Men's Sexual Orientation and Health in Canada

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ABSTRACT

Objectives: Previous large-scale population studies have reported that gay and bisexual men may be at increased risk for health disparities. This study was conducted to determine whether health status and health risk behaviours of Canadian men vary based on sexual orientation identity.

Methods: Utilizing the Canadian Community Health Survey data (Cycle 2.1, 2003; n=49,901), we conducted multivariable logistic regression to assess the independent effects of sexual orientation on health status and health risk behaviours. For all multivariate models, we calculated odds ratios, p-values, standard errors, and 95% confidence intervals (CIs) using the bootstrap re-sampling procedure recommended by Statistics Canada.

Results: When compared to heterosexual men, gay and bisexual men did not report more respiratory conditions; had lower rates of obesity and overweight BMI; and reported more mood/anxiety disorders, and a history of lifetime suicidality. Gay and bisexual men did not report higher rates of daily smoking or risky drinking, however, gay men reported an almost six-fold increase in STD diagnoses when compared to heterosexual men.

Conclusion: This study represents the largest-known population-based data analysis on health risks and behaviours among men of varying sexual orientations. These findings raise important concerns regarding the impact of sexual orientation on mental and sexual health. Limitations of this data set, including those associated with measurement of sexual orientation, are discussed. Further research is required to understand the mechanisms that influence these health resiliencies and disparities.

Key words: Health disparities; homosexuality; gay men; bisexual men; health behaviors; general population sample; sexual identity

La traduction du résumé se trouve à la fin de l'article.

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Several large international population-based studies with rigorous methodologies have suggested that gay and bisexual men may be at increased risk for a variety of health problems and health risk behaviours. Gay men report higher rates of respiratory problems, arthritis, intestinal problems, and migraines[1] and overall poorer levels of physical health[2] than either bisexual or heterosexual men. Gay and bisexual men report poorer mental health and higher rates of anxiety, depression, suicidality and self-harm,[3-9] while in other studies, gay men but not bisexual men report higher rates of these mental health problems,[1,10] compared to heterosexual men. Gay and bisexual men report higher levels of smoking than heterosexual men in some studies,[11-13] although the picture is mixed for bisexual men.[1,14,15] Alcohol use is an even more mixed picture, with a number of studies showing no or few statistically significant differences by sexual orientation,[3,7,16-18] and others reporting that gay men were less likely than heterosexual men to report alcohol abuse.[5,11] However, when looking at individuals who do drink, two studies found that gay and bisexual men were more likely to drink heavily,[1,11] gay men were more likely to report drunkenness,[16] and bisexual men were more likely than heterosexual men to report alcohol-related social consequences.[18] Gay and bisexual men also reported more sexual partners,[19,20] and higher rates of STD diagnoses than heterosexual men.[21,22]

Until recently, no population-based data have been available to determine whether these types of health disparities exist for gay and bisexual men in Canada. In the current study, we have conducted a detailed analysis of the data available from the Canadian Community Health Survey (CCHS, 2003) – which for the first time included a question about sexual orientation in its 2003 data collection (Cycle 2.1) – to determine whether health status and health risk behaviours of Canadian men vary based on sexual orientation identity.

METHODS

Sampling

Our study is a cross-sectional analysis of data from the CCHS: Cycle 2.1 (2003). The CCHS is a national population-based survey designed to gather cross-sectional health data on a representative sample of Canadians. In Cycle 2.1, trained interviewers conducted extensive computer-assisted interviews with over 135,000 Canadians. The sampling frame for CCHS 2.1 included 98% of the Canadian population and the sampling methods are described by Statistics Canada.[23] The overall response rate was 80.7%.[23] For our study, we limited the sample to respondents 18 years of age and older.

Measures

Sexual Orientation

The CCHS measured respondents' sexual orientation by asking "Do you consider yourself to be: 1) heterosexual? (sexual relations with people of the opposite sex); 2) homosexual? that is lesbian or gay (sexual relations with people of your own sex); 3) bisexual? (sexual relations with

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Table 1. Demographics by Sexual Orientation

	Heterosexual Men		Gay Men		Bisexual Men	
	Mean/%	**95% CI**	**Mean/%**	**95% CI**	**Mean/%**	**95% CI**
Age (mean yrs)	44.4	44.3-44.5	**39.9**	38.4-41.4	**39.3**	36.5-42.1
Immigrant (%)	21.9	21.3-22.5	**12.0**	7.8-16.3	18.6	11.1-26
< High school Education (%)	18.1	17.6-18.5	**7.7**	4.9-10.6	20.7	14.7-26.7
Annual household income ($CAD)	$72,700	$71,700-$73,700	$69,100	$61,500-$76,600	$67,400	$26,200-$108,700
Currently working (%)	69.9	69.3-70.5	72.7	67.8-77.7	66.8	58.6-75.1

