

Intersectionality: A Systematic Review and Application to Explore the Complexity of Teen
Pregnancy Involvement

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ABSTRACT

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This three-paper dissertation investigates current applications of intersectionality in social work research and explores the utility of intersectionality in uncovering the complexity of teen pregnancy involvement. To illustrate the current methodological and theoretical applications of intersectionality in social work research, the first paper presents a systematic review of the literature. As shown in this paper, while intersectionality is underutilized as a theoretical concept in social work research, the potentialities of intersectionality to examine the complexity of social locations and identities is manifest. The second and third papers employ intersectional approaches to uncover the complexity of teen pregnancy involvement in New York City. The second paper examines quantitatively the interaction of gender, race/ethnicity, and sexual orientation on teen pregnancy involvement among a representative sample ($N=176,289$) of New York City public high school students. Findings from this paper reveal new patterns of disparities in teen pregnancy involvement based on the interactive effects of gender, race/ethnicity, and sexual orientation. The third paper captures qualitatively the interactions of social locations that contribute to perceptions about teen pregnancy among 24 sexual-minority female youth of color who participated in focus groups at a community-based organization in New York City. This paper examines the heteronormative assumptions underpinning teen pregnancy involvement and provides a different story about teen pregnancy “risk.”

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Acknowledgement and Dedication

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Definitions and Terms

To present the material in a clear and well-organized format, I will begin by introducing and defining frequently used terms. As discussed by Diamond (2003), *sexual orientation* is typically defined as a "...consistent, enduring pattern of sexual desire for individuals of the same sex, the other sex, or both sexes" (p. 491). In contrast, *sexual identity* refers to "...culturally organized concepts of the self, usually lesbian/gay, bisexual, or heterosexual" (p. 491). These are the definitions I use.

When discussing youth who either self-identify as lesbian, gay, bisexual or are questioning or unsure of their sexual orientation, I use the term *sexual-minority*. Concepts related to sexual behavior or relationships, often I distinguish between *same-sex* and *other-sex*. Admittedly, both terms are not without issues; however, the alternative (homosexual sex and heterosexual sex) suggests a relationship between sexual orientation and sexual behavior or sex of partner. As you will see in the ensuing papers, these assumptions are problematic.

The term *pregnancy involvement* is used to include both male and female youth. For males, pregnancy involvement means that they have reported "getting" someone pregnant and for females, it refers to becoming pregnant.

Introduction to Dissertation

Health disparity is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage” (Department of Health and Human Services [HHS], Healthy People 2020, 2011). This construct allows a discrete focus on groups of people who have systematically experienced greater obstacles to health because of their “racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (HHS, Healthy People 2020, 2011). For the past two decades, the reduction and elimination of health disparities have been a goal of the national agenda to improve the health of all Americans (HHS, Healthy People 2020, 2011). Recently, the national health agenda has put a spotlight on adolescents and young adults, as it has become apparent that identifying and addressing early behavioral patterns can lead to healthier outcomes in adulthood. As a result, reproductive health and teen pregnancy in particular, have become a priority and, consequently, the object of national prevention efforts (HHS, Healthy People 2020, 2011).

The biomedical paradigm and psychosocial and biobehavioral approaches have dominated social science research on health inequalities. Schulz and Mullings (2006) argue that each of these approaches to research employs a positivist epistemology; therefore, the assumptions and practices driving this research “...emphasize measurement and quantification, search for independent and proximate causes of social inequalities, and perhaps most important, fail to explicitly incorporate a critical analysis of unequal power relations” (Schulz & Mullings, 2006, p.26). Though the biomedical paradigm has advanced learning and undergirded

interventions that improved the health of individuals, the application of newer models to address health disparities more effectively have garnered support from national health agencies, politicians, health advocates, and researchers (Schulz and Mullings, 2006). Intersectionality has been identified as a newer, particularly promising alternative paradigm for examining health inequalities because it provides an intellectual structure within which one is able to (1) frame societal inequities as the result of the intersections of differences, (2) integrate institutional power relations shaping societal inequalities, and, at the same time, (3) promote social justice (Hankivshy, 2011; Schulz & Mullings, 2006; Kelly, 2009).

