SAME-SEX RELATIONSHIP BEHAVIORS:

A COMPARATIVE ANALYSIS OF

THOSE IN MARRIAGES AND

RELATIONSHIPS

by

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DEDICATION

I dedicate this work to all those that have worn shoes, be they Birkenstocks, Kinky Boots, sensible flats or ruby slippers as well as to my children, Rowan and Gregory, who taught me to question everything I know.

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ABSTRACT

This study examines the legitimization of relationship status and its impact on risky behavior and stigma in same-sex couples. Using recent national data (N = 153), behaviors of those in same-sex committed relationships are compared to the behaviors of those in legally recognized same-sex marriages. There is little research done on the differences in behavior between those in same-sex marriages and those in same-sex relationships. This is a topic of sociological interest as it has long been believed that the institution of marriage confers several protections that increase the health, both mental and physical, for married individuals and that sexual stigma, when internalized, can impact behavior. It has yet to be determined if these marriage protections apply to those in non-heterosexual marriages and how stigma is related to marital status for same-sex couples.

Results show that those in same-sex marriages are less likely to engage in certain risky health behaviors such as binge drinking. Those in legal same-sex marriages experience lower levels of stigma across all life stages than those that are not married, though experiences of stigma are significantly high for both groups.

A longitudinal study is suggested so that the behavior of newly married gay men, lesbians and bisexuals can be studied over the course of their same-sex marriages.

CHAPTER I

INTRODUCTION

Same-sex marriage has been an important political and social issue across the nation up to and including the Supreme Court decision in June of 2013 (Windsor v. United States 2013) striking down the 1996 Defense of Marriage Act. The federal government has begun recognizing same-sex marriages and a tidal wave of law suits have been filed fighting state bans on such legal unions. Recent public opinion surveys found that opposition for legalizing gay marriage was lower than it has ever been in The United States. According to Gallup's Values and Beliefs Poll (2014) a solid majority of surveyed Americans' support legal recognition of same-sex marriages at 55 percent. This trend for support has been climbing rapidly over the last 18 years. When Gallup first asked Americans their opinion of same-sex marriage in 1996 almost 70% opposed recognizing the unions as legal (Saad 2006). By 2011 support for same-sex marriage reached the halfway mark of 50% of respondents supporting recognition. As sociologists, we have the unique opportunity to see a dramatic struggle over marriage equality unfold in real time (Burns 2012).

While same-sex marriage has been gaining research interest in recent years there is still little empirical research on the behaviors of those with legally recognized same-sex marriages as compared to the behaviors of those in same-sex relationships (Herek 2011; Liu, Reczek, and Brown 2013). Research has been done to determine quality of life and life expectancy of married versus non-married heterosexuals (Frisch and Brønunm-Hansen 2009), although few studies outline these differences for non-heterosexuals with legalized unions versus those that are unmarried (Wight, LeBlanc and Badgett 2013).

Additionally, there is little research on the differences in behavior between those with legal same-sex marriages and those in long standing committed same-sex relationships (Herek 2011). Often, those in same-sex relationships or marriages have been categorized as cohabitation relationships in national surveys, such as the census, as more well-defined categories have not been established (Carpenter and Gates 2008). Therefore, marriage protection for those in same-sex relationships has not been adequately studied.

This is a topic of great sociological significance as being denied the right of marriage is an example of how policy can create sexual stigma (Herek 2009), which is a stigma created by the restriction of access and by creating a distinction from what is considered normal (Goffman 1963). This institutionalized discrimination can lead to internalization of sexual stigma and increased minority stress (Herek 2011). Furthermore, this sexual stigma, when internalized, can influence behavior (Goffman 1963). The stigma caused by the ban on same-sex marriage may lead to chronic stress in gay men, lesbians and bisexuals in same-sex relationships outside the normal stress experienced by other members of society (Meyer 2003). These stressors from sexual stigma can reduce health and lead to an increase in risky behaviors such as smoking, drinking and drug use that lead to negative ramifications for heath (Ali and Ajilore 2011).

There is little research done on the impact of sexual stigma between those in same-sex marriages and those in long standing committed same-sex relationships. Current research on the behavior of same-sex married individuals is restricted to comparisons to different-sex married individuals or is only descriptive of the behaviors of those in same-sex relationships (Wight et al 2013). Research comparing the behaviors of

those in same-sex marriages to those in relationships allows greater insight to how internalized sexual stigma and minority stress may work to impact quality of life (Herek 2011). The goal of this research study is to address these gaps in the existing literature. This study will examine how the legitimization of relationship status impacts risky behavior in same-sex couples by comparing the behaviors of those in same-sex committed relationships to the behaviors of those in legally recognized same-sex marriages.

CHAPTER II

LITERATURE REVIEW

Stigma

Stigma describes the condition or status resulting from negative messages from others (Goffman 1963). A stigmatized person is seen as different from the expected normal and does not exhibit desirable characteristics. Those with stigma are seen as undesirable or "bad" according to the social majority (Goffman 1963). Stigma fundamentally defines a person's social capital and social status (Goffman 1963; Herek 2011). It limits the person's access to valued resources and power. The reduction of social status and the restriction of access can increase self-hatred or at least can work to reduce the self esteem of the stigmatized members of society (Herek 2011). The actions taken by "normals'' (Goffman 1963: 5) can limit or reduce the life chances of the stigmatized as well.

Marginalization and discrimination based on sexual orientation is referred to as sexual stigma (Herek 2007; Herek 2009; Baiocco, Argalia and Laghi 2014). It refers to stigma that is associated with non-heteronormative sexual orientations, behavior and relationships (Herek 2007, 2011). Sexual stigma is linked to deviant and transgressive behavior of homosexuals as they "come out" and begin learning to negotiate the role of non-heterosexual (Herek 2007; Frederick 2014). Sexual stigma in adolescence and young adulthood can lead to the development of risk factors that are sustained through adulthood (Bruce and Harper 2011). The more sexual stigma one experiences or internalizes, the greater the likelihood of higher levels of risky sexual behavior (Herek 2007; Preston, D'Augelli, Kassab and Starks 2007; Baiocco et. al 2014). These deviant

behaviors can be extreme such as intentional nondisclosure of a positive HIV status for gay men and sexualized drug experiences (Frederick 2014). There is also some implication that the ban on same-sex marriage leads to a stigma for gays and lesbians and therefore a lack of committed long-term relationships (Kawata 2013).

