

Exploration of gender perceptions among adolescents

Alfredo Eymann^a , María M. Bellomo^a , Mariana Krauss^a ,
Amanda R. Soto Pérez^b , Cristina Catsicaris^a , Valeria Mulli^a 

ABSTRACT

Introduction. Gender expression and sexual identity are not always the same as the sex assigned at birth. Our objective was to explore gender perceptions among adolescents who attended a teaching hospital in the Autonomous City of Buenos Aires.

Population and methods. This was a cross-sectional study. An anonymous survey was administered to patients aged 13-20 years at the waiting room of the outpatient adolescent clinic between April and December 2019.

Results. A total of 834 adolescents completed the survey; their average age was 16.3 ± 2.3 years. Among them, 3.3% (2.9% females and 4.3% males) perceived their gender identity as different from their sex assigned at birth; 26% perceived their sexual orientation was not heteronormative; almost 10% experienced discrimination due to their sexual orientation; and this was associated with a non-heteronormative sexual orientation ($p < 0.0001$). Female adolescents kissed same sex persons on the mouth more often than male adolescents: 44.8% versus 19% ($p < 0.0001$).

Conclusions. In this population of adolescents, 3.3% perceived their gender identity was different from their sex assigned at birth and 26% had a non-heteronormative sexual orientation.

Key words: sexual orientation, gender identity, masculinity, femininity.

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- a. Division of Adolescence, Clinical Pediatrics Service, Department of Pediatrics.
- b. Department of Pediatrics. Hospital Italiano de Buenos Aires. City of Buenos Aires, Argentina.

E-mail address:
Alfredo Eymann:
alfredo.eymann@hospitalitaliano.org.ar

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INTRODUCTION

During adolescence, aspects related to identity and autonomy become consolidated and life plans start to take shape. During this stage, behaviors that deviate from what is considered normative for each society and the exploration and violation of boundaries are to be expected. Such behaviors are observed across all cultures and set the foundations for the development of the adult individual.¹

Gender expression and sexual identity are not always necessarily associated with the sex assigned at birth. It is a common, culturally diverse phenomenon, and its variations should not be construed as an abnormality or a disease.² However, sometimes expressions of gender roles different from the sex assigned at birth may cause rejection from the family and environment, resulting in stigmatization and isolation.^{3,4}

Based on the transformative changes brought about by feminist movements, many contributions have been made to the feminist theoretical framework that help us to understand the significance of those social changes. Some of the contributions to gender as a sociocultural construct given in discourse and performative acts are, for example, those by Simone De Beauvoir "one is not born, but rather becomes, a woman"; or by Judith Butler "gender is to culture as sex is to nature"; or by Marcela Lagarde, who defined gender as a category that analyzes the historical synthesis between biological, economic, social, legal, political, psychological, and cultural aspects.^{2,3,5}

Accompanied by such theoretical frameworks and encouraged mainly by non-governmental organizations, deep cultural transformations have taken place in Argentina in terms of language, clothing, and sexual expressions.^{6,7} Such changes have been complemented by other modifications in the legal framework with the enactment of new laws like the legalization of abortion, comprehensive sex education in schools, gender identity, gender violence, and same-sex marriage, among others, and social movements against gender-based violence, like *Ni Una Menos* (Not one woman less).⁷

Health care providers should support and accompany the process of subjectivation of people. They are expected to be able to encourage and respect adolescents' autonomy and understand that gender may be subjectivized in multiple and endless manners.^{4,8,9}

Youth have historically played a key role in the processes of society transformation and is the group that most easily embraces change.^{10,11}

No studies about gender perceptions among adolescents have been published in our setting.

The objective of this study was to explore gender perceptions among adolescents who attended a teaching hospital in the Autonomous City of Buenos Aires.

POPULATION AND METHODS

This was a cross-sectional study. The study population was made up of adolescents aged 13-20 years who attended the outpatient adolescent clinic between April and December 2019. The population attending our facility includes adolescents from urban areas, and all of them have access to health coverage.

The sample was selected by convenience in a non-randomized manner. The adolescent population attending scheduled appointments was invited to participate.

Their oral consent was obtained. Participants were asked to complete an anonymous survey on their own at the waiting room, after the office visit.

A questionnaire was designed. Its content was validated by having an expert committee on adolescence made up of 3 physicians review the bibliography. An apparent validity test was performed in a sample of 7 adolescents, which led to adjustments. No reliability tests were done.