Despite the potential of intersectionality to address health disparities, reviews of the broader social science literature reveal few applications (see Norris et al., 2007; Landry, 2007). A potential reason for this absence is the "...lack of practical tools and step-by-step methodological guidelines for conducting intersectional research" (Murphy et al., 2009, p.49). Nevertheless, according to some scholars, intersectionality has become the multidisciplinary 'gold standard' by which both identity and oppression are analyzed (Nash, 2008). McCall (2005), one of the first researchers to identify an intersectional methodological framework, argues, "[t]he overall methodology is feminist and interdisciplinary in orientation, but the methods and specific subject matters will be, to a certain extent, shaped by the disciplines" (p. 1795). This brings into question the contributions made by the disciplines, in particular, social work. To date, there has been limited inquiry into the application and utility of intersectionality in social work. To fill this gap, this three-paper dissertation will present a review of the contributions of social work to intersectional research and will employ intersectional approaches to examine teen pregnancy involvement as examples of the utility of intersectionality.

What is intersectionality?

Intersectionality offers a theoretical perspective and paradigm along with a methodology to examine the nature and consequences of systems of social inequality and, optimally, serves as a mechanism for positive social change (Murphy et al., 2009; Jani et al., 2011; Crenshaw, 1991; Collins, 1993; Weber, 2006; Hankivsky, 2011). Intersectionality posits that socially constructed categories of oppression and privilege interact on multiple levels (Collins, 1993; Crenshaw, 1991; McCall, 2005). Rather than being created and conceptualized individually in terms of, for example, race or class or sexual orientation, identities are conceptualized and created by the interactivity and interrelationship between and among each other (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009).

Intersectionality views structural oppression at the level of the individual, the organization, and in the broader social systems reacting in complex and interdependent ways that systematically contribute to social inequality (Hankivsky, 2011). On a micro level, for example, intersectionality "...does not assume the combining of identities as additively increasing one's burden but instead as producing substantively distinct experiences"(Association for Women's Rights in Development [AWID], 2004, p.2).

The methodological approach to intersectionality focuses on "the relationships among multiple dimensions and modalities of social relationships and subject formations" (McCall, 2005, p.1771). It examines the complexity of a person's social location - "... his or her place in society that is formed by the intersection of social constructions that mark privilege and oppression..." (Murphy et al., 2009, p. 7). An intersectional analysis resists essentializing any category, i.e., treating all members of a single social group as the same and assuming they share the same experience (Hankivshy, Reid, Cormier, Varcoe, Clark, Benoit, & Brotman, 2010).

Rather than to show that one group is more victimized or privileged than another, intersectionality's methodological aim is to reveal distinctions and similarities in order to overcome discriminations and disparities.

As a mechanism for social change, intersectionality is animated by an explicit imperative that moves "...beyond descriptive analyses toward eradicating inequalities, driven foremost by the pursuit of social justice" (Weber, 2006) individually and then, organically, institutionally. "Through an awareness of intersectionality, we can better acknowledge and ground the differences among us and negotiate the means by which these differences will find expression in constructing group politics" (Crenshaw, 1994, p. 113).

Intersectionality and social work

Historically grounded in feminist epistemology (see Collins, 1990), intersectionality is congruent with the principles of social work (Murphy et al., 2009; Jani et al., 2011). For example, social work's *person-in-environment* perspective characterizes the unique relationship-centered focus of the profession. Intersectionality provides a lens that captures effectively the complexity of interrelated social systems pivotal to the *person-in-environment* approach – an approach that views the individual and his or her multiple environments as a dynamic, interactive system in which each component simultaneously affects and is affected by the other (Hare, 2004). In addition, "[t]he social work profession emphasizes a holistic view when understanding the depth and breadth of an individual, family, community, or system in the context of its biological, psychological, social, historical, political, and cultural experiences" (Murphy et al., 2009). Intersectionality acknowledges the depth and breadth of human experiences by recognizing the complexity and power of socially constructed divisions and focusing on their interactivity. Finally, and not insignificantly, social workers have an ethical responsibility to

promote social justice and social change with and on behalf of clients (National Association Social Workers [NASW], 1996). As a mechanism for social change, intersectionality singularly addresses social inequality, systems of domination, and unbalanced power relations through the convergence of different types of discrimination – as points of intersection or overlap (Murphy et al., 2009). Intersectionality provides a framework to understand and assess the impact of these converging identities on opportunities and access, and to analyze how policies, programs, services and laws that impact on one aspect of a person's life are inextricably linked to others.

Despite this apparent alignment of implicit methodology and explicit objectives, intersectionality is not widely integrated into the social work profession (Murphy et al., 2009). In a series of three articles, this dissertation aims to first investigate current applications of intersectionality as a research methodology and/or theoretical perspective or framework in social work research. Secondly, this dissertation will provide both qualitative and quantitative examples of the utility of intersectionality in social work research by applying intersectional approaches to uncover the complexity of disparities in teen pregnancy involvement in New York City.