Anti-marriage equality measures taken at the state or national level to deny gay men, lesbians and bisexuals in same-sex relationships access to legalized marriage constitutes structural stigma (Herek 2011). Public debates and activism both for and against the equality measures are associated with high levels of stress and stigma for those that identify with the sexual minority (Peplau and Fingerhut 2007; Herek 2011; Maisel and Fingerhut 2011; Lick, Durso and Johnson 2013). This leads to a discussion of the matters related to stress and the health of those in same-sex relationships, both legally married and unmarried.

Marriage Protection

One of the most prevalent beliefs of the institution of marriage is that it leads to better physical and mental health (Waite and Gallagher 2000; Waite and Leher 2003). A large body of research exists outlining these protections to those in different-sex marriages (Waldron, Hughes and Brooks 1996; Waite 1995; Liu 2009). Married individuals enjoy such protections such as lower mortality rates (Waldron et al. 1996), reduction in risky behaviors that can lead to chronic health issues (Ali and Ajilore 2011) as well as social support and financial security (Waite 1995).

The health benefits of marriage even extend to those that have lost a spouse to death. Marriage is found to decrease the odds of engaging in negative behaviors for older widows, thus, demonstrating that the positive effects of marriage continue on later,

sometimes much later, in life (Schone and Weinick 1998). Waite and Gallagher (2000) found that nine out of ten women that were married at age 48 would still be alive at the age of 65, when controlling for other factors.

These benefits, or protections, are attributed to the care of married individuals by a spouse who can monitor health behaviors, care for a partner when illness strikes and moderate risky behaviors (Waite and Gallagher 2000; Ali and Ajilore 2011; Averett, Argys and Sorkin 2013). While Averett et al. found evidence of some negative effects of marriage, such as an increase in BMI and lowered probability of regular exercise, the positive impact of marriage on mental health and improved health behaviors cannot be ignored. Wilson and Oswald (2005) even go so far as to speculate that the health benefits of marriage are as large as the benefit of quitting smoking.

Cohabitation

Cohabitation among adults in different-sex relationships in the US confers some marriage like benefits such as social support and informal health support (Ross and Mirowsky 2002) but still falls short of the benefits of marriage (Horn, Xu, Beam, Turkheimer and Emery 2013; Cherlin 2013). One reason for this may be that cohabiting different-sex partners report and exhibit lower levels of commitment to the relationship (Wilson and Oswald 2005; Cherlin 2009). These lower levels of commitment can lead to behaviors that are more like those of single people and then negate the protections seen in different-sex marriages. Rindfuss and VandenHeuvel (1990) found that different-sex couples that cohabit behave more like single people than like married people. One such behavior for different-sex cohabiting couples is that they don't pool income the same way

that married couples do (Winkler 1997) and so the psychological benefits associated with financial stability aren't realized.

Cherlin (2013) argues that cohabitation between different-sex couples and same-sex couples should look similar in terms of implications for health, although there is little research done on behavior attributes for married and non-married same-sex couples. However, studies show that there are differences in self-reported health levels between different-sex and same-sex couples that cohabit. Yet, comparing the two cohabitation groups Liu, Reczek and Brown (2013) found lower levels of self-reported health for gays and lesbians than for those in different-sex relationships. This could be for a variety of reasons, including the negative impact of minority stressors on the psychological well-being of gays and lesbians (Maisel and Fingerhut 2011; Meyer 2013). Minority stress is associated with low self-esteem that contributes to a high rate of self-destructive and risky behaviors (Buffie 2011). Internalized stigma associated with the negative social attitudes regarding, as well as policies restricting the ability to marry, creates more stress and the opportunity to internalize more stigma related to sexual orientation. (Rostosky, Riggle, Gray and Hatton 2007; Buffie 2011).

One way that health is directly impacted by restriction of marriage equality is a lack of access to health insurance. For most, health insurance is obtained through the employer. Domestic partners are not universally covered, especially in states that don't recognize same-sex legal marriages (Pals and Waren 2014). Denial of access to affordable health insurance translates directly to a lack of access to quality health care (Buffie 2011). Pals and Waren (2014) found that women in same-sex relationships were less likely to have health insurance than women in different-sex marriages. For states that

don't allow legal same-sex marriages, it is easier, in theory, to discriminate against same-sex partnerships and deny health insurance coverage to both same-sex spouses and domestic partners (Pals and Waren 2014). It is logical to assume that as more states legalize same-sex marriage, the self-reported health levels for gays and lesbians both married and cohabiting will normalize to reflect levels similar to those in different-sex marriages and relationships.

Now that same-sex marriage is available to LGB citizens in certain states, it is important to understand if benefits and protections stemming from marriage are being realized for this population. Further, it is important to compare if there are differences between those LGB individuals who are legally married as opposed to those who are in unions, such as cohabitation. This is because from different-sex literature we know that cohabitation, while similar, is not equal to marriage in terms of benefits and protections. For example, do those in legal same-sex marriages benefit from the protective effects of marriage such as, better health, more than those who cohabit? In order to make this determination, research comparing the self-rated health, daily behavioral habits, as well as experiences with stigma between legally wed same-sex couples and couples that are not legally married is crucial. Previous research has been conducted that asks some of these questions but the samples have been small or have not compared risky propensities between legally married same-sex couples as committed but not married same-sex couples.

Still, little research has been done on how sexual stigma is impacted by the legalization of same-sex marriage. Do stigma levels decrease upon marriage because of legal recognition? Is there an increase in minority stress upon marriage due to "coming

out" to government officials and members of the non-LBG community? In order to address this gap in the literature, I created a survey to specifically ask those in same-sex marriages and relationships about their experiences with stigma as well as other behavioral attributes that can be tied to sexual or structural stigma.