Note: 95% CI = 95% confidence interval

Table 2. Unadjusted Prevalence Rates of Self-reported Health Status and Health Risk Behaviours by Sexual Orientation

	Heterosexual Men		Gay Men		Bisexual Men	
	%	**95% CI**	**%**	**95% CI**	**%**	**95% CI**
Respiratory condition	8.2	7.8-8.6	9.6	6.3-12.8	8.2	3.9-12.5
Hypertension	14.5	14.1-15.0	9.6	6.7-12.6	13.2	8.7-17.6
Physical health fair or poor	10.2	9.8-10.6	11.9	8.0-15.8	14.8	9.0-20.6
Overweight/Obese BMI	57.4	56.7-58.0	39.3	33.4-45.2	43.3	34.4-52.1
Mood or anxiety disorder	5.1	4.8-5.5	15.8	12.0-19.6	13.8	8.5-19.1
Mental health fair or poor	4.2	4.0-4.5	7.3	3.9-10.7	8.6	5.0-12.3
Life-time suicidality	7.4	6.8-7.9	25.2	14.6-35.8	34.8	13.6-56.0
Daily smoker	21.1	20.5-21.6	26.2	20.7-31.7	27.2	20.1-34.4
Risky drinking	13.3	12.7-13.8	11.1	7.1-15.1	16.3	9.3-23.3
Ever diagnosed with STD	5.4	5.0-5.8	26.6	19.4-33.7	9.4	3.3-15.5

Note: 95% CI = 95% confidence interval; BMI = Body Mass Index; STD = Sexually Transmitted Disease.

people of both sexes)". Hence the CCHS 2.1 measured the proportion of Canadians who *self-identified* as belonging to a sexual minority.

Socio-demographic Variables

Socio-demographic variables included age (continuous), sex, recent immigration (born outside of Canada and moved to Canada within 5 years of participating in survey), education level (high school diploma or no high school diploma), low income adequacy (a dichotomous measure based on total household income and the number of people in the household), employment status (currently employed or not) and race/ethnicity. We were obliged to aggregate ethnicity data into a binary variable ("white" or "non-white") in order to avoid small cells.

Health Status

Measures of health status included respiratory disease, hypertension, and mood or anxiety disorders. Reports of life-time suicidality, self-perceived physical health status and self-perceived mental health status were also included. The self-report global health status variables were measured using a 5-point global assessment scale (excellent, very good, good, fair, or poor). We also compared the likelihood of having an overweight or obese Body Mass Index (BMI) between sexual orientation groups.

Health Risk Behaviours

We examined health risk behaviours including tobacco use (current daily smoker or not), high-risk alcohol consumption (>8 drinks per week), and, of those who reported any sexual intercourse, any lifetime diagnosis with a sexually transmitted disease (STD).

Statistical Analysis

We described respondents' demographic characteristics by sexual orientation group. Next we conducted bivariate analyses to describe self-reported rates of outcomes and identify potential associations between gay or bisexual orientation and our outcomes relative to heterosexual men (with separate comparisons calculated for each of gay and bisexual men with heterosexual men as the referent group). Finally, we used multivariable logistic regression to assess the independent effects of sexual orientation on health status and health risk behaviours. We adjusted our analyses of health status for age, immigration, education, household income, employment level, and relevant health risk behaviours (e.g., smoking for respiratory disease, BMI for hypertension). We adjusted our health risk behaviours analyses for age (linear and quadratic terms), immigration, education level, household income, employment level and self-perceived health status.

For all logistic regression models, we calculated odds ratios, p-values, standard errors, and 95% confidence intervals (CIs) using the bootstrap re-sampling procedure recommended by Statistics Canada. All analyses were performed using Stata 10SE.

Using preliminary data provided by Statistics Canada, we assumed a sample of 536 gay men, 300 bisexual men, and 49,065 heterosexual male respondents. For each dependent variable, the range of responses varied because not all questions were asked of all participants (Range Gay men: 128-536; Bisexual men: 91-300; Heterosexual men: 18,944-49,065).

RESULTS

Table 1 shows the demographic characteristics of our sample by sexual orientation. Among the 18-59 year age group, 1.3% of Canadian men reported that they self-identified as homosexual and 0.6% of men reported that they self-identified as bisexual.[24] Heterosexual men were significantly older, on average, than gay or bisexual men and gay men were significantly less likely to be immigrants or to have lower education levels than both heterosexual and bisexual men.

