

Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 in Selected Sites—Youth Risk Behavior Surveillance, United States, 2001–2009

Background

Introduction

Sexual minority youth—those who identify as gay, lesbian, or bisexual or who have sexual contact with persons of the same or both sexes—are part of every community and come from all walks of life. They are diverse, representing all races, ethnicities, socioeconomic statuses, and parts of the country.

While many sexual minority youth cope with the transition from childhood to adulthood successfully and become healthy and productive adults, others struggle as a result of challenges such as stigma, discrimination, family disapproval, social rejection, and violence. Sexual minority youth are also at increased risk for certain negative health outcomes. For example, young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other sexually transmitted diseases (STDs), and adolescent lesbian and bisexual females are more likely to have ever been pregnant than their heterosexual peers.

A New CDC Report

To understand more about behaviors that can contribute to negative health outcomes among sexual minority students, CDC analyzed data from the Youth Risk Behavior Surveillance System (YRBSS).¹ The findings of this analysis are described in a new CDC *Morbidity and Mortality Weekly Report*, “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 in Selected Sites—Youth Risk Behavior Surveillance, United States, 2001–2009.” The report documents the disproportionate rates at which sexual minority students reported many health risks, including tobacco, alcohol, and other drug use; sexual risk behaviors; and violence.

¹ The YRBSS monitors the prevalence of a wide range of priority health risk behaviors among population-based samples of high school students. Interested states and large urban school districts may add questions to measure sexual identity and the sex of sexual contacts. More information about the YRBSS is available at www.cdc.gov/yrbs.

For this report, CDC analyzed data from Youth Risk Behavior Surveys conducted during 2001–2009 in seven states—Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, and Wisconsin—and six large urban school districts—Boston, Chicago, Milwaukee, New York City, San Diego, and San Francisco—that collected data on high school students’ sexual identity (heterosexual, gay, lesbian, bisexual, or unsure), sex of sexual contacts (sexual contact with the opposite sex only, with the same sex only, or with both sexes), or both.

Sexual minority students were defined as those who identified themselves as gay, lesbian, or bisexual; who had had sexual contact only with persons of the same sex; or who had had sexual contact with persons of both sexes. Collecting information about students’ sexual identity *and* about the sex of their sexual contacts is necessary because some students identify themselves as heterosexual but report having sexual contact only with persons of the same sex, whereas some students who identify themselves as gay, lesbian or bisexual have not had sexual contact. Therefore, questions about sexual identity and sex of sexual contacts can help identify a broader range of individuals as sexual minority students.

What This Report Shows

The findings from this report show the disproportionate rates at which sexual minority students experience many health risks, compared with non-sexual minority students. This disproportionate risk is most apparent among students who identify themselves as gay, lesbian, or bisexual and who have had sexual contact with both sexes.

This report represents the first time that the federal government has conducted an analysis of this magnitude across such a wide array of states, large urban school districts, and risk behaviors. Specifically, the report summarizes results by sexual minority status across 13 sites and 76 health risks in the following 10 categories:

- Behaviors that contribute to violence (e.g., did not go to school because of safety concerns)
- Behaviors related to attempted suicide (e.g., made a suicide plan)
- Behaviors that contribute to unintentional injuries (e.g., rarely or never wore a seat belt)
- Tobacco use (e.g., ever smoked cigarettes)
- Alcohol use (e.g., binge drinking)
- Other drug use (e.g., current marijuana use)
- Sexual behaviors (e.g., condom use)
- Dietary behaviors (e.g., ate vegetables 3 or more times per day)
- Physical activity and sedentary behaviors (e.g., physically active at least 60 minutes per day for 7 days)
- Weight management (e.g., did not eat for 24 or more hours to lose weight or to keep from gaining weight)

Risks by sexual identity. Nine states and large urban school districts assessed sexual identity. Across these locations, the percentage of all health risks for which the prevalence was higher for gay or lesbian students than it was for heterosexual students ranged from 49% to 90%. Gay and lesbian students had higher prevalence rates than heterosexual students for health risks in seven of the 10 health risk categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management). For example—

- The prevalence of current cigarette use ranged from 8% to 19% among heterosexual students, but ranged from 20% to 48% among gay and lesbian students.

Similarly, the percentage of all health risks for which the prevalence was higher for bisexual students than it was for heterosexual students ranged from 57% to 86% across the nine locations. Bisexual students had higher prevalence rates than heterosexual students for health risks in eight of the 10 health risk categories (behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management). For example—

- The prevalence of students who did not go to school because of safety concerns on at least 1 day during the 30 days before the survey ranged from 4% to 11% among heterosexual students but ranged from 11% to 25% among bisexual students.

Risks by sex of sexual contacts. Twelve states and large urban school districts assessed sex of sexual contacts. Across these locations, the percentage of all health risks for which the prevalence was higher for students who had sexual contact with both sexes than it was for students who only had sexual contact with the opposite sex ranged from 32% to 86%. Students who had sexual contact with both sexes had higher prevalence rates than those who only had sexual contact with the opposite sex for health risks in six of the 10 health risk categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, and weight management). For example—

- The prevalence of binge drinking ranged from 16% to 44% among students who only had sexual contact with the opposite sex, but from 33% to 63% among students who had sexual contact with both sexes.

Recommendations from this Report

Policies and Practices

- Public health and school health policies and practices should be developed to support the establishment of safe and supportive environments for sexual minority students.
 - By addressing the challenges sexual minority students face, such as stigma, discrimination, family disapproval, social rejection, and violence, schools can help to improve health outcomes and reduce the prevalence of health-risk behaviors.

Professional Development

- Professional development should be provided for school staff and others who work with sexual minority youth, and effective programs should be implemented.
 - School staff members and others can benefit from training to help them understand the needs of sexual minority students and implement effective programs and services to reduce health risks among these young people.

Future Surveys

- The results of this report highlight the disproportionate impact of negative health outcomes on sexual minority students and indicate a need to include questions on sexual identity and the sex of sexual contacts when monitoring health risks and selected health outcomes among high school students.
 - In 2009, 10 states and 7 large urban school districts added questions to their YRBS questionnaire about sexual identity, sex of sexual contacts, or both.

What CDC Is Doing

CDC funds state, territorial, tribal, and local education and health agencies to help schools implement policies and practices to reduce health risks among sexual minority youth. Recognizing that sexual minority youth are a major risk group for many health risks, many of these programs are taking action to address the needs of sexual minority youth. Examples of program activities include—

- Collecting data on risk behaviors among sexual minority students and school health policies and practices to prevent risk behaviors.
- Ensuring that health education curricula include prevention information relevant to sexual minority students.
- Providing training for school district and school staff to help them understand the special concerns and needs of this population.
- Supporting schools in establishing gay-straight alliances (student-run clubs that work to create safe and supportive school environments for all students, regardless of sexual identity) or similar groups.
- Linking schools to community organizations that provide physical health and mental health services for gay, lesbian, and bisexual youth.

Specific program activities are described at www.cdc.gov/lgbthealth/youth-programs.htm.

Schools are not the only societal institutions that should help address the health risks of sexual minority youth. CDC also funds health agencies and community organizations to promote the use of evidence-based HIV prevention programs, some of which are geared toward young men who have sex with men. Information about these interventions is available at www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm.