE 1. Sample and Race, Ethnicity, Gender, and Social Class Group-Specific Interpersonal of Discrimination (N=955)**

	SAMPLE		Race and Ethnicity			Gender		Social Class	
	<i>M</i>	( <i>SD</i> )	White ( <i>n</i> =325)	Black ( <i>n</i> =339)	Latina/o ( <i>n</i> =291)	Male ( <i>n</i> =478)	Female ( <i>n</i> =477)	Non- Recipient ( <i>n</i> =567)	Welfare Recipient ( <i>n</i> =388)
<b><i>Relative Frequency of Discrimination</i></b>									
Race Discrimination (very often=4)	.97	(1.14)	.79	1.48***	1.15*** <sup>A</sup>	1.02	.91*	.85	1.22***
Gender Discrimination (very often=4)	.80	(.83)	.79	.96	.75 <sup>A</sup>	.58	1.05***	.74	.93**
Social Class Discrimination (very often=4)	.91	(.96)	.85	.98	1.01	.87	.94	.81	1.09**
<b><i>Multiple Forms of Discrimination</i></b>									
Number of Forms of Discrimination (0-3)	1.62	(1.66)	1.60	1.75	1.63	1.47	1.80**	1.55	1.78*
Cumulative Frequency of Discrimination (0-12)	2.68	(2.93)	2.43	3.42***	2.90 <sup>A</sup>	2.48	2.90	2.40	3.25***

Notes: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  for Latina/os and Blacks compared to Non-Hispanic whites, girls and young women compared to boys and young men, and welfare recipients compared to non-recipients.

Sample sizes and bivariate comparisons based on unweighted data.

Source: Black Youth Culture Survey (BYCS).

<sup>A</sup>Latina/os significantly differ from Black respondents ( $p < .05$ ).

**TABLE 2. Self-Reported Sexual Behaviors and Outcomes among Sexually Experienced<sup>A</sup> Youth (N=602)**

	SAMPLE		Race and Ethnicity			Gender		Social Class	
	<i>M</i>	( <i>SD</i> )	White ( <i>n</i> =194)	Black ( <i>n</i> =210)	Latina/o ( <i>n</i> =198)	Male ( <i>n</i> =313)	Female ( <i>n</i> =289)	Non- Recipient ( <i>n</i> =350)	Welfare Recipient ( <i>n</i> =252)
<b><i>Risky Sexual Behaviors</i></b>									
Early Sexual Initiation (yes=1)	.19	--	.15	.29**	.22	.22	.15**	.12	.33***
Number of Sex Partners (1-11+)	3.81	(3.61)	3.57	4.37*	4.10*	4.31	3.21***	3.53	4.37
Inconsistent Condom Use (yes=1)	.45	--	.43	.34*	.55 <sup>B</sup>	.39	.52**	.43	.49
Inconsistent Contraceptive Use (yes=1)	.31	--	.24	.36	.44**	.29	.33	.27	.40*
<b><i>Negative Sexual Outcomes</i></b>									
STI History (yes=1)	.06	--	.04	.07	.09*	.04	.08**	.03	.10**
Teen Pregnancy (yes=1) <sup>C</sup>	.08	--	.06	.08	.13*	.06	.10**	.05	.14***
Abortion History (yes=1) <sup>D</sup>	.06	--	.05	.11**	.07	.04	.09*	.03	.13*

Notes: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  for Latina/os and Blacks compared to Non-Hispanic whites, girls and young women compared to boys and young men, and welfare recipients compared to non-recipients.

Sample sizes and bivariate comparisons based on unweighted data.

Source: Black Youth Culture Survey (BYCS).

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and/or anal sexual activities.

<sup>B</sup> Latina/os significantly differ from Black respondents ( $p < .05$ ).

<sup>C</sup> This item assess whether respondents have ever gotten pregnant (girls and young women) or impregnated a sexual partner (boys and young men) before the age of 18.

<sup>D</sup> This item assess whether sexually experienced respondents have ever had an abortion (girls and young women) or impregnated a sexual partner who later had an abortion (boys and young men).

**TABLE 3. Binary Logistic Odds Ratios for Sexual Experience on the Relative Frequency of Each Form of Interpersonal Discrimination (N=955)**

	Any Sexual Experience <sup>A</sup>	
	Odds Ratios	(95% CI)
<i>Relative Frequency of Race Discrimination</i>		
Without Controls	1.53***	(1.23-1.89)
With Controls	1.37**	(1.09-1.74)
<i>Relative Frequency of Gender Discrimination</i>		
Without Controls	1.56***	(1.27-1.90)
With Controls	1.35**	(1.09-1.68)
<i>Relative Frequency of Social Class Discrimination</i>		
Without Controls	1.37***	(1.17-1.59)
With Controls	1.24**	(1.06-1.46)

Notes: Exponentiated coefficients are presented, with 95 percent confidence intervals (CI) in parentheses.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed test).

Source: Black Youth Culture Survey (BYCS).

Controls include race, ethnicity, gender, welfare-recipient, age, nativity, and depressive symptoms.

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and anal sexual activities.

**TABLE 4. Exponentiated Coefficients for Sexual Behaviors on Interpersonal Discrimination Among Sexually Experienced<sup>A</sup> Youth (N=602)**

Relative Frequency of Interpersonal Discrimination	Early Sexual Initiation		Number of Sex Partners		Inconsistent Condom Use		Inconsistent Contraceptive Use	
	OR <sup>B</sup>	(95% CI)	IRR <sup>C</sup>	(95% CI)	OR <sup>B</sup>	(95% CI)	OR <sup>B</sup>	(95% CI)
<i>Race Discrimination</i>								
Without Controls	1.43**	(1.1-1.8)	1.26***	(1.2-1.4)	1.20	(1.0-1.5)	1.31**	(1.1-1.6)
With Controls	1.25	(1.0-1.6)	1.21***	(1.1-1.3)	1.20	(1.0-1.5)	1.20	(1.0-1.5)
<i>Gender Discrimination</i>								
Without Controls	1.12	(.9-1.4)	1.14**	(1.0-1.3)	1.26*	(1.0-1.5)	1.13	(.9-1.4)
With Controls	1.13	(.9-1.5)	1.11*	(1.0-1.2)	1.01	(.8-1.3)	1.02	(.8-1.3)
<i>Social Class Discrimination</i>								
Without Controls	1.43***	(1.2-1.8)	1.18***	(1.1-1.3)	1.13	(.9-1.4)	1.07	(.9-1.3)
With Controls	1.34**	(1.1-1.7)	1.13**	(1.0-1.2)	1.03	(.9-1.3)	1.01	(.8-1.2)

Notes: Exponentiated coefficients are presented, with 95 percent confidence intervals (CI) in parentheses. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed test).

Source: Black Youth Culture Survey (BYCS).

Controls include race, ethnicity, gender, welfare-recipient, age, nativity, and depressive symptoms.

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and anal sexual activities.

<sup>B</sup> Binary logistic odds ratios (OR).

<sup>C</sup> Negative binomial incidence risk ratios (IRR).



**TABLE 5. Binary Logistic Odds Ratios for Sexual Outcomes on the Relative Frequency of Each Form of Interpersonal Discrimination Among Sexually Experienced<sup>A</sup> Youth (N=602)**

Relative Frequency of Interpersonal Discrimination	STI History		Teen Pregnancy <sup>B</sup>		Abortion History <sup>C</sup>	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
<b><i>Race Discrimination</i></b>						
Without Controls	1.15	(.9-1.5)	1.26	(1.0-1.6)	1.23	(.9-1.7)
With Controls	1.07	(.8-1.4)	1.10	(.8-1.5)	1.09	(.7-1.7)
<b><i>Gender Discrimination</i></b>						
Without Controls	1.16	(.8-1.6)	1.30	(1.0-1.7)	1.46*	(1.1-2.0)
With Controls	.98	(.7-1.5)	1.13	(.8-1.5)	1.13	(.9-1.5)
<b><i>Social Class Discrimination</i></b>						
Without Controls	1.28	(.9-1.7)	1.12	(.8-1.6)	1.30	(1.0-1.8)
With Controls	1.26	(.9-1.8)	1.03	(.8-1.4)	1.20	(.9-1.7)

Notes: Exponentiated coefficients are presented, with 95 percent confidence intervals (CI) in parentheses.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed test).

Source: Black Youth Culture Survey (BYCS).

Controls include race, ethnicity, gender, welfare-recipient, age, nativity, and depressive symptoms.

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and anal sexual activities.

<sup>B</sup> This item assess whether respondents have ever gotten pregnant (girls and young women) or impregnated a sexual partner (boys and young men) before the age of 18.

<sup>C</sup> This item assess whether respondents have ever had an abortion (girls and young women) or impregnated a sexual partner who later had an abortion (boys and young men).

**TABLE 6. Binary Logistic Odds Ratios for Sexual Experience on Interpersonal Discrimination (N=955)**

	Any Sexual Experience <sup>A</sup>		
	Model 1	Model 2	Model 3
Black	1.14 (.74-1.76)	1.08 (.69-1.67)	1.01 (.65-1.56)
Latina/o	.98 (.62-1.54)	.97 (.62-1.54)	.94 (.59-1.48)
Female	1.01 (.68-1.49)	.90 (.61-1.33)	.96 (.64-1.42)
Welfare Recipient	1.00 (.64-1.56)	.96 (.61-1.51)	.92 (.58-1.45)
Age	1.48*** (1.34-1.65)	1.47*** (1.32-1.63)	1.47*** (1.32-1.63)
Immigrant	1.25 (.52-3.02)	1.36 (.58-3.18)	1.39 (.59-3.30)
Depressive Symptoms	1.03** (1.01-1.05)	1.02* (1.00-1.04)	1.03* (1.01-1.05)
Number of Forms of Discrimination		1.40*** (1.17-1.68)	
Cumulative Frequency of Discrimination			1.17*** (1.07-1.28)

Notes: Exponentiated coefficients are presented, with 95 percent confidence intervals in parentheses. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed test).