CHAPTER III

DATA AND METHODOLOGY

Research Questions

Do legal marriages provide protection to same-sex couples? Do those in same-sex relationships report higher levels of risky behavior than those in legal same-sex marriages? Do married and unmarried individuals in same-sex relationships experience stigma differently? To answer these research questions, I conducted a quantitative study of the differences in risky behavior, experiences of stigma and perceptions of different-sex marriage for gay men, lesbians and bisexuals in committed relationships versus those in legalized same-sex marriages.

Hypotheses

My first research hypothesis is that there are significant behavioral differences between those in legalized same-sex marriages and those in committed same-sex relationships (Dee 2008). The second research hypothesis is that there are differences in self-reported experiences with stigma between those in legalized same-sex marriages and those in committed same-sex relationships (Baiocco et al. 2014).

Ho1: There is no significant relationship between risky behavior and marital status (legalized same-sex marriage and committed same-sex relationships).

H1: There is a significant relationship between risky behavior and marital status.

Ho2: There is no significant relationship between marital status and stigma.

H2: Those in legalized same-sex marriages report different levels of stigma than those in committed same-sex relationships.

Data Collection

A random sample of gay men, lesbians and bisexuals in committed relationships and legal same-sex marriages was not possible because the population in question is largely invisible and difficult to survey even though same-sex couples have a growing presence in society (Fassinger 1991; Maisel and Fingerhut 2011). Several factors may cause someone to decline to disclose sexual orientation and thus not be included in surveys or studies of the LGBT community (Herek 2009; Maisel and Fingerhut 2011). Indeed, this demographic has been particularly difficult to research, historically, due to a lack of any type of representative survey globally, nationally or at state and local levels (Peplau and Fingerhut 2007; Dee 2008; Maisel and Fingerhut 2011). Studies that have been conducted in the past are of small samples (Dee 2008), international samples where same-sex marriage has been legal longer than in America (Baiocco et al. 2014) or have resorted to qualitative studies that are not generalizable (Rostosky et al. 2007) as even the most robust and expensive surveys cannot capture this population (Maisel and Fingerhut 2011; Virgile 2011).

Furthermore, it was not possible to use existing databases such as the American Communities Survey or the GSS as they contain errors dealing with same-sex married couples (Virgile 2011). While some of the error has to deal with miscoding of the sex variable and recoding of the spouse's sex, some couples in same-sex partnerships consider themselves to be married out of social convention due to length of relationship (Carpenter and Gates 2008). Some may have had civil or religious ceremonies and

consider themselves married though no legal standing is granted (O'Connell and Lofquist 2009). Since those that consider themselves to be married but don't have the legal recognition may experience marriage, relationship behaviors and stigma differently than those with legal marriages, these data sources could not be considered for this research as they may produce erroneous results. Even one of the most robust population based state health surveys, the California Health Interview Survey, failed to accurately represent the LGBT community in a 2009 survey. When surveying same-sex marriage and well being only could only 3% of the total 47,614 respondents identified as gay or lesbian (Wight et al. 2013).

To counter the limitations of existing datasets, I collected data for this study. The data were derived from a survey I created based on questions used by the Behavioral risk Factor Surveillance System (BRFSS). The BRFSS is the world's largest on-going telephone health survey system and was established in 1984 by the Centers for Disease Control and Prevention. It is considered the "gold standard" of behavioral examination (National Center for Chronic Disease Prevention and Health Promotion 2013).

The survey asked questions dealing with health behaviors, relationship behaviors and normal daily behaviors. It asked basic demographic questions such as age, race and income. Additionally, it asked a series of questions that pertain to perception of differences between those in same-sex relationships or marriages and different-sex relationships or marriages. Questions on experiences with stigma and bullying, relationship fidelity and length of relationship or marriage were also included. The questions are listed in Appendix A.

The survey was created through the web-based software Qualtrix (www.qualtrix.com) and was launched online after approval by the Texas State University IRB on October 31 of 2014 (IRB Approval Number 2014v8032, see Appendix D). The consent form was the first question of the survey and can be found in Appendix C. Only 2 individuals refused to grant consent and exited the survey. The last recorded response was on February 7, 2015.

The survey was directed toward lesbians, gay men and bisexuals that were either in legally recognized same-sex unions or were in committed relationships. It was disseminated through various LGBTQ organizations such as The Human Rights Campaign, Equality Texas, LGBT News, Los Angeles Gay and Lesbian Chamber of Commerce, Gay Parent Magazine and so forth. These organizations allowed me to post the survey on their social media outlets so that I would not have access to their membership lists and anonymity could be maintained. Once the surveys were posted online, the posts were shared and forwarded by both the original organizations and individuals that saw the posts either as members or affiliates of the organization or friends and allies.

The software Statistical Package for the Social Sciences (SPSS) version 22 was used to analyze the data.

Variables

Marital status

Relationship status is the primary variable of interest in this study. This variable was created by asking if the respondents were legally married or in a committed relationship but not married. The results were verified by asking a follow up question

regarding the state where the marriage was performed. This worked to verify that the relationship was in-fact a legal same-sex marriage and not a civil union or a committed relationship considered or treated like a marriage by the partners. The original variable had three possible answers: committed same-sex relationship but not legally married, legally recognized same-sex marriage, and neither. The variable was recoded to married or not married with married equaling 0 and not married equaling 1. All those that selected "neither" were removed from the data.

Dependent variables

The first measure of behavioral differences was created using a list of health related variables. The dichotomous variables were recoded with 1 indicating a presence of risk and a 0 indicating absence of risk. These variables were whether or not a person smoked, exercised at least 30 minutes twice a week, and consumed alcohol, or tanned. Other variables were answered on a Likert scale and so were recoded so that 0 indicated a lack of risk, and numbers from 1 to 7 indicated increasing levels of health risk. These variables were dichotomized as well with 0 indicating no risk and 1 indicating risk. These variables are frequency of fast food consumption, frequency of eating at home, frequency of texting while driving, driving over the posted speed limit, and use of a helmet when riding a bicycle or motorcycle. The occurrences of illegal drug use were recoded to be dichotomous with a 0 indicating no illegal drug use in the last 12 months and a 1 indicating illegal drug use.