Paper 1 Aim: To critically examine intersectionality as a research methodology and theoretical framework and/or perspective as it appears in social work journals in order to assess current research applications. The paper will present a review of intersectionality as a methodology and/or theoretical framework or perspective in the field of social work by, synthesizing the (1) conceptualizations of intersectionality; (2) research methods used; and (3) social categories examined. Based on these expositions and a read of the broader social science intersectionality literature, recommendations will also be discussed to further advance the field of social work.

Paper 2 Aim: To examine the interaction of gender, race/ethnicity, and sexual orientation on teen pregnancy involvement among a representative sample ($N=176,289$) of New York City public

high school students aged 12 to 21. The research question explored in this paper is: Do the intersections of gender, race/ethnicity, and sexual orientation – the particular locations along the structural and interlocked dimension of gender, race/ethnicity, and sexual orientation – significantly predict teen pregnancy involvement? This quantitative inquiry will test the following hypotheses:

H₁: There will be a significant interactional effect between gender and sexual orientation on teen pregnancy involvement.

H₂: There will be a significant interactional effect between race/ethnicity and sexual orientation on teen pregnancy involvement.

H₃: There will be a significant interactional effect between race/ethnicity and gender on teen pregnancy involvement.

H₄: There will be a significant interactional effect between race/ethnicity, sexual orientation, and gender on teen pregnancy involvement.

By examining these hypotheses, this paper provokes discussion and raises questions about intersecting determinants and the utility of quantitative intersectional analysis on teen pregnancy involvement.

Paper 3 *Aim*: To qualitatively capture the interactions of social locations that contribute to perceptions about teen pregnancy among 24 sexual-minority female youth of color who participated in focus groups at a community-based organization in New York City. In this paper, an intersectional approach is employed to disassemble the concept of teen pregnancy by examining the ways in which perceptions are produced with and through vectors of social relations and divisions such as sexual orientation, age, class, gender, and race. The following

research question is explored: How do social identities work together to inform perceptions of teen pregnancy among sexual-minority female youth of color? The objective of this study is to enhance understanding of teen pregnancy by challenging the heteronormative assumptions and to broaden the definition of teen pregnancy. This endeavor will have implications for teachers, providers, parents, youth, and researchers in developing interventions, educational materials, support systems, and safe spaces for youth.

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Paper #1: A Systematic Review: Current Methodological Applications of Intersectionality in Social Work Research

Introduction and Background

The conceptualization of diversity is at the intellectual core of social work (Murphy, Hunt, Zajicek, Norris, and Hamilton, 2009). Since the 1960s, the social work profession has moved from “colorblindness,” to ethnic sensitivity and multiculturalism, emphasizing cultural competence (Jani, Pierce, Ortiz & Sowbel, 2011). Today, social workers are charged with the ethical responsibility of cultural competence (National Association of Social Workers [NASW], 1996; 2001), i.e., “...a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations” (NASW, 2000, p. 61). The appearance and acceptance of this concept has proven to be “...an important step in the development of social workers’ understanding of practice with persons of color” (Jani et al., 2011, p. 294). The profession, however, has begun to recognize the limitations of cultural competence and embrace frameworks that integrate new practice realities more effectively (Jani et al., 2011; Murphy et al., 2009).

The term *diversity* has primarily been defined by race and ethnicity. More recently, diversity has come to include the sociocultural experiences of people of different genders, social classes, religious and spiritual beliefs, sexual orientations, ages, and physical and mental abilities (NASW, 2001). Because of the complexities of cultural diversity, there is an urgent need to employ research frameworks and methodologies that capture the breadth and depth of the diverse human experience (Murphy et al., 2009). Traditional or mainstream research is limited by its tendency to treat marginalized groups as the “other,” to homogenize experiences and to erase the

complexity and uniqueness of the individual's experiences by conceptualizing social relations and identities separately (e.g., race or class or gender) in a linear or one-dimensional approach (Landy, 2006; Murphy et al., 2009; Collins, 2000). Alternatively, *intersectionality* is recognized as a conceptual and methodological approach that meets the challenges of contemporary social work (Murphy et al., 2009; Jani et al., 2011). Murphy and colleagues (2009) argue that "...it is imperative that the field of social work undergo a paradigm shift to incorporate an intersectional perspective..." (p.34). With this paradigm shift, social locations or identities will be conceptualized not individually in terms of either race or class or sexual orientation, but rather by their interactive effects (Murphy et al., 2009). Intersectionality captures the complexity of the human experience, in contrast to the cultural competence literature that focuses more on culturally relevant assessment and services within existing social work practice models (Jani et al., 2011).