The questionnaire assessed the following variables: age, sex assigned at birth (female, male, intersex), gender perception (woman,

man, non-binary, does not know, other), doubts about sex assigned at birth being different from their gender, sexual orientation (heterosexual, gay, lesbian, bisexual, other, does not know, not interested in sex), wearing clothes socially identified with a sex that is different from their sex assigned at birth (no, sometimes, yes), using gender neutral language (no, sometimes, yes), sexual desire for a person of the same sex as their sex assigned at birth (no, yes, no sexual desire), kissing on the mouth (no kisses, kissing a person of the same sex as their sex assigned at birth, kissing a person of a sex different from their sex assigned at birth), and having sexual intercourse (no sexual intercourse, sexual intercourse with a person of the same sex as their sex assigned at birth, sexual intercourse with a person of a sex different from their sex assigned at birth) (*Supplementary material*).

Gender neutral language was defined as the linguistic practice that avoids sexist language and includes all genders, as perceived by each adolescent.

Clothing socially identified with a sex was defined based on what each adolescent perceived in terms of fashion stereotypes.

Categorical variables were described as absolute values and percentages, while numerical variables, as mean and standard deviation. The χ^2 test was used to analyze associations, and a value of $p < 0.05$ was considered significant. The Stata 15® statistical software was used.

The study was approved by the Ethics Committee for Research Protocols of our facility (No. 4089).

RESULTS

A total of 836 adolescents were invited to participate; only 2 refused to complete the questionnaire (response rate: 99.7%). Their average age was 16.3 ± 2.3 years. Their sex assigned at birth was female (578, 69.3%), male (255, 30.6%), and intersex (1, 0.1%).

Table 1 shows that 3.3% of our adolescent population (2.9% of females and 4.3% of males) perceived their gender identity was different from their sex assigned at birth. Also, 5.3% (44/789) said they had doubts about their gender identity.

Table 2 describes that 26% (221/834) perceived they did not have a heteronormative sexual orientation. In addition, 9.9% (74/749) experienced discrimination due to their sexual orientation; and this was associated with a non-heteronormative sexual orientation ($p < 0.0001$).

Table 3 describes sexual desire and behaviors in our adolescent population.

Female adolescents kissed same sex persons on the mouth more often than boys: 44.8% versus 19% ($p < 0.0001$). Female adolescents who were sexually active had sexual intercourse with persons of the same sex in a similar rate as male

adolescents: 4.5% versus 3.1% ($p = 0.6$).

Table 4 shows that 44.5% of the study population used gender neutral language and that 35.7% wore clothes socially identified with a sex different from their sex. Adolescents assigned female at birth used gender neutral language more often than male adolescents: 50.1% versus

TABLE 1. Sex assigned at birth and gender identity among adolescents ($n = 834$)

	Woman	Man	Non-binary	Does not know	Other
Female, n (%)	561 (97)	8 (1.4)	4 (0.7)	5 (0.9)	0
Male, n (%)	6 (2.4)	244 (95.7)	2 (0.8)	2 (0.8)	1 (0.4)
Intersex, n (%)	0	1 (100)	0	0	0

TABLE 2. Sexual orientation among adolescents ($n = 834$)

Orientation	N (%)
Heterosexual	613 (73.9)
Gay, lesbian, queer	19 (2.3)
Bisexual	131 (15.8)
Does not know	44 (5.3)
Not interested	17 (2)

TABLE 3. Sexual behaviors and desires among adolescents ($n = 834$)

	Behaviors and desires	N (%)
Sexual desire for a person with the same sex assigned at birth	No	552 (66.6)
	Yes	233 (28.1)
	No desire felt	44 (5.3)
Kiss on the mouth	Same sex person	309 (37.1)
	Different sex person	721 (86.7)
	No kiss	92 (11)
Sexual intercourse	Same sex person	34 (4)
	Different sex person	353 (42.5)
	No sexual intercourse	465 (56)

TABLE 4. Clothing behaviors and language use among adolescents ($n = 834$)

Behavior and language		N (%)
Wears clothes socially identified with a sex different from their sex assigned at birth	No	532 (64.3)
	Sometimes	208 (25.1)
	Yes	87 (10.6)
Uses gender neutral language	No	462 (55.5)
	Sometimes	286 (34.4)
	Yes	84 (10.1)

31.8% ($p < 0.0001$) and also wore more clothes socially identified with a different sex than male adolescents: 44.6% versus 17.2% ($p < 0.0001$).

DISCUSSION

This study found that 3.3% of the adolescent population who attended a visit at our clinic perceived their gender identity was different from their sex assigned at birth and 26% had a non-heteronormative sexual orientation.