It should be mentioned that illegal drug use did not outline all possible drugs. While still illegal in most states, marijuana is legal for recreational purposes in four states. It is possible that an increase in support for legalized recreational marijuana

impacted the self-reporting of illegal drug use. It is possible that those who use marijuana did not consider it to be in the same category as other drugs such as cocaine, methamphetamine and prescription drugs, and, therefore, did not indicate that they used illegal drugs. It is also possible that popularity of marijuana use by young adults (Berg, Stratton, Schauer, Lewis, Wang, Windle and Kegler 2015), increased the number of those that reported illegal drug use in the last 12 months.

Binge drinking was also used to indicate high levels of risk. Respondents that indicated that they consumed alcohol were asked how many drinks they consumed on average when they would drink. The responses ranged from 1 to 30 drinks on average. The National Institute on Alcohol Abuse and Alcoholism, a branch of the National Institute of Health, defines binge drinking as more than 4 drinks for women and more than 5 drinks for men as a pattern of drinking. For these reasons, a dichotomous variable for binge drinking was created where 1 represented more than 4 drinks consumed on average at a time and 0 represented less than 4 drinks.

Similar recoding techniques were used to evaluate relationship habits. These habits include whether or not an individual had children, was unfaithful in the marriage or relationship, as well as faithfulness in prior relationships. A dichotomous variable for children was created with 0 representing no children and 1 representing one or more children. The same was done with regard to fidelity. A 0 represents faithfulness and 1 represents instances of unfaithfulness.

Finally, in order to address stigma experienced by married and non-married respondents, a question was asked to assess experiences with stigma at four different stages of life. These stages were childhood, adolescence, young adulthood, and

adulthood. There was also an option to select no experiences with stigma at all. A dichotomous variable was created to represent experiences with stigma across all stages. A value of 1 indicated experience with stigma in at least one life stage and a value of 0 indicated no experience with stigma in any of the defined life stages.

Analytical Strategy

In order to determine if there was a relationship between risky behavior and type of same-sex relationship, I performed several Chi-Square analyses. The analysis compared the relationship status of married or unmarried to a three category variable, and dichotomous categories for each risky behavior. Chi-Square analysis was also used to determine levels of stigma based on marital status. Chi-Square was used as all the dependent variables were nominal and the independent variables were dichotomous. In order to assess strength of relationship, Phi was calculated for each significant finding. In order to account for the small sample size (N = 153) Yates's Correction was employed. This allows significant findings in smaller samples to be validated.

The dependent variables to be studied are whether or not a respondent smokes, wears a helmet when necessary, plans to receive a flu shot, ever cheated on their partner or spouse, has children and experienced stigma in childhood or adulthood. Other variables examined the frequency of behaviors such as driving over the speed limit, texting while driving, wearing a seatbelt, eating at home, eating fast food, tanning, and frequency of experiences with bullying. Finally, respondents were asked to rate their health. The independent variable was marital status and was followed up with state of legal marriage to insure that respondents were legally married, not married by social convention or civil union. All frequencies can be found in Appendix B.

CHAPTER IV

RESULTS

Univariate Analysis

The survey was taken by 244 individuals. Of those 244, 2 did not consent to the survey and opted out immediately. Even though the survey explicitly stated that it was for the purpose of researching same-sex relationship behaviors, 14 adults in different-sex relationships volunteered to participate. These surveys were ended and the participants were thanked for their assistance. Forty-three respondents indicated that they were in neither a committed relationship nor same-sex marriage. These surveys were also ended and the participants were thanked for their time. Another 27 dropped out of the survey before completing at least half of the questions leaving 158 valid surveys.

There were 100 participants that identified as lesbians, 33 self-identified gay men and 17 bisexuals. Eight of the participants selected “other” as sexual orientation (Table 1). About 67% of the sample were not married. Another 75% did not have children. The modal age range was from 18 to 69 with 50% of the respondents between the ages of 30 and 39. About 75% of the respondents identified as Caucasian, nearly 13% identified more than one racial category or “other” 12% identify as Hispanic, slightly over 2% identified as Asian and just over 1% identified as African American. The majority of respondents had a combined household income between $41,000 and $100,000 before taxes in 2013. Table 1 identifies univariate analysis of these demographic variables.

Table 1 Univariate Analysis

Variable	%	N
Sexual Identity		
• Lesbian	• 63.3	• 100
• Gay Male	• 20.9	• 33
• Bisexual	• 10.8	• 17
• Other	• 5.1	• 8
Relationship Status		
• Married	• 32.3	• 51
• Not Married	• 66.5	• 105
Children		
• **Yes**	• 24.1	• 38
• **No**	• 75.3	• 119
Age		
• 18-29	• 23.4	• 37
• 30-39	• 50.6	• 80
• 40-49	• 19.6	• 31
• 50-59	• 5.7	• 9
• 60-39	• 0.6	• 1
Education		
• High School	• 2.5	• 4
• Some College	• 21.5	• 34
• College Degree	• 48.1	• 76
• Master's Degree	• 19	• 30
• PhD	• 5.1	• 8
• Other	• 3.8	• 6
Income		
• $0 - $20,000	• 5.1	• 8
• $21,000 - $40,000	• 12.0	• 19
• $41,000 - $60,000	• 17.1	• 27
• $61,000 - $80,000	• 19.6	• 31
• $81,000 - $100,000	• 15.8	• 25
• Above $100,000	• 25.3	• 40
• Rather not Answer	• 3.2	• 5
Race		
• Caucasian	• 71.5	• 113
• African American	• 1.3	• 2
• Hispanic	• 12	• 19
• Asian	• 2.5	• 4
• Native American	• 0	• 0
• Other	• 12.7	• 20

Risky Behaviors and Relationship Status

Many analyses were conducted on the different risky variables and marital status. All multivariate analyses resulted in non-significant findings including tests to relationship between marital status and stigma, marital status and risky behaviors individually and marital status and indexed risky behavior. Most Chi-Square tests yielded non-significant relationships (seen in Table 2) as well, likely due the small and non-randomized sample. However, some relationships are worthy of note. To begin, 36.5% of the respondents reported having used illegal drugs in the past 12 months. While the Chi-Square analysis of drug use and relationship status was not significant ($p = 0.562$), it is important to note that among those married, 33.6% used illegal drugs and among those not married, 38.1% used illegal drugs. It is possible that with a larger sample size, significance can be found in the relationship between illegal drug use and marital status.