Non-Hispanic White respondents are the reference racial-ethnic group.

Source: Black Youth Culture Survey (BYCS).

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and anal sexual activities.

**TABLE 7. Exponentiated Coefficients for Early Sexual Initiation and Number of Sexual Partners Among Sexually Experienced<sup>A</sup> Youth (N=602)**

	Early Sexual Initiation <sup>B</sup>			Number of Sexual Partners <sup>C</sup>		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Black	1.58 (.85-2.93)	1.55 (.84-2.89)	1.44 (.77-2.70)	1.30* (1.06-1.58)	1.31** (1.08-1.59)	1.26* (1.04-1.52)
Latina/o	1.42 (.77-2.61)	1.47 (.81-2.69)	1.38 (.76-2.53)	1.12 (.90-1.38)	1.14 (.92-1.41)	1.11 (.90-1.37)
Female	.56* (.32-.98)	.52* (.29-.92)	.54* (.30-.95)	.75** (.63-.90)	.74** (.62-.89)	.76** (.63-.91)
Welfare Recipient	3.08*** (1.67-5.71)	3.08*** (1.67-5.70)	2.93*** (1.58-5.42)	1.29** (1.06-1.57)	1.26* (1.05-1.50)	1.22* (1.03-1.46)
Age	.92 (.83-1.01)	.90* (.82-.99)	.91* (.82-1.00)	1.13*** (1.10-1.17)	1.12*** (1.09-1.16)	1.13*** (1.09-1.16)
Immigrant	1.04 (.40-2.68)	1.13 (.45-2.86)	1.19 (.47-3.01)	.70 (.49-1.00)	.72 (.51-1.03)	.75 (.53-1.07)
Depressive Symptoms	1.02* (1.00-1.04)	1.02 (1.00-1.04)	1.02 (1.00-1.04)	1.00 (.99-1.01)	1.00 (.99-1.00)	1.00 (.99-1.00)
Number of Forms of Discrimination		1.30* (1.00-1.69)			1.15** (1.05-1.26)	
Cumulative Frequency of Discrimination			1.13* (1.01-1.26)			1.08*** (1.04-1.12)

Notes: Exponentiated coefficients are presented, with 95 percent confidence intervals in parentheses. \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed test).

Non-Hispanic White respondents are the reference racial-ethnic group.

Source: Black Youth Culture Survey (BYCS).

<sup>A</sup> Sexual experience includes any reports of oral, vaginal, and anal sexual activities.

<sup>B</sup> Binary logistic odds ratios.

<sup>C</sup> Negative binomial incidence risk ratios.

**APPENDIX A. Sample and Race, Ethnicity, Gender, and Social Class Group-Specific Interpersonal of Discrimination (N=955)**

	SAMPLE	Race and Ethnicity			Gender		Social Class	
		White (n=325)	Black (n=339)	Latina/o (n=291)	Male (n=478)	Female (n=477)	Non- Recipient (n=567)	Welfare Recipient (n=388)
<b><i>Relative Frequency of Discrimination</i></b>								
Race Discrimination (very often=4)	1	1	1	1	1	1	1	1
Gender Discrimination (very often=4)	1	1	1	0	0	1	0	1
Social Class Discrimination (very often=4)	0	0	0	1	0	1	0	1
<b><i>Multiple Forms of Discrimination</i></b>								
Number of Forms of Discrimination (0-3)	2	2	2	2	1	2	2	2
Cumulative Frequency of Discrimination (0-12)	2	2	3	3	2	3	2	3

Notes: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  for Latina/os and Blacks compared to Non-Hispanic whites, girls and young women compared to boys and young men, and welfare recipients compared to non-recipients.

Sample sizes and bivariate comparisons based on unweighted data.

Source: Black Youth Culture Survey (BYCS).

<sup>^</sup>Latina/os significantly differ from Black respondents ( $p < .05$ ).

**ENDNOTES**

---

<sup>1</sup> The author would like to thank Brittany Charlton, Patricia Herrera, Natalie Ingraham, Pamela Braboy Jackson, Brian Kelly, Krystale Littlejohn, Eliza Pavalko, Brian Powell, Bedelia Richards, Sonya A. Satinsky, Louise Seamster, Peggy Thoits, and Eric R. Wright, as well as the *Social Problems* editor and anonymous reviewers, for their helpful feedback on this paper. This work was supported by a Ford Foundation predoctoral fellowship awarded to the author.

<sup>2</sup> Supplemental multivariate analyses suggest that each of the four sexual behaviors significantly predicts one or more of the negative sexual outcomes (i.e., STIs, teen pregnancy, abortion), net of sociodemographic characteristics and depressive symptoms (available upon request).

<sup>3</sup> In supplemental multivariate analyses, which control for age, nativity, and depressive symptoms, Black and Latina/o youth report more frequent race discrimination than white youth, Black youth report greater cumulative frequency of discrimination than white youth, girls and young women report more frequent gender discrimination and more forms of interpersonal discrimination than boys and young men, and respondents whose families have received welfare report greater cumulative frequency of discrimination than those whose families have not ( $p < .05$ ).