The female/male ratio in the participating adolescent population was 3/1, the same ratio observed in consultations to our adolescent clinic practice, but different from the general population ratio.¹² A similar ratio was observed in adolescents aged 10-19 years who were taking part in the Remediar program, which provides basic medications to health centers across Argentina.⁹

A study reported that females use health care services more often because they are more concerned about menstrual cycles, contraception, pregnancy, psychological issues, and nutrition,¹³ and such consultations are usually related to preventive services and take place in a high socioeconomic level.¹⁴ In addition, only 1 patient was intersex. This is similar to the mean population proportion, which ranges from 0.05 to 1.7%.¹⁵

This study found several adolescents who perceived their gender identity was different from their sex assigned at birth. Leiva et al. described gender as a construction of social and cultural aspects, and sex as the biological male-female category.¹⁶ Such proposal supports an ongoing interaction between biology and culture, between male-female sexual dimorphism and the resulting sociocultural product: masculinity-femininity.¹⁷ Three theoretical approaches have attempted to explain the origin of gender: sociobiology, social constructivism, and psychodynamics.^{16,17} In addition, according to Butler, "gender is a complexity whose totality is permanently deferred, never fully what it is at any given juncture in time".³

Only in 2011, the DSM-V and ICD-10 removed the diagnosis of transsexuality from mental health disorders.¹⁸ It has been stated that the male/female differentiation, the cisnormative paradigm, broadly based on sex and gender binarism, has justified pathologizing, discriminating, and punishing any population that did not fit certain parameters considered normal or desirable.¹⁹

Sexual exploration is an expected human behavior, especially during adolescence.¹ The

connotation of sexual experiences during youth is related to both hormonal transformations taking place in the body and cultural mandates linked to gender, ethics, and religion, which have an impact on expressions of sexuality.²⁰

Gender-based expectations play a major role on adolescents' sexual initiation.^{13,21} Together with family factors, the most common behaviors are influenced by the spatial, historical, financial, and sociocultural setting in which adolescents live.^{10,22}

Approximately 5% of the adolescent population in our study had doubts about their gender identity, and 26% defined themselves as non-heteronormative. The study by Diamond in first year university students showed that people may change how they define their sexuality over time. That study gave rise to the concept of sexual fluidity, which means that the difference between same sex activity and opposite sex activity fades and exists on a continuum.^{23,24} In addition, according to Duranti, the concept of sexual fluidity may vary highly in terms of duration, from a brief to a prolonged period, as well as in terms of preferences.²⁵ In the case of adolescents, such fluidity is particularly marked and traditional definitions are not as easily applied; they do not fit in the traditional gay, lesbian or bisexual definitions. Certain resistance to define a sexual identity is also new and, when they do, in most cases, such identity poses a very subjective bias or, in other cases, a political aspect.²⁵ What is most important is that even if such identity is put into words, it does not necessarily go along with actual sexual and emotional practice. Nowadays, sexual practice is not considered to define identity and individuals should not be labeled based on it.²⁶ In addition, in 1998, Garofalo et al., observed that 2.5% of a sample of 4100 adolescents aged 14-17 years identified themselves as gay, lesbian, or bisexual.²⁷

In relation to cultural changes, Brown observed that whereas culture is opening to accept sexual minorities, youth start sharing their diverse gender identity and sexual orientation at an earlier age than in the past.^{28,29} In the United States, approximately 1.3 million high school students identified as a sexual minority, and 500 000 said they were not sure about their sexual identity.³⁰ In line with this, a study reported that 1.8% of the population in a high school identified as transgender.³¹

Our study found that several adolescents experienced discrimination due to their sexual orientation, and this was associated with a non-

heteronormative sexual orientation. Adolescence is a social construct whose meaning has varied historically and in different cultural settings. Pierre Bourdieu defined being an adolescent as the existence in the world in relation to other groups in terms of the fight for access to social resources, their distribution, and the competition for their control and monopolization; therefore, not every individual who is old enough to be an adolescent is socially fit to be one.^{32,33} Moreover, Ramos stated that “adolescence is not a universal and homogeneous totality, unlike what has been proposed in traditional approaches”.³⁴ Another author suggested using the Spanish term “adolescencias” (as a plural of adolescence) to describe the multiplicity and diversity of the adolescent group where, as pointed out, an interaction occurs among social aspects related to gender, age, socioeconomic status, ethnicity, and sexual orientation, among others.³⁵ Based on these concepts, it may be stated that our study population might have been less susceptible to being discriminated against compared to those with a lower socioeconomic status.