Table 2 Analysis of Risky Behavior by Relationship Status

Seat Belt Usage and Relationship Status		
Uses Seat Belt	Married	Not Married
Frequently	48 (98)	103 (99)
Not Frequently	1 (2)	1 (1)
N = 153	P value = 0.583	$\chi^2 = 0.301$
Driving Over the Posted Speed Limit and Relationship Status		
Speeds	Married	Not Married
Frequently	21 (42.9)	51 (49)
Not Frequently	28 (57.1)	53 (51)
N = 153	P value = 0.475	$\chi^2 = 0.511$
Texting While Driving and Relationship Status		
Texting	Married	Not Married
Frequently	3 (6.1)	13 (12.5)
Not Frequently	46 (93.9)	91 (87.5)
N = 153	P value = 0.229	$\chi^2 = 1.447$
Illegal Drug Use and Relationship Status		
Drug Use	Married	Not Married
No	34 (66.7)	65 (61.9)
Yes	17 (33.6)	43 (38.1)
N = 156	P value = 0.562	$\chi^2 = 0.336$

Parentheses indicate percent. df = 1

Binge Drinking and Relationship Status

When comparing marital status and the dichotomous variable of binge drinking, the Chi-Square analysis was significant ($\chi^2 = 4.570$ at 1 df, $p = 0.033$). This result is confirmed by the Yates's Continuity Correction (3.371, $p = 0.053$). For this test, Phi is 0.184 out of a possible maximum value of 1. This represents a small but significant association between binge drinking and relationship status ($p < 0.05$) and therefore is not likely to have happened by chance. Among those who are legally married and not married, the percentages that engaged in binge drinking were 14.9 and 31.8, respectively. This indicates that the levels for those who are not married are almost twice as high as those who are legally married.

Thus, those in legal marriages did not report drinking as heavily 30 days prior to having completing the survey as those that are not legally married. Because of this significant relationship, I can reject the null hypothesis and retain the research hypothesis that there is a difference in behaviors between married and non-married individuals in same-sex relationships.

Table 3 Binge Drinking and Relationship Status

Binge Drinking	Married	Not Married
No	40 (85.1)	60 (68.2)
Yes	7 (14.9)	28 (31.8)
N = 135	P value = 0.033**	$\chi^2 = 4.570$

**.05 level of significance. Parentheses indicate percent. df = 1

Experiences with Stigma

A Chi-Square analysis indicated a significant ($\chi^2 = 4.646$ at 1 df, $p = 0.031$) relationship when comparing marital status and experiences with stigma. This significance is confirmed at the 0.1 level of significance by the Yates's Continuity Correction value of 3.736 ($p = .053$). The Phi value of 0.173 is also significant ($p < 0.05$)

indicating, again, a small but significant association between stigma and marital status for those in same-sex relationships. These results are found in Table 4.

There were equal responses (50% with a total of N = 24) that indicate no experiences with stigma from both the married and non-married, however, for those that experienced stigma in at least one life stage, the percentages were high. Over 72% of married respondents experienced stigma in at least one life stage and over 86% of those who were not married indicated experiencing stigma based on sexual orientation in at least one stage of life. The odds ratio tells us that the odds of being married are 2.459 times greater for those with fewer lifetime experiences with sexual stigma. The greater the number of experiences with sexual stigma over a lifetime, the less likely a respondent is to be in a legally recognized same-sex marriage.

In essence, people in same-sex relationships experience high levels of stigma based on sexual orientation all throughout life. Those that were married report slightly lower stigma levels than those that were not married. This finding echo the findings of Baiocco et al. from their 2014 research of Italian lesbians and gay men that found that those with higher levels of internalized stigma were less likely to marry. This supports my research hypothesis that self-reported levels of stigma are different between married and non-married individuals in same-sex relationships. More research is needed in this area to accurately assess the impact of stigma on cohabitation and marriage patterns of those in same-sex relationships. It is possible that the increased support of same-sex marriage will help to lower these levels of stigma over time. A longitudinal study of stigma experiences would shed light on how stigma is experienced over the life of the legally married same-sex couples. Additionally, further research should be conducted to

evaluate how legalization of same-sex marriage impacts sexual stigma at different stages of life.

Table 4 Experiences with Stigma and Relationship Status

Stigma Experience	Married	Not Married
None	14 (27.5)	14 (13.3)
Stigma in 1 or More Stage	37 (72.5)	91 (86.7)
N = 156	P value = 0.031**	$\chi^2 = 4.646$

**.05 level of significance. Parentheses indicate percent. df = 1

Use of Illegal Drugs and Marital Status

When looking at the relationship between drug use and marital status, all results were non-significant unless the presence of children was used as an additional independent variable. For those that are unmarried, with or without children, drug use was fairly uniform. However, for those that are married with children, drug use was lower. The Chi-Square was significant ($\chi^2 = 3.477$ > at 1 df, $p = 0.062$) at the .10 level of significance. Since the sample is so small, I also included Yates's Correction, which is non-significant at 0.120. For this test, Phi is 0.261 out of a possible maximum value of 1. This represents a weak association between drug use and the presence of children within the same-sex marriage. This value is significant ($p < 0.1$) indicating that a value of the test statistic is unlikely to have happened by chance and therefore the strength of the relationship is significant.