Over the past decade, diverse, and even conflicting, definitions, methods, and applications of intersectionality have been discussed by social scientists (Davis, 2008). Reviews of the broader social science literature, however, reveal few applications of intersectionality as a methodology *and* as a theoretical framework (see Norris et al., 2007; Landry, 2007). One possible reason for this absence is the "...lack of practical tools and step-by-step methodological guidelines for conducting intersectional research" (Murphy et al., 2009, p.49). Notwithstanding this gap, intersectionality has become the multidisciplinary "gold standard" by which both identity and oppression are analyzed (Nash, 2008). McCall (2005) argues that "[t]he overall methodology is feminist and interdisciplinary in orientation, but the methods and specific subject matters will be, to a certain extent, shaped by the disciplines." (p. 1795). The question posed, then, is how has social work shaped intersectional research?

A review of the broader social science literature produces little addressing how intersectionality is integrated into social work research. In an attempt to fill this gap, this paper will present a systematic review of the literature addressing the current application of intersectionality as a methodology and/or theoretical framework in social work research by examining intersectional research in social work journals. In the first part of the paper, I review the key assumptions of and methodological approaches to intersectionality in order to develop criteria for the literature review. I then provide a thematic synthesis of the application of intersectionality as a methodology and/or theoretical framework in the field of social work, identifying the (1) conceptualizations of intersectionality, (2) research methods used, and (3) social categories examined. Finally, based on these expositions and a read of the broader intersectionality literature, I will offer recommendations to integrate intersectionality in social work research.

Before conducting the systematic review, I offer a brief overview of the major assumptions that inform intersectional research and of the intersectional methodological approaches in order to provide a context for the selection criteria and thematic synthesis presented thereafter.

Intersectional research is "... a purposed/intended and integrated exploration of the simultaneous operation and/or effects of two or more categories of inequality" (Murphy et al., 2009, p.52). The key assumptions of intersectional research are: (1) an adequate intersectional study is intentional; (2) intentional intersectionality equals integration; (3) an intersectional perspective must include two or more categories of oppression/identity; and (4) it is important to seek clarity of implicit statements related to categories of oppression (Landry, 2007; Murphy et al., 2009).

The first assumption, although self-explanatory, prescribes intersectional research as necessarily intentional. The research must evidence an intersectional perspective. For example, dimensions (e.g., race, class, sexual orientation, etc.) must be perceived and appreciated as relations of power and inequality as opposed to merely being presented and discussed as demographic variables.

The second assumption - intentional intersectionality equals integration - builds on the first. For an intersectional perspective to be intentional there needs to be an integration of the approach in every aspect of a study (e.g., theoretical framework, research question, design, data analysis and findings).

The third assumption is fundamental to the theory of intersectionality. At least two simultaneous categories of identity/oppression need to be included in the study. No single dimensional analyses qualify.

The fourth assumption guides the process of determining the appropriate intersectional methodology. Clarification of the substantive meaning of the categories is critical to ensure that the researcher is using appropriate intersectional methodology. For example, if “teen mothers” are included in a study, what is the definition and the broader meaning of the category? Depending on the research question, the definition and meaning might emphasize gender or age or both – potentially implicating different intersectional methodologies.

Leslie McCall (2005), one of the first scholars to write about intersectional methodological approaches, defines methodology as “...a coherent set of ideas about the philosophy, methods, and data that underlie the research process and the production of knowledge” (p. 1774). In applying this definition to intersectionality she discusses three “...methodological approaches to the study of multiple, intersecting, and complex social

relations” (McCall, 2004, p. 1772). These three approaches, (1) anticategorical complexity, (2) intracategorical complexity, and (3) intercategorical complexity, are differentiated by “... how they understand and use analytical categories to explore the complexity of intersectionality in social life” (McCall, 2005, p. 1773).

Anticategorical complexity focuses on the deconstruction of categorical divisions. This approach allows for analyses of “...individual social locations that may be unique and the complexity of relationships among multiple social groups within and across analytical categories” (Jones, 2009, p. 290).

Intracategorical complexity assumes that categorical inequality (e.g., race, gender, sexual orientation, etc.) exists within society. Feminists of color first used this approach to expose the under-theorized experiences of doubly-marginalized individuals (e.g., Black women) (McCall, 2005). Categories are used to define the subjects of analysis and to describe the “broader structural dynamics” that are present in the subject’s life (p. 1780).