Studies supported by the United Nations demonstrated that, in the United States, 70% of lesbian, gay, bisexual, and transgender (LGBT) youth experienced discrimination at school whereas, in Argentina, 45% of LGBT youth dropped out of school for the same reason.^{8,35-37}

Almost half of the studied population used gender neutral language and one-third wore clothes socially identified with a sex different from their sex assigned at birth; this indicated to what extent adolescents embrace new forms of becoming related through the use of non-sexist language and different ways of dressing. These behaviors may be construed as an attempt to differentiate themselves from adult hegemonic models.

Almost one-third of the adolescent population in our study expressed sexual desire for a person of the same sex as their sex assigned at birth and many of them had kissed on the mouth with a person of the same sex as their sex assigned at birth; this was more frequent among females than males. Thompson and Morgan described a new sexual behavior categories in adolescent females known as mostly straight young women.³⁸ This category is not the same as bisexual or lesbian and heterosexual and may explain why so many females had kissed other females on the mouth in our study. The authors referred to bi-curious or heteroflexible women as those who had

sexual intercourse with other women, mostly during their youth. These women do not perceive themselves as bisexual because they do not feel included in such category.³⁸ According to Diamond, the sexual practice of women with other women may correspond to a temporary transition towards becoming heterosexual, bisexual or lesbians. In addition, the author stated that it may be influenced by the heteroflexible cultural trend.²³

A study carried out in cisgender male adolescents and youth who had sex with males delved into discrimination and a complex process of perception, recognition, and acceptance of themselves and others in relation to a sexual orientation consistent with a hegemonic model of masculinity that participants themselves accounted as sexist.³⁹

In a patriarchal culture, males made a less negative assessment of lesbians than of gays; this is because many men assign a high level of eroticism to lesbianism, particularly to observing or imagining sexual practices between two women.⁴⁰

Considering the results of the study about the adaptation of the Homophobic Bullying Scale among Spanish adolescents from 2018, again, the level of bullying against gays is higher than against lesbians, which evidences, once more, the lower level of discrimination against lesbian women.⁴⁰

This study has several limitations linked to the fact that data were collected through an anonymous survey, at a single health care center, and that it does not contribute to understanding the significance of its findings because studies with qualitative designs will be required. However, we believe this study provides valuable information about the changes in gender perceptions in the adolescent population.

CONCLUSIONS

In this population of adolescents, 3.3% perceived their gender identity was different from their sex assigned at birth and 26% had a non-heteronormative sexual orientation. ■

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SUPPLEMENTARY MATERIAL

Exploration of gender issues among adolescents

Hi. In the setting of recent cultural and legal changes (language, gender identity law, same-sex marriage, etc.), we would like know your opinion. You are invited to complete a confidential, anonymous survey about gender issues.

1- Age: ____ years

2- Please indicate your sex assigned at birth:

Female ☐ Male ☐ Intersex ☐

3- Please indicate your perceived gender:

Man ☐ Woman ☐ Non-binary ☐
 I don't know ☐ Other ☐ Please specify _____

4- Have you ever had doubts that your gender identity was not the same as your sex assigned at birth?

Yes ☐ No ☐

5- Have you experienced discrimination due to your gender identity?

No ☐ Sometimes ☐ Yes ☐

6- Please indicate your sexual orientation:

Heterosexual ☐ Gay or lesbian ☐ Bisexual ☐ I don't know ☐
 I'm not interested in sex ☐ Other ☐ Please specify _____

7- Have you experienced discrimination due to your sexual orientation?

No ☐ Sometimes ☐ Yes ☐

8- Do you wear clothes that are socially identified with a sex that is different from your sex assigned at birth?

No ☐ Sometimes ☐ Yes ☐

9- Do you use gender neutral language (gender neutral nouns, adjectives, pronouns, etc.)?

No ☐ Sometimes ☐ Yes ☐

10- Have you ever felt sexual desire for a person of the same sex as your sex assigned at birth?

No ☐ Yes ☐ I haven't had a sexual desire ☐

11- Have you ever kissed on the mouth (you may select more than one answer):

A person of the same sex as your sex assigned at birth ☐
 A person of a different sex as your sex assigned at birth ☐
 I have never kissed anyone on the mouth ☐

12- Have you ever had sexual intercourse with (you may select more than one answer):

A person of the same sex as your sex assigned at birth ☐
 A person of a different sex as your sex assigned at birth ☐
 I have never had sexual intercourse ☐

Thank you!