



SEXUAL HEALTH AND RISK REDUCTION AMONG COLLEGE STUDENTS: A CASE FOR LGB-SPECIFIC INCLUSIVITY

Todd M. Sabato, Ph.D.
University of North Dakota

REALITIES OF YOUNG ADULTHOOD

- Dynamic opportunities for development may present enhanced risk for illness or infection
 - 10% of students regularly seek on-campus counseling, 29% are seen by college-based counselors in other settings
- Mental and stress-related disorders are impactful
 - 50% of disease burden among young adults
 - Association with binge drinking, drug use and abuse, and risky sexual encounters



INTERSECTION OF YOUNG ADULTHOOD AND IDENTITY DEVELOPMENT

- Impact of sexual orientation, gender identity, and gender expression
 - Stigma and discrimination
- Minority Stress Theory
- Focus on behavioral outcomes

METHODOLOGY

- American College Health Association – National College Health Assessment
 - Measures broad range of behaviors
 - Valid and reliable
- Criteria for Inclusion
 - Student status
 - Age
 - Relationship status

SAMPLE DEMOGRAPHICS

	Frequency (n)	% Valid
<i>Age in years</i>	Mean = 19.99, SD = 1.64, range = 18-24	
<i>Gender</i>		
Male	50,965	33.7
Female	100,313	66.3
<i>Ethnicity</i>		
White	113,038	74.3
Black or African American	9,274	6.1
Hispanic or Latino/a	11,731	7.7
Asian or Pacific Islander	17,902	11.8
American Indian, Alaska Native	2,413	1.6
Biracial or Multiracial	5,426	3.6
Other	3,736	2.5
<i>Sexual Orientation</i>		
Heterosexual	141,091	95.1
Gay/Lesbian	2,905	2.0
Bisexual	4,325	2.9

MEASURES

- Antecedents to Risk (12 month history)
 - Diagnosed or treated for depression, 12-month history
 - Emotionally, physically, or sexually abusive relationship, 12-month history
- Risk Behaviors
 - Cigarette, Alcohol, Marijuana use, 30-day history
 - Considered suicide, 12 months
 - Attempted suicide, lifetime
- Sexual Health (12 month history)
 - Sexually touched without consent
 - Attempted penetration w/o consent
 - Penetrated w/o consent
 - Sex without providing consent
 - Sex without receiving consent
 - Unprotected sex

DATA ANALYSIS

- Data entered into IBM SPSS Statistics 21.0 for Windows
- Cross-tabulations used to examine disparities
- Independent samples t-tests

ANTECEDENTS TO RISK

- LGB respondents nearly three times more likely to have been diagnosed or treated for depression (OR = 2.94, $p < .001$)
 - Depression among lesbian/bisexual females (OR = 3.10, $p < .001$)
- Enhanced likelihood of being in intimate relationships characterized by emotional, physical, or sexual abuse (OR = 1.84, 2.43, 2.17, $p < .001$)
 - Abuse among gay/bisexual males (OR = 1.81, 1.72, 2.56, $p < .001$)
 - Physical abuse among lesbian/bisexual females (OR = 2.92, $p < .001$)

RISK BEHAVIORS

- LGB respondents more likely to engage in cigarette, alcohol, and marijuana use (OR = 2.21, 1.39, 1.85, $p < .001$)
 - Lesbian/bisexual female tobacco use (OR = 2.82, $p < .001$)
- LGB respondents more likely to have suicidal ideation and attempts (OR = 1.50, 3.70, $p < .001$)
 - Risk of suicide among lesbian/bisexual females (OR = 4.10, $p < .001$)

SEXUAL BEHAVIORS

- LGB respondents more likely to have been sexually touched without providing consent (OR = 2.08, $p < .001$)
- Unprotected sexual activity (OR = 1.51, $p < .001$)
- Attempted sexual penetration by gay and bisexual males (OR = 4.75, $p < .001$)
- Lack of consent among lesbian and bisexual females (OR = 1.60, 1.62, $p < .001$)

CONCLUSIONS

- Higher education uniquely positioned to promote healthy decision-making
- Focused interventions based upon gender and sexual preference assist in meeting health objectives