Health status

Table 2 shows the unadjusted rates of self-reported health conditions by sexual orientation. Prevalence rates of hypertension before adjustment were slightly higher among heterosexual and bisexual men than among gay men. For respiratory conditions, prevalence rates were very similar across sexual orientation groups. Bisexual men were slightly more likely to report fair or poor physical health in our bivariate analyses than either gay or heterosexual men. Gay and bisexual men were less likely than heterosexual men to report overweight BMI. The results of our logistic regression analyses are presented in Table 3. After adjusting for potential confounders, there were no significant differences between the 3 sexual orienta-

Table 3. Health Status of Gay and Bisexual Men When Compared to Heterosexual Men Using Logistic Regression*

	Gay Men		Bisexual Men	
	OR (95% CI)	**p-value**	**OR (95% CI)**	**p-value**
Respiratory condition†	1.19 (0.80-1.77)	0.40	0.87 (0.47-1.59)	0.65
Hypertension‡	1.01 (0.72-1.43)	0.94	1.17 (0.72-1.89)	0.54
Physical health fair or poor	1.43 (0.96-2.14)	0.08	1.50 (0.95-2.36)	0.08
Overweight/Obese BMI	**0.43** (0.33-0.56)	<0.01	**0.61** (0.40-0.93)	0.02
Mood or anxiety disorder	**3.06** (2.20-4.25)	<0.01	**2.38** (1.45-3.90)	<0.01
Mental health fair or poor	1.55 (0.85-2.82)	0.15	1.53 (0.91-2.59)	0.11
Life-time suicidality	**4.13** (2.13-8.01)	<0.01	**6.32** (2.08-19.15)	<0.01

* all regressions adjusted for age, immigration, education, household income, employment level.
† also adjusted for smoking.
‡ also adjusted for BMI.
OR = Odds Ratio; BMI = Body Mass Index; STD = Sexually Transmitted Disease

Table 4. Health Behaviours of Gay and Bisexual Men When Compared to Heterosexual Men Using Logistic Regression

	Gay Men		Bisexual Men	
	OR (95% CI)	**p-value**	**OR (95% CI)**	**p-value**
Daily smoker	1.15 (0.86-1.54)	0.35	1.24 (0.86-1.80)	0.25
Risky drinking	0.71 (0.47-1.08)	0.11	1.27 (0.74-2.20)	0.38
Ever diagnosed with STD	**5.80** (3.92-8.57)	<0.01	2.19 (0.97-4.93)	0.06

OR = Odds Ratio

tion groups for reporting respiratory conditions, hypertension, or global physical health status. Differences in overweight BMI, however, remained significant after adjustment for covariates.

In the area of mental health, both gay and bisexual men reported markedly higher rates of mood and anxiety disorder compared to heterosexual men (Table 2). Gay and bisexual men were also more likely than heterosexual men to self-report their overall mental health as fair or poor. Moreover, both bisexual and gay men were much more likely than heterosexual men to report having ever seriously considered suicide in their lifetime. After adjustment for potential confounders (Table 3), differences in self-reported mental health were not significant; however, gay men were 3.1 times more likely and bisexual men 2.4 times more likely than heterosexual men to report a mood or anxiety disorder. Also after adjustment for potential confounders, gay men were 4.1 times more likely and bisexual men 6.3 times more likely than heterosexual men to report lifetime suicidality.

Health Risk Behaviours

In our bivariate analyses, unadjusted prevalence rates of daily smoking were slightly higher for gay and bisexual men than for heterosexual men, while prevalence rates of risky drinking were highest for bisexual men and lowest for gay men (Table 2). However, after adjusting for potential confounders, there were no statistically significant differences between the 3 groups for either daily smoking or risky drinking (Table 4). Gay and bisexual men had significantly higher reported rates of ever having been diagnosed with an STD compared to heterosexual men. After adjustment for potential confounders, the difference between gay men and heterosexual men was significant with gay men being 5.8 times more likely to have been diagnosed with an STD. There was no significant difference in STD history between bisexual and heterosexual men after adjustment.

DISCUSSION

This study represents the first opportunity to examine disparities for men of differing sexual orientations related to health status and health risks using a large Canadian population-based dataset. The findings of this study show evidence of significant differences in the health status and health behaviours of Canadian men of different sexual orientations.

In terms of physical health, and in contrast to some previous research,[1] gay and bisexual men did not report more respiratory conditions than heterosexual men. There was a clear difference between heterosexual men and sexual minority men with regard to BMI, with gay and bisexual men having lower rates of obesity and overweight BMI.

