

Final Project: The effects of LGBTQ+ inclusive sex education on mental health outcomes of LGBTQ+ youth

It has been repeatedly shown that sexual minorities have a higher likelihood of mental health disorders than heterosexual individuals. A systematic review of mental disorder, suicide, and self-harm in lesbian, gay, and bisexual (LGB) individuals has shown that these individuals face a greater than two-fold risk in suicide attempts, and a 1.5-fold risk in depression and anxiety disorders as compared to heterosexual individuals (King et al., 2008). Other studies have shown that one third of LGBT youth surveyed met the criteria for any mental disorder, with 15% having major depression, and lifetime suicide attempts as high as 31% (Mutanski et al., 2010). Yet, while many studies show these relationships between sexual minority orientation and adverse mental health outcomes, there has been a lack of research on possible causes for this relationship.

Researchers have posited that schools are a key area of interest in determining influences on LGB youth health comes, based on various data demonstrating instances of inequalities and victimization in educational settings (Mustanski et al., 2014). It has also been shown that sex education in the United States predominantly focuses on heterosexual health. Currently, only 12 states legally require discussion of sexual orientation in their sex education curriculum, and only 9 of these 12 are inclusive and do not portray sexual minorities in a negative light (Gutmacher Institute, 2015). In a survey of students, 69% of respondents reported that LGBTQ+ issues were never mentioned, 12% reported they were mentioned negatively, and only 18% reported any positive mention (Elia & Eliason, 2010). In another focus-group based study, interviews with LGBTQ youth reaffirmed the heterocentric focus of their sexual education programs, saying that a narrow focus on vaginal intercourse, pregnancy prevention, and marriage caused them to feel the material was not relevant to their lives as sexual minorities (Gowen & Wings-Yanez 2014). Interestingly, these youth reported that having an inclusive sex education program could have provided a safer school environment for them by reducing stigma and increasing a sense of belonging within the school setting.

This notion of exclusive sex education decreasing a sense of safety and belonging for LGBTQ+ youth seems logical, and carries relevance to our understanding of mental health disparities amongst LGBTQ+ youth. In one study, an online sexual health intervention for LGBT youth was executed, and was shown to increase knowledge regarding STIs and contraceptives (Mustanski et al., 2015). While only small effects were found reducing internalized homophobia and increasing feelings of belonging, these positive mental health benefits were promising given the limited scope of the intervention. Another revealing study done in 2014 showed that lesbian, gay, and bisexual students living in places with “more protective school climates” had a decreased likelihood of having suicidal thoughts than LGB youth living in areas with less protective climates (Hatzenbuehler et al, 2014).

While this study was very telling, it did not explicitly delineate the effect of LGBTQ inclusive sexual education on mental health outcomes of LGBTQ youth. While provision of curricula on “health matters relevant to LGBTQ youths” was one of their

factors in measuring a “protective school climate,” this variable was also informed by unrelated characteristics such as the presence of Gay-Straight Alliance groups, training sessions for staff, and the prohibition of harassment based on sexual orientation and gender identity (Hatzenbuehler et al, 2014). The study I will propose in this paper should fill this gap in the literature by specifically addressing the question of how LGBTQ inclusive sex education affects mental health outcomes including depression, suicidal thoughts or attempts, and self-injury amongst LGBTQ youth. A study like this is highly significant, as it could have potentially enormous implications for sex education policy creation moving forward.

I hypothesize that LGBTQ youth who go to schools that provide LGBTQ inclusive sexual education will be less likely to have negative mental health outcomes including depression, suicidal thoughts or attempts, and self-injury than LGBTQ youth who go to schools that do not provide LGBTQ inclusive sex education. To test this hypothesis, a case-control study will be used.

Study participants will be LGBTQ+ youth and young adults identified and recruited both through contact with LGBTQ+ organizations and college campuses. For practical reasons, this will need to be limited geographically in scope to a few defined states and cities. Recruitment through organizations will be done primarily through phone calls, and recruitment on college campuses will be done primarily through emails and posters. Cases in this case-control study will be considered LGBTQ+ self-identified persons who report having experiences with depression, suicidal thoughts or attempts, or self-injury. Controls will be considered LGBTQ+ self-identified persons who report never having had these experiences.

Exposure will be defined as having LGBTQ inclusive sex education. This should entail positive mention of LGBTQ identities, in addition to some combination of characteristics including discussion of sex outside the context of marriage, discussion of non-vaginal intercourse, and STI prevention (including but also beyond condom-use). Information regarding exposure status can be obtained via self-report surveys, and can be further validated using the biennial School Health Profile Survey compiled by the Center for Disease Control and Prevention (CDC). Outcome will be defined as any of the following: feelings and/or symptoms of depression, suicidal thoughts, and suicide attempts. This will also be obtained via self-report surveys.

Other collected variables will be race/ethnicity, the specific sexual orientation of the individual (lesbian, gay, bisexual, pansexual, or asexual), and the specific gender identity of the individual (cis woman, cis man, trans woman, trans man, nonbinary, or other). These variables could potentially demonstrate effect modification along these various axes of identity. Socioeconomic status will also be collected as a variable and as a potential confounder to be controlled for. This is because there is a possibility that high SES could both improve mental health directly, but also increase the likelihood of living in an area with comprehensive, inclusive sex education.

Another potential bias in this study is that having a mental health disorder may distort an individual’s perception of whether their school’s sex education curriculum was inclusive. However, this should hopefully be controlled for by validation through the School Health Profile results.

Additional limitations to this study include the fact that simply belonging to an LGBTQ organization or having made it to college could be a form of self-selection, and

that participants in this study may not be reflective of all LGBTQ youth. Thus, conclusions made based on this study may over-represent potentially positive effects of inclusive sex education programs. For practical reasons, it would be difficult to find significant samples of LGBTQ youth outside of these contexts, but this limitation should be kept in mind in analyzing the results and designing future studies. This study is also likely to be limited by geographical location, since it seems unlikely to be able to survey LGBTQ youth from a totally comprehensive range of locations, especially considering the difficulty in reaching rural youth. However, since the likelihood of rural schools providing LGBTQ inclusive sex education is probably low, the effect of this limitation should hopefully be confined.

Despite its limitations, this study addresses a significant gap in the current literature surrounding the mental health of LGBTQ+ individuals. It should theoretically be a relatively low cost way of investigating sources of health disparities between sexual minority youth and their heterosexual peers. If the results of the study conclusively show the positive mental health impacts of having an LGBTQ+ inclusive sex education curriculum, this could have profound implications for policy makers seeking to reduce disparities and prevalence of mental health disorders amongst the vulnerable LGBTQ+ youth populations.

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