



Sex of sexual partners and disordered weight control behaviors in a nationally representative sample of South Korean adolescents

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ABSTRACT

Eating disorders are a serious and life-threatening health issue associated with physical and mental health problems. Stigma associated with sexual orientation is thought to be one contributor to eating disorders symptoms in U.S. adolescents. Additional research on disordered weight control behaviors in diverse populations is needed to better understand their etiology. To examine the association of sex of sexual partners with disordered weight control behaviors among South Korean adolescents, we analyzed survey data from 67,266 adolescents, ages 12–18 years, from the 2015 Korea Youth Risk Behavior Web-based Survey. Adolescents were grouped based on self-reported sex of sexual partners. Disordered weight control behaviors included fasting, vomiting, or use of unprescribed diet pills for weight control in the past month. Among both girls and boys, those reporting partners of both sexes had higher odds and those with no sexual partners had lower odds of disordered weight control behaviors. Those with same-sex partners only were not significantly different in disordered weight control behaviors from those with other-sex partners only for girls or boys. Our findings demonstrate the need for further research identifying ways to mitigate risk for this vulnerable group.

1. Introduction

Eating disorders are a serious and often life-threatening public health issue associated with numerous physical and mental health problems (Smink et al., 2012). As eating disorders affect individuals of all ages, genders, economic classes, races, and ethnicities, additional research addressing disordered weight control behaviors in diverse populations is needed to better understand their etiology and prevention among all groups (Hudson et al., 2007). Limited existing research on sexual minority populations suggests associations between sexual orientation and disordered eating (Coker et al., 2010). Indeed, sexual minority adolescents in the United States show a higher prevalence of fasting and purging for weight control and binge eating than their heterosexual peers do (Austin et al., 2013, 2009; Matthews-Ewald et al., 2014; Watson et al., 2017), and sexual minorities in the U.S. may be at heightened risk for disordered weight control behaviors and diagnosed eating disorders (Austin et al., 2013, 2009; Bankoff and Pantalone, 2014; Matthews-Ewald et al., 2014; Shearer et al., 2015). However, most of the research examining patterns of disordered weight control behaviors among sexual minority groups has been isolated to North America and no research to date examines the association in East Asia

in general or South Korea specifically. Additionally, while there is little research on the prevalence of eating disorders in South Korean adolescents, one study of adults estimates this figure to be about 0.2% (Cho et al., 2007).

Minority Stress Theory postulates that sexual minorities are at increased risk for physical and mental health problems, including disordered weight control behaviors, as a result of social stress, stigma, and discrimination targeting their minority status (Meyer, 2003). This psychosocial stress may be attributed to lack of social acceptance, expectation of prejudice, perpetration of harassment, and even physical violence associated with sexual minority status, which have been associated with poorer health outcomes among sexual minorities in the United States (Berlan et al., 2010; Coker et al., 2010). In addition, the internalization of society's negative attitudes toward sexual minorities can further contribute to minority stress and has been shown to lead to increased internalizing symptoms, such as depression and anxiety (Newcomb and Mustanski, 2010). Research has established that U.S. sexual minority adolescents may use a variety of coping mechanisms, such as disordered eating behaviors, to deal with internalizing symptoms and minority stress (Katz-Wise et al., 2015). Similar to U.S. sexual minorities, South Korean sexual minorities experience stigma and

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discrimination associated with sexual minority status. However, sexual minorities in South Korea also experience unique alienation and prejudice as a result of low tolerance of social difference in cultural South Korean values based on Confucianism (Kim and Yang, 2015; Yoon, 1997).

Previous research suggests that, in addition to sexual minorities disproportionately suffering from eating disorders compared to heterosexual peers, there may also be subgroup differences in disordered weight control behaviors within sexual minorities (Koh and Ross, 2006). One such group includes individuals who identify as bisexual or report sexual partners of both sexes. Indeed, one study of U.S. adolescents and young adults found that among females, bisexuals were 40% more likely to report purging than their mostly heterosexual peers and twice as likely to report purging than their lesbian peers (Austin et al., 2009). A different study of U.S. adolescent males found that disordered eating behaviors were most common among those who reported both male and female sexual partners (56.4%), compared with those who reported only male or female partners (53.4% and 39.4%, respectively) (Ackard et al., 2008). A study of over 20,000 U.S. adolescents found that those who reported sexual partners of both sexes had three and half higher odds than those who reported other-sex partners of reporting disordered eating behaviors (Robin et al., 2002).

Extant research shows similar findings among adults. A study of U.S. women found that those who reported attraction to both sexes had more disordered eating symptoms than those who reported attraction to only one sex (Shearer et al., 2015). In addition, women who were unsure of their sexual orientation reported the most disordered eating symptoms of all (Shearer et al., 2015). Another study of U.S. women found that bisexuals were more than twice as likely as lesbians were to report an eating disorder diagnosis (Koh and Ross, 2006).

