



Predictors of Stress, Health-Related Behaviors, and Experiences in LGBT College Students

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Introduction

Stress can significantly influence the college student experience and how students cope with the demands of life. The American College Health Association's *Healthy Campus 2010* report found that stress was the number one impediment to academic performance. High stress levels contribute to poor grades, absenteeism, and reduce a student's ability to work effectively. In addition, stress has been associated with risky health behaviors such as substance abuse, lack of physical activity, and poor psychological and physical health.

Although stress levels and health behavior have been comprehensively studied in the college student population, further research is needed to examine differences in predictors of stress, risky health behaviors, and experiences in lesbian, gay, bisexual, and transgender (LGBT) college students.

Purpose

This study aims to explore predictors of stress in college students, in particular students who identify as lesbian, gay, bisexual, or transgender (LGBT), and to describe the differences in risky health behaviors and health experiences by LGBT status.

Methods

Data from the 2011 cross-sectional National College Health Assessment survey were used to investigate the predictors of stress (e.g., health, mental health disorders, demographics). Risky health behaviors (e.g., alcohol use, tobacco use, substance abuse) and health experiences (e.g., emotional abuse, rape, verbal assault) were also described.

Table 1: Comparison of Risky Health Behaviors by LGBT Status

| | LGBT (n=2,776) | Hetero (n=27,317) |
|---|-------------------|----------------------|
| Lifetime Never Use of Alcohol or Tobacco | | |
| Cigarettes* | 61% | 72% |
| Hookah* | 70% | 73% |
| Cigars* | 72% | 77% |
| Smokeless tobacco* | 87% | 90% |
| Alcohol [†] | 26% | 27% |
| Lifetime Never Use of Illegal Drugs | | |
| Marijuana* | 60% | 69% |
| Cocaine* | 91% | 96% |
| Meth* | 96% | 98% |
| Other amphetamines* | 91% | 95% |
| Hallucinogens* | 92% | 96% |
| Anabolic steroids* | 97% | 99% |
| Opiates* | 96% | 99% |
| Inhalants* | 96% | 99% |
| MDMA (Ecstasy)* | 90% | 95% |
| Other club drugs* | 96% | 99% |
| Other illegal drugs* | 92% | 96% |
| Past Year Abuse of Prescription Drugs | | |
| Antidepressant* | 95% | 98% |
| Erectile dysfunction drugs* | 98% | 99% |
| Pain killers* | 88% | 93% |
| Sedatives* | 94% | 97% |
| Stimulants* | 91% | 94% |

*Significant at p<.0001

[†]Not significant

Table 2: Comparison of Health-Related and Mental Health Experiences by LGBT Status

| | LGBT (n=2,776) | Hetero (n=27,317) |
|--|-------------------|----------------------|
| General Health* | | |
| Excellent/Very Good | 51% | 61% |
| Good/Fair | 47% | 38% |
| Fair/Poor/Don't Know | 3% | 1% |
| Past Year Stress* | | |
| More than average/Tremendous | 53% | 47% |
| Past Year Experiences* | | |
| In a physical fight | 11% | 7% |
| Verbally threatened | 26% | 20% |
| Sexually assaulted | 9% | 6% |
| Raped | 3% | 1% |
| Victim of stalking | 9% | 6% |
| Emotionally abused by intimate partner | 13% | 10% |
| Past Year Diagnosis* | | |
| Anxiety | 26% | 9% |
| Bipolar disorder | 15% | 2% |
| Insomnia | 17% | 4% |
| Obsessive compulsive disorder | 15% | 2% |
| Panic attacks | 19% | 5% |
| Lifetime Diagnosis* | | |
| Depression | 38% | 18% |

*All categories significant at p<.0001

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Results

Of the 30,093 respondents, 65% were White, 91% undergraduate, 65% female, and 11% LGBT.

LGBT students were more likely to report ever using tobacco products, illegal drugs, and abusing prescription drug than heterosexual students (Table 1). In addition, LGBT students were more likely to also report daily use of these substances (data not shown). However, alcohol consumption was similar in ever use and daily use between the two groups.

Compared to their heterosexual counterparts, LGBT students reported worse health, more stress, more negative past year experiences, and more mental health disorder diagnoses.

One limitation to this study is due to the large sample size, even small differences between LGBT and heterosexual college students become significant (e.g., health, employment, year in school, gender, LGBT status, and diagnoses of depression, panic attacks, and anxiety). As a result, increased self-reported stress was significantly associated with (defined as point estimate ≥ 2.0) poor health, graduate students, and students with a depression diagnosis.

Another limitation of the study is the cross-sectional design which does not allow for cause and effect determinations to be made.

Conclusions

This study illustrates significantly different health-related behaviors, experiences, and stress levels in college students by gender identity and sexual orientation and the need for designing appropriate programs to address these disparities. In an environment with limited resources, targeted student population-based stress prevention and relief programs should first focus on graduate students, students in poor health, and students with depression.