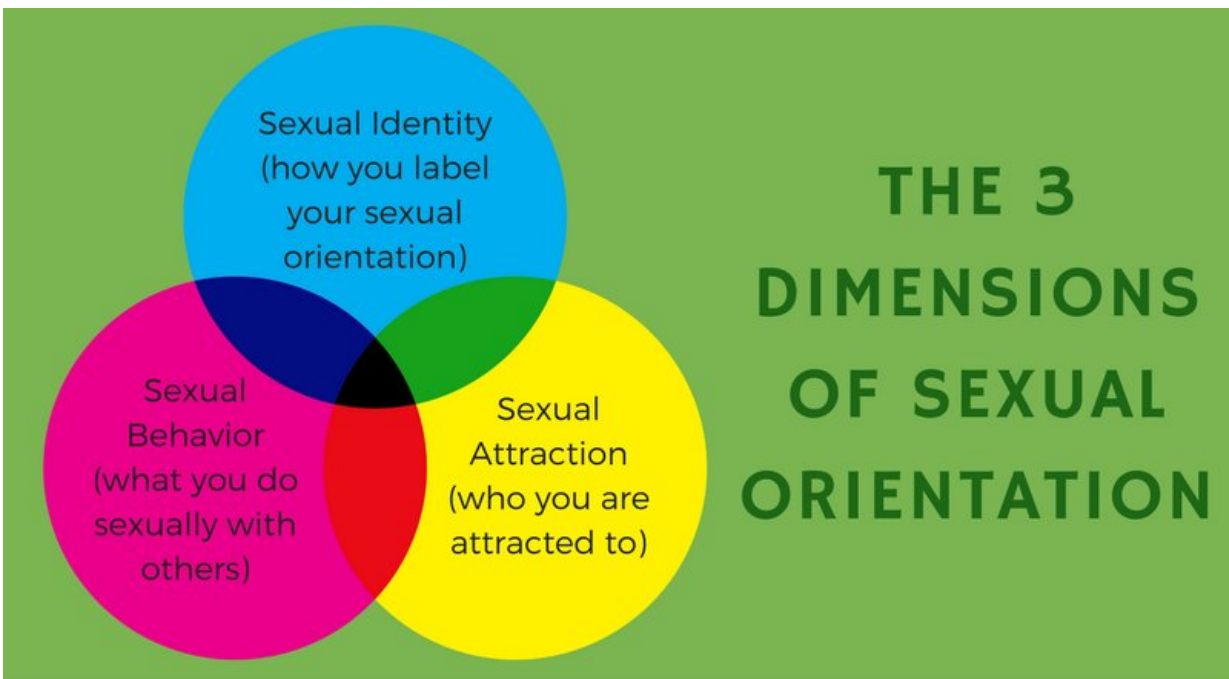


Women's sexual orientation linked to (un)happiness about birth

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Sexual orientation was measured by the combination of sexual identity, sexual attraction, and sexual behavior. Credit: Lisa Lindley

Unhappiness about a pregnancy or birth has been associated with negative health outcomes for mothers and babies. Yet, unhappiness about a pregnancy or birth has been understudied, particularly among sexual minority (non-heterosexual) women. George Mason University's Dr. Lisa Lindley and her colleagues at the University of South Carolina

published findings of their new study in Perspectives on Reproductive and Sexual Health, "Sexual Orientation Concordance And (Un)Happiness About Births."

As Lindley explains, "To our knowledge, this is the first investigation of [birth happiness](#) by sexual orientation discordance across sexual orientation measures using a nationally representative sample of [women](#) of reproductive age. Previous research has focused exclusively on heterosexual women, or assumed that the women were heterosexual."

Lindley and colleagues examined birth happiness among women by sexual orientation discordance using data from the 2006-2015 National Survey of Family Growth. Birth intention, male partnership context (marital/relationship status, wanting to have a child with the father, and father's feeling about the [pregnancy](#)), and sociodemographic covariates (race/ethnicity, mother's education, household income, etc.) were included to determine whether they mediated the relationship between birth happiness and sexual orientation discordance. Sexual orientation was measured using the combination of sexual identity, sexual attraction, and sexual behavior variables. Sexual [orientation](#) "concordance" was defined as consistency across these three dimensions. For example, a woman who identified as lesbian, reported only same sex attractions, and engaged only in same-sex behaviors would be considered "concordant," while a woman who identified as heterosexual but reported same-sex attractions or behaviors would be considered "discordant."

Heterosexual-discordant women were of particular interest in this study as they are more likely to engage in [risky sexual behaviors](#) and have unintended pregnancies than their heterosexual-concordant counterparts. Consistent with their previous research, Lindley and colleagues also found that heterosexual-discordant women were significantly less happy about their births than heterosexual-concordant women. The fact that births were less likely to be intended and that relationships with male

partners were less favorable for births among heterosexual-discordant women partially explained this association.

Lindley pointed out that other factors likely contributed to birth unhappiness among heterosexual-discordant women but were not assessed in the National Survey of Family Growth. According to Lindley, "heteronormative expectations for women, including the pressure to be in a relationship with a man and to have children, may have contributed to their birth unhappiness. This would be especially true if heterosexual-discordant women preferred to be in a relationship with a woman and/or did not want to have a child, or if they had a child to conceal their same-sex attractions and behavior."

Additionally, the survey did not ask women about their pregnancy happiness, or their partner's favorability about the pregnancy, but rather assessed their happiness/favorability about the birth. Thus, the researchers were unable to compare happiness levels by [sexual orientation](#) discordance for pregnancies that did not end in birth (i.e., ended in miscarriage or abortion).

Despite strong evidence of risky sexual behaviors, unintended pregnancies, and unhappiness about births occurring among sexual minority women, particularly among heterosexual-discordant women, these concerns are simply not being addressed. Lindley and colleagues point to a gaping hole in the research literature about how best to reach and educate sexual minority women and how best to tailor services and programs for them. They strongly suggest additional efforts in these areas to identify best practices.

More information: Caroline Sten Hartnett et al, Sexual Orientation Concordance And (Un)Happiness About Births, *Perspectives on Sexual and Reproductive Health* (2017). [DOI: 10.1363/psrh.12043](https://doi.org/10.1363/psrh.12043)

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