Among the married respondents, 42.4% of those without children used drugs compared to only 16.7% with children, indicating that those with children, used illegal drugs at a lower level. Using Yates's Correction causes the significance to fall ($p = 0.120$); however, with the significance of the unadjusted chi-square and Phi statistics indicate that a larger sample may provide significance. The conflicting significance could

be due to low cell frequencies; therefore it is premature to conclude non-significance as this could be addressed with a larger sample size.

More research with a larger sample is needed in this area in order to more accurately assess the relationship between illegal drug use and those with children in same-sex marriages. It is possible that the presence of children in a same-sex marriage further reduces risky behaviors, therefore increasing the protections of marriage for those in same-sex legal marriages.

Table 5 Drug Use and Same-Sex Marriage With or Without Children

Drug Use	Married without Children	Married With Children
No	19 (57.6)	15 (83.3)
Yes	14 (42.4)	3 (16.7)
N = 33	P value = 0.062*	χ^2val.477

*.10 level of significance. Parentheses indicates percent. df = 1

CHAPTER V

DISCUSSION

The purpose of this research was two-fold. I wanted to examine the impact of legitimization of relationship status on behavior in same-sex couples. I also wanted to explore experiences of stigma between those in same-sex marriages and those in committed same-sex relationships. I hypothesized that there were basic behavioral differences as well as differences in risky behaviors for those in different types of same-sex relationships. Finally, I hypothesized that there were differences in experiences of stigma between married and non-married respondents. My results suggest that while those in same-sex relationships, both married and not married, report high levels of stigma, those that are not married report higher levels than those that are married. Unmarried respondents also reported different levels of risky behaviors than married respondents though these results may be impacted by sample size.

This study is among the first to address the questions of behavioral risk and stigma using self-rated health and relationship data, though the results cannot be generalized to the population. This research contributes to the body of knowledge of sociology as well as demography by addressing the overwhelming lack of investigation of the impact of legalization of same-sex marriage for gays, lesbians and bisexuals. Previous studies addressing these questions have mainly been qualitative in nature and thus, some limitations of small sample sizes may have been overcome in this study. This study provides rich context that lead to an understanding of the individual experience with marriage protections and stigma but fall short of giving a descriptive view of a large number of those in same-sex marriages and relationships.

The results of this study indicate that there are significant differences in behavior between those that are married and those that are not in the LBG community. These differences in behavior and differences in stigma levels inform us that structural stigma leading to internalized sexual stigma negatively impacts behavior for those in same-sex relationships. Policy initiatives that pave the way for marriage equality will help to erode structural stigma of the LGB members of American society (Herek 2009) and, ideally, sexual stigma as well.

Limitations and Future Directions

Although my analyses provide compelling evidence that those in same-sex relationships but that are not legally married report higher levels risky behaviors, I cannot directly assess the potential health consequences of remaining unmarried for these individuals. Even though higher levels of binge drinking and drug use in the absence of children are seen for those that are not legally married, the size of my non-random sample limits my ability to make statements about the population, even though the survey had worldwide respondents. I cannot definitively state that low levels of experiences with stigma is the result of same-sex marriage, though research does indicate that higher levels of internalized stigma lead to lower levels of same-sex marriage (Baiocco et al. 2014). However, it is plausible that marriage, for those that seek to continue their long-term committed relationship, would offer the same benefits for same-sex married individuals that are seen in different-sex marriages by reducing the levels of risky health and relationship behaviors.

A growing body of evidence suggests that the protections of marriage will apply to those in same-sex marriages (Dee 2008; Herek 2011; Maisel and Fingerhut 2011; Weber

2011; Wight et al. 2013; Baiocco et al. 2014). As same-sex marriage gains legal momentum throughout the nation, future studies should monitor levels of stigma associated with the behaviors of those who opt in to marriage. Future research should include a larger sample that includes better representation for marrieds, non-lesbians and more representation of racial minorities. A longitudinal study will allow researchers to determine if instances of stigma decrease over a lifetime after marriage as cultural and political acceptance rise. Levels of stigma, in general, regarding non-heteronormative sexual behaviors and identities should also continue to be studied as acceptance grows. The legalization of same-sex marriage as well as other social and cultural efforts may work to reduce the stigma associated with non-heterosexual identities (Gorton 2011), causing a steady decrease in sexual stigma in America. More research on larger, random samples can assess the quantity of experiences with stigma associated with sexual orientation to see if legalization of same-sex marriage causes an over decrease as Gorton suggests (2011).

Much more research on same-sex relationships and behavioral differences is necessary to identify patterns of marriage protection for non-heterosexuals and to determine if cultural lag impacts stigma and behavior for those married and unmarried. The debate itself over marriage equality, just by mere fact of existing in the public forum, supports the theory that marriage is an elite status that confers special benefits (Herek 2011). For those allowed to enter into this elite status, research like this should be continued in order to better understand how legalized same-sex marriage impact the individual, the family and society.

APPENDIX SECTION

APPENDIX A

Survey Questions

Demographic Background Questions

1. What is your sexual orientation?

Lesbian
Gay Man
Bisexual
Heterosexual
Other

2. Are you currently in a committed relationship or in a legally recognized same-sex marriage?

Committed Same-sex Relationship But Not Legally Married
Legally Recognized Same-sex Marriage
Neither

3. What is your gender?

Male
Female
Other

4. What is your biological sex?

Male
Female

5. What is your highest level of education?

High School Diploma or Below
Some College
College Degree
Master's Degree
PhD
Other
Rather not answer

6. Do you have children?

Yes
No

7. If religious, what religion are you?

Catholic
Protestant
Non-demonimational Christian
Jewish
Hindu
Other

8. How frequently do you attend a place of worship?

Weekly
Monthly
Once or twice a year
Never

9. In what state do you reside?

10. What is your age?

18-29
30-39
40-49
50-59
60-69
70-79
80 or above

11. What is your race?

Caucasian
African America
Hispanic
Asian
Native American
Other

12. What is your ethnicity?

13. If in a legally recognized same-sex marriage, in what state were you married?

14. Date (mm/yyyy) of the start of the current relationship or marriage date if in legally recognized same- sex marriage?

15. How satisfied are you with your relationship or marriage?

Very Dissatisfied
Dissatisfied
Somewhat Dissatisfied
Neutral
Somewhat Satisfied
Satisfied
Very Satisfied

Health And Health Practices

16. Would you say that in general your heath is

Very Poor
Poor
Fair
Good
Very Good

17. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health ***not*** good?

0 days
1-5
6-10
11-14
15 days or more

18. Since entering into your current relationship or marriage, about how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)

Within the last month
In the last three months
Three to six months
Six to nine months
Within the last 12 months
Have not been to the doctor

19. Do you get at least thirty minutes of exercise twice or more a week?

Yes
No

20. Do you smoke?

Yes
No

21. How many cigarettes per week on average do you smoke?

10 or fewer
10 cigarettes to 1 pack
More than 1 pack a week

22. How many times in the last year did you use illegal drugs for recreation?

Never
Rarely
Sometimes
Often
All of the Time

23. Do you plan to get a flu shot or flu vaccine in the next 12 months?

Yes
No

24. Do you drink alcohol?

Yes
No

25. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Sexual Activity - Committed Relationship

26. Have you ever had sex with someone that is not your partner without your partner's knowledge since entering your current committed relationship (have you ever cheated or been unfaithful in your current relationship)?

Yes
No

27. How frequently in the past year?

Once
Two or Three Times
Four or Five Times
More than Five Times

28. Do or did you practice safer sex (use of a condom or barrier device)?

Yes
No

29. In the relationship ***prior*** to the one you are currently in, did you ever have sex with someone else (were you unfaithful)?

Yes
No

30. How many times per year on average?

Once
Two or Three Times
Four or Five Times
More than Five Times

31. Do or did you practice safer sex (use of a condom or barrier device)?

Yes
No

Sexual Activity - Legally Married

32. Have you ever had sex with someone that is not your spouse without their knowledge since you've been married (have you ever cheated or been unfaithful in your current relationship)?

Yes
No

33. How many times in the past year?

Once
Two or Three Times
Four or Five Times
More than Five Times

34. Do or did you practice safer sex (use of a condom or barrier device)?

Yes
No

35. In the relationship ***prior*** to the one you are currently in, did you ever have sex with someone else (were you unfaithful)?

Yes
No

36. How many times per year on average?

Once
Two or Three Times
Four or Five Times
More than Five Times

37. Do or did you practice safer sex (use of a condom or barrier device)?

Yes
No

Other Behaviors

38. How frequently do you drive more than five miles per hour over the posted speed limit?

Never
Rarely
Sometimes
Often
All of the Time

39. How frequently do you wear your seat belt while either driving or as a passenger of a vehicle?

Never
Rarely
Sometimes
Often
All of the Time

40. How frequently do you text while driving?

Never
Rarely
Sometimes
Often
All of the Time

41. How frequently do you eat fast food?

Daily
2-3 Times a Week
Once a Week
2-3 Times a Month
Once a Month
Less than Once a Month
Never

42. How frequently do you eat home cooked meals?

Daily
2-3 Times a Week
Once a Week
2-3 Times a Month
Once a Month
Less than Once a Month
Never

43. If you ride a motorcycle, scooter or bicycle, do you wear a helmet?

Yes
No
I do not ride a motorcycle, scooter or bicycle.

44. Do you regularly “lay out” or tan (not spray tan)?

Never
Rarely
Sometimes
Often
All of the Time

45. Considering income from all sources, what was your household income before taxes in 2013?

$0 - $20,000
$21,000 - $40,000
$41,000 - $60,000
$61,000 - $80,000
$81,000 - $100,000
Above $100,000
Rather not answer

Final Section

46. Have you ever felt stigmatized for your sexual orientation? (Select all that apply.)

As a child
As an adolescent
As a young adult
As an adult
Never

47. Did you ever experience bullying as a child or adolescent due to your sexual orientation or preferences?

Never
Rarely
Sometimes
Often
All of the Time

48. Do you think that heterosexuals have happier marriages than same-sex couples?

Not At All
Rarely
Sometimes
Often
All of the Time

49. Do you think non-married heterosexuals have happier relationships than gays and lesbians?

Not At All
Rarely
Sometimes
Often
All of the Time

50. Do you think married heterosexuals are healthier than gays and lesbians?

Not At All
Rarely
Sometimes
Often
All of the Time

51. Do you think non-married heterosexuals are healthier than gays and lesbians?

Not At All
Rarely
Sometimes
Often
All of the Time

APPENDIX B

Univariate Analysis - Risky Variables		
Variable	**Response**	**Statistics**
Do you smoke?	Yes: 23 No: 135	Mean: 0.15 Median: 0.00 Mode: 0.0 Std. Deviation: 0.354
Do you speed?	Never: 8 Rarely: 26 Sometimes: 40 Often: 58 All the Time: 23	Mean: 2.4 Median: 3.0 Mode: 3 Std. Deviation: 1.09369
Do you text while driving?	Never: 41 Rarely: 60 Sometimes: 38 Often: 13 All the Time: 3	Mean: 1.2065 Median: 1 Mode: 1 Std. Deviation: 0.99150
How would you rate your health?	Very Good: 52 Good: 93 Fair: 12 Very Poor: 1	Mean: 1.7658 Median: 2 Mode: 2 Std. Deviation: 0.64014
How frequently do you eat home cooked meals?	Daily: 75 2-3 Times a Week: 67 Once a Week: 6 2-3 Times a Month: 4 Once a Month: 2	Mean: 0.6429 Median: 1 Mode: 0 Std. Deviation: 0.78946

