

ARTICLE REVIEWED

Intersectionality and Health Behaviors Among U.S. High School Students: Examining Race/Ethnicity, Sexual Identity, and Sex

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THE PROBLEM:

Intersectionality is referred to as exploring health disparities and their effects across multiple minority identities. These minority identities include, but are not limited to: sexual orientation, race/ethnicity, and gender.

Health-risk behaviors, such as substance use, violence, and unprotected sex have a greater impact on minority identities among high school students. In addition, minority sexual orientations influence unhealthy behaviors (i.e., bullying, suicide, violence) when compared to heterosexual orientations.

Hispanics make up 18% of the minority population in the United States and develop more diseases, injuries, and disabilities than non-Hispanic whites. Researching the intersection of minority identities — and how those identities influence health behaviors — can help school personnel to better understand how to navigate this diverse terrain.



Research Summary:

Using the 2015 National Youth Risk Behavior Survey, minority identity impact on the health of high school students in the United States was explored. This national survey of grades 9-12 took place in both public and private high schools across all 50 states. It included measures on sexual identity, race/ethnicity, substance use, mental health, sexual risk, and violence. Hispanics, non-Hispanic whites, and African Americans were the racial groups included in this study. Non-Hispanic whites were used as the comparison group. The mean age of students surveyed was 16.

Conclusion:

It was discovered that sexual minority groups encountered negative mental health behaviors when compared to heterosexual groups. Non-Hispanic white and Hispanic sexual minority groups had higher rates of tobacco and alcohol use and Hispanic and African American sexual minority groups used marijuana and illegal substances the most. Sexual minorities were also less likely to wear condoms compared to their heterosexual counterparts. Furthermore, school physical/sexual violence was highest among Hispanic and African American sexual minorities. Ultimately, when comparing all racial subgroups to one another, researchers found that African American and Hispanic sexual minorities were at a higher behavioral risk when compared to non-Hispanic white sexual minorities and heterosexuals.

Key Takeaway:

Health education should be culturally tailored to sexual minority students, seeing as this subpopulation is at a higher risk for bullying, violence, sexual risk, and alcohol/drug use. Screening for health behaviors should be systematically implemented in high schools. And lastly, having resources available, such as, intervention programs and credible information should be made available to high school students, regardless of intersectionality.



ADDITIONAL RESOURCES:

- Youth Behavior Surveillance System: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- Youth Risk Behavior Survey Results and Trends: <https://www.cdc.gov/features/yrbs/index.html>