Intercategorical complexity is midway between anticategorical complexity and intracategorical complexity. It recognizes the apparent shortcomings of existing social categories and questions the way in which categorical boundaries are drawn (Denis, 2008). Intercategorical complexity focuses on “...the complexity of relationships among multiple groups within and across analytical categories and not on complexities within single social groups, single categories, or both” (McCall, 2005, p. 1786).

Despite Landry’s (2007) key assumptions and McCall’s (2005) approaches, there are almost no methodological (as opposed to theoretical) guidelines for conducting intersectional research and none identified specifically for social work.

Methods

Literature scoping

A scoping review of the literature was conducted to establish whether a systematic review in the topic area had already been conducted. This included searching for existing reviews and primary studies consistent with the review's aim and question. A search of electronic databases (Social Work Abstract, SocINDEX, Cochrane) and Internet sources (Google scholar) revealed that a systematic review had not been conducted.

Search strategy for systematic review

For the full review, different sources of published research literature were searched to locate relevant articles appearing between 2000 to 2011. Prior to 2000, intersectionality was rarely used outside women's studies scholarship and Black feminism (See McCall, 2005). Literature searches were conducted in Social Work Abstracts (2000 – December 2011, EBSCO Interface) and SocINDEX (2000 – December 2011, EBSCO Interface). The articles generated for this review were selected by searching for the key words: intersectionality, intersection, intersectional analysis, and intersec. The search resulted in 517 identified sources. After excluding book reviews, commentaries, and research notes, 410 full-length articles were identified. From that pool, articles were excluded based on criteria below, leaving nine full-length articles as the focus of the review.

Inclusion and exclusion criteria

In line with conventional systematic review methodology, the inclusion/exclusion criteria (See table 1, below) were applied to the articles located in the search strategy. The eligibility criteria were guided by the key assumptions of intersectional research (as presented above) and the aim of this review.

Table 1

Inclusion/Exclusion Criteria

Parameters	Inclusion Criteria	Exclusion Criteria
Language	Studies written in English	Studies not written in English
Time Frame	Studies published from 2000 onwards	Studies published before 2000
Study Type	Primary research	Book reviews, opinion pieces, literature reviews, policy documents
	Intersectional research was intentional	Intersectional research wasn't intentional or there wasn't a discussion about intersectionality as an approach, perspective, framework, or lens
	Intersectionality in at least one aspect of the study (e.g., theoretical framework, methods, and data analysis)	No mention of intersectionality in the study
	At least two categories of identity	One category of identity/oppression
Discipline	Social work (only)	All social sciences (except social work)

Integrating and synthesizing application of intersectionality in social work

Because all the identified articles are qualitative studies, my review draws on Thomas and Harden's (2008) methods for a thematic synthesis of qualitative research. The presented synthesis focuses on the "method" and "framework" sections of the subject articles.

The thematic synthesis for a systematic review involves three partially overlapping stages (Thomas & Harden, 2008). The first stage is a line-by-line coding of the findings of the primary studies. Each study's methodology and conceptual framework (when applicable or identified in the article) is entered verbatim into ATLAS.ti and coded according to its meaning and content.

This exercise satisfied one of the primary imperatives in synthesizing qualitative research – the translation of concepts from one study to another.

The second stage of the synthesis is the organization of the coding into related areas to construct descriptive themes, thereby providing an examination of the similarities and differences between the codes. A hierarchical tree structure was used in this stage to group codes into descriptive themes.

The last stage is the development of analytical themes. This involves going beyond the content of the original studies, and is the defining characteristic of synthesis. Thomas and Harden (2008) note that this stage involves using the descriptive themes that emerged from the inductive analysis (second stage) of the study findings to answer the review question.

Results of the Research Review

The nine studies included in the final review show the range and depth of the application of intersectionality as a methodology and/or theoretical framework. Table 2 details the nine studies included in this systematic review.

Table 2 *Social Work Studies Meeting the Eligibility Requirements*

Authors	Research Aims	Theoretical framework/Intersectional methodology	Methods
Vakalahi et al., 2010	Bring the experiences of social work women of color to the forefront of academic discussion.	Feminist theory/Intersectionality as a conceptual framework	16 reflective narratives
Damont et al., 2008	Argue that intersectional feminism constitutes a promising theoretical perspective for the study of domestic violence, child abuse, and mothering.	Intersectional feminism/intersectionality as a conceptual framework	80 interviews
Beck et al., 2001	Examine data collected from six affinity-based focus groups of women	Feminist intersectional model	6 focus groups
Belliveau, 2011