Univariate Analysis - Risky Variables		
How frequently do you eat fast food?	Never: 2 Less than Once a Month: 20 Once a Month: 38 Once a Week: 18 2-3 Times a Week: 28 Daily: 11	Mean: 3.1484 Median: 3 Mode: 2 Std. Deviation: 1.53231
Do you wear a helmet if you ride a motorcycle, scooter or bicycle?	Yes: 55 No: 11	Mean: 0.1667 Median: 0 Mode: 0 Std. Deviation: 0.37553
Do you regularly lay out or tan?	Never: 89 Rarely: 41 Sometimes: 22 Often: 3	Mean: 0.9805 Median: 0 Mode: 0 Std. Deviation: 0.80176
Do you plan to get a flu shot?	Yes: 91 No: 67	Mean: 0.4241 Median: 0 Mode: 0 Std. Deviation: 0.49577
Do you wear a seatbelt?	All the Time: 149 Often: 4 Sometimes: 1 Never: 1	Mean: 0.0645 Median: 0 Mode: 0 Std. Deviation: 0.38943

Univariate Analysis - Risky Variables		
Do you have children?	Yes: 38 No: 119	Mean: 0.242 Median: 0 Mode: 0 Std. Deviation: 0.42969
Have you ever cheated on your current partner?	No: 88 Yes: 17	Mean: .16 Median: 0 Mode: 0 Std. Deviation: 0.370
Have you ever cheated on your current spouse?	No: 49 Yes: 2	Mean: .04 Median: 0 Mode: 0 Std. Deviation: 0.196
Did you experience stigma due to sexual orientation in your youth?	No: 83 Yes: 75	Mean: 0.4747 Median: 0 Mode: 0 Std. Deviation: 0.50095
Did you experience stigma due to sexual orientation as an Adult?	No: 40 Yes: 118	Mean: .7468 Median: 1 Mode: 1 Std. Deviation: 0.43621

Univariate Analysis - Risky Variables		
Did you experience bullying due to sexual orientation in your youth?	Never: 63 Rarely: 45 Sometimes: 34 Often: 10 All of the Time: 2	Mean: 0.9805 Median: 1 Mode: 0.0 Std. Deviation: 1.006

APPENDIX C

CONSENT FORM

Research Study of the Behavioral Differences Between Gays and Lesbians in Legal Marriages and Those Not in Legal Marriages

You are invited to participate in a research study involving research of either legally married or unmarried gays and lesbians. The goal of this research is to help identify behavioral differences between those in legally recognized marriages and those that are not in legally recognized marriages. The researcher conducting this study is Cheryl Rollman-Tinajero. Ms. Rollman-Tinajero is a student in the graduate program in the Texas State University Department of Sociology. She may be reached at cr1552@txstate.edu and (512) 992-8468. Ms. Rollman-Tinajero's work is being supervised by Dr. Chad Smith, an associate professor in the Department of Sociology. He can be reached at clsmith@txstate.edu and (512) 245-8453.

You were selected as a possible participant in this study because of your membership in GLBT associations in Texas or because someone sent it to you. If you volunteer for the study you, will be one of about 400 people to participate in this study. If you choose to participate, you will take part in a 50 question on-line survey. The survey should take no more than 30 minutes of your time. You will be asked questions about your marital status, relationship experiences, health habits such as regular doctor visits, leisure habits such as legal or illegal drug use and alcohol use, driving habits, and sexual history including extra-marital affairs and infidelity. Although you have received this invitation through email or social media, the researcher and association that distributed the email will not know you have participated in the study, should you choose to do so. This research is not associated with monetary compensation.

The goal of this study is to write an academic class paper, do presentations for students and faculty and to possibly publish academic articles or conference papers. None of the data collection methods or procedures are experimental. While no compensation is offered for your participation, a possible benefit to you may be that of describing experiences that you might not have discussed prior to your participation. The possible risk to you as a result of participation, while minimal and no more than talking with a friend about your past experiences, may consist of psychological harm from conveying/re-living past events and interactions that may have been negative or damaging. Agencies that might be helpful to you include the Montrose Center in Houston (http://www.montrosecenter.org/hub/ 713-537-0037), Waterloo Counseling Center in Austin (http:// www.waterloocounseling.org 512-444-9922) and New Frontier Counseling in San Antonio (http://newfrontiercounseling.com 210-525-0202). If you use the services of a counselor, any fees incurred will be your own.

While all survey responses will be strictly anonymous, it is possible that you may know the researcher. Any information that is obtained in connection with this study that can be used to identify you will remain strictly confidential. When information obtained is

described or presented to others a false name will be used as no real names will be collected in the survey.

You may stop the survey at any time for any reason. Your participation is completely voluntary and you may stop at any point. You may withdraw from the study without prejudice or jeopardy to your standing with the association that sent the invitation to you, as no one will know if you have elected to participate. You don't have to answer any question that makes you uncomfortable. You may skip or leave blank any question that you don't want to answer. Refusal to answer a question, withdrawing from the survey or choosing not participate will not present any negative consequence from Texas State University. You may receive a summary of the study, if you like, by contacting the researcher at the email address provided.

This project (IRB Reference Number 201V8032) was approved by the Texas State IRB on 10/31/2014. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Jon Lasser (512-245-3413 or by email lasser@txstate.edu) and to Becky Northcut, Director, Research Integrity & Compliance (512-245-2314 or by email bnorthcut@txstate.edu).

You are making a decision whether or not to participate in this study. Your participation in the survey means that you have read the information provided above and have decided to participate. You may withdraw at any time after beginning the survey should you chose to do so.

You may keep this information for reference in the future.

APPENDIX D

IRB CERTIFICATE OF APPROVAL

TEXAS STATE UNIVERSITY
SAN MARCOS
The rising STAR of Texas

Institutional Review Board Application

Certificate of Approval

Applicant: Cheryl Rollman-Tinajero

Application Number : 2014V8032

Project Title: Same-Sex Relationship versus Marriage Behavioral Study

Date of Approval: 10/31/14 15:42:27

Expiration Date: 10/31/15

Assistant Vice President for Research and Federal Relations

Chair, Institutional Review Board

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