Our data provide evidence of poorer mental health among gay and bisexual men when compared to heterosexual men. In particular, both gay and bisexual men reported significantly higher prevalence of mood or anxiety disorders, and were significantly more likely to report a history of lifetime suicidality. These findings corroborate other evidence that gay and bisexual men report higher rates of anxiety and depression[2-5,7,9,17,25,26] and lifetime suicidality[4,7,9] than heterosexual men. Within this data set, gay men were four times more likely to have ever seriously considered suicide, and bisexual men reported a six-fold increase in risk for having ever seriously considered suicide compared to heterosexual men. These findings highlight the significant mental health disparities affecting bisexual men in particular.

In terms of health risk behaviours, gay and bisexual men in our study did not report higher rates of daily smoking or risky drinking. Several previous studies have reported higher rates of smoking for gay men.[1,11,12,14,15] The limited research that has included bisexual men when comparing rates of smoking has shown that bisexual men's smoking rates tend to be similar to those of heterosexual men.[14,15] Our findings appear to corroborate these studies on bisexual men's smoking rates, but show a different picture for gay men. Though some previous research has shown an increased risk for alcohol use among gay and bisexual men,[1,13,16,18] our findings appear to validate the majority of research in this area that reports no increase of risky drinking for gay and bisexual men.[1,3,5,11,17,27] Finally, our findings suggest that gay men have a dramatically elevated lifetime prevalence of STDs. These findings are consistent with much previous research.[21,22]

This study represents the largest population-based sample size (n>135,000) that has looked at sexual orientation and health risks and behaviours among men. Much of the previous research also problematically combined non-heterosexually identified men into one group. The CCHS design provides the necessary sample size to examine groups of self-identified gay and bisexual men separately.

The use of a single *identity* variable to measure sexual orientation is an important limitation to our study. As many as 24% of men who have sex with other men do not self-identify as gay or bisexual.[28] As a result, this question may obscure health disparities between men who have sex with men and others. Recent evidence suggests that those who do not self-identify as gay or bisexual but engage in same-sex activity are likely to be at highest risk for poor health outcomes.[26] Recent advances in methodology have suggested that in addition to the use of a sexual orientation identity variable, it is useful to measure sexual behaviour and, in some populations (such as youth), desire/attraction as well, in order to fully capture the experience of sexual minorities.[29]

This study's findings suggest that current Canadian health practice and policy are not ameliorating the effects of stigma and discrimination on the marginalization of gay and bisexual men. Further research is required to understand the mechanisms that influence these health disparities in order that effective interventions and policies to address these health disparities are developed and evaluated.

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RÉSUMÉ

Objectifs : Selon des études démographiques à grande échelle menées antérieurement, les hommes homosexuels et bisexuels pourraient courir un risque accru d'afficher des disparités dans leur état de santé. Nous avons voulu déterminer si l'état de santé des Canadiens de sexe masculin et leurs comportements présentant un risque pour la santé varient selon leur orientation sexuelle.

Méthode : À l'aide des données de l'Enquête sur la santé dans les collectivités canadiennes (Cycle 2.1, 2003; n=49 901), nous avons effectué une analyse de régression logistique multivariée pour déterminer les effets indépendants de l'orientation sexuelle sur l'état de santé et sur les comportements qui présentent un risque pour la santé. Dans tous nos modèles multivariés, nous avons calculé les rapports de cotes, les valeurs P, les erreurs-types et les intervalles de confiance (IC) de 95 % par la méthode de rééchantillonnage bootstrap recommandée par Statistique Canada.

Résultats : Comparativement aux hommes hétérosexuels, les hommes homosexuels et bisexuels ne déclaraient pas plus de troubles respiratoires; leurs taux d'obésité et d'IMC en surpoids étaient plus faibles; mais ils déclaraient davantage de troubles de l'humeur et de troubles anxieux, et des antécédents de suicidabilité sur la vie entière. Les hommes homosexuels et bisexuels ne déclaraient pas de taux de tabagisme quotidien ni d'abus d'alcool plus élevés; cependant, les homosexuels faisaient état de diagnostics de MTS presque six fois plus élevés que les hétérosexuels.

Conclusion : Cette étude est la plus vaste analyse connue de données représentatives sur les risques pour la santé et les comportements d'hommes de diverses orientations sexuelles. Nos constatations soulèvent des préoccupations importantes quant à l'incidence de l'orientation sexuelle sur la santé mentale et sexuelle. Nous expliquons les contraintes de ce jeu de données, dont celles associées à la mesure de l'orientation sexuelle. Il faudrait pousser la recherche pour comprendre les mécanismes qui influencent la résilience et les disparités sur le plan de la santé que nous avons mises en évidence.

Mots clés : disparités d'état sanitaire; homosexualité; homosexualité masculine; bisexualité masculine; comportements liés à la santé; échantillon issu de la population générale; identité sexuelle