In addition to the need for additional knowledge on how sexual orientation and sexual minority status may be associated with disordered weight control behaviors, little is known about disordered weight control behaviors among East Asian populations, specifically, South Koreans. Existing research suggests that South Korean women may report greater body dissatisfaction than North American and European women (Woo, 2014). In fact, there is evidence that Korean women who immigrated to the U.S. and Native Korean women experience more disordered weight control behaviors than Korean-American women (Jackson et al., 2006). One study found that among South Korean female university students, 43.8% reported feeling dissatisfied with their appearance and 37.7% were at risk for an eating disorder (Woo, 2014). Another study found that over half of South Korean females and males between the ages of 10 and 24 years had distorted body image, which was assessed by comparing selected somatotype drawings representing perceived body size with actual body size classification based on body mass index (Hong et al., 2015). Distorted body image was most prevalent among adolescent Korean females and males ages 10–17 years compared with young adults ages 18–24 years (Hong et al., 2015).

Given the need for additional research examining disordered weight control behaviors among sexual minority groups and East Asians, the aim of this study was to examine the association of sex of sexual partners with disordered weight control behaviors among South Korean adolescents. Considering known disparities in disordered weight control behaviors by sexual orientation subgroup in North American adolescents and stigma experienced by sexual minority South Koreans, we hypothesized that disordered weight control behaviors in South Korean sexual minority adolescents would similarly differ by sex of sexual partner. We hypothesized that adolescents who reported same-sex sexual partners and sexual partners of both sexes would report more disordered weight control behaviors than adolescents who reported other-sex sexual partners.

2. Methods

The cross-sectional association of sex of sexual partners with disordered weight control behaviors among South Korean adolescents was examined using data from the 2015 Korea Youth Risk Behavior Web-based Survey, a nationally representative survey of South Korean school-attending youth, ages 12–18 years, conducted by the Korean Centers for Disease Control and Prevention (K-CDC) and Ministry of Education (The eleventh Korea Youth Risk Behavior Web-Based Survey user's guide, 2015; Kim et al., 2016). The two-week test-retest reliability of this survey has been reported in a previous study (Bae et al., 2010). A total of 800 schools and 70,362 students were sampled using a stratified multistage cluster design. After excluding incomplete and missing responses, the analytic sample included 32,511 girls and 34,755 boys (96.6% response rate). This high response rate may be attributed to administrative support by the Korean Ministry of Education and the anonymous, web-based nature of the questionnaires (Kim et al., 2016). As we used an anonymous, publicly available dataset provided by the K-CDC, this study was exempt from IRB review from the Office of Human Research Administration at the Harvard T.H. Chan School of Public Health.

To assess disordered weight control behaviors, participants were asked, “Have you ever engaged in any of the following weight control behaviors over the last 30 days?” and chose as many as applied from the options: “vomited or thrown up on purpose after eating,” “fasted (skipped meals for 24 h or more),” or “used unprescribed diet pills.” Disordered weight control behaviors was coded as a binary variable (yes/no) and was coded as “yes” with report of any of the response options. This item was modified from validated disordered weight control behaviors items used by the Centers for Disease Control and Prevention's Youth Risk Behavioral Surveillance System (Brener et al., 1995).

To determine sex of sexual partners, participants were asked, “Have you had sexual experience?” and chose all that applied from the options: “none,” “sex with other-sex partner(s),” and “sex with same-sex partner(s).” Responses were coded NSP for “none,” OSO for “sex with other-sex partner(s)” only, SSO for “sex with same-sex partner(s)” only, and BS for those who reported partners of both sexes. Multivariable logistic regression models were stratified by sex and, based on previous research, controlled for age, household income (low, middle, high), parental education (\leq middle school graduate, high school graduate, $>$ college graduate, unknown, not applicable), parental immigration status (yes/no), school type (middle school, general high school, vocational high school), school sex-composition (single-sex, co-educational), and urbanicity of school location (metropolitan, small-to-mid sized city, rural). SAS 9.4 survey procedure (SAS Institute, Cary, NC) was used for all analyses to adjust for the complex survey design.

3. Results

As shown in Tables 1, 97.5% of girls and 93.4% of boys reported no sexual partners, 2.1% of girls and 5.6% of boys reported sex with other-sex partners only, 0.3% of girls and 0.6% of boys reported sex with same-sex partners only, and 0.2% of girls and 0.5% of boys reported sex with partners of both sexes. Overall, 6.6% of girls and 3.1% of boys reported disordered weight control behaviors. As shown in Table 2, among girls when compared to those reporting other-sex partners only, those who reported sex with partners of both sexes showed higher odds of disordered weight control behaviors (adjusted OR 2.07; 95% CI 1.10, 3.89) and those who reported no sexual partners had lower odds of disordered weight control behaviors (OR 0.43, 95% CI 0.35, 0.53). Among boys when compared to those reporting other-sex partners only, those who reported sex with partners of both sexes had higher odds of disordered weight control behaviors (OR 2.00; 95% CI 1.16, 3.44) and those who reported no sexual partners had lower odds of disordered weight control behaviors (OR 0.46; 95% CI 0.37, 0.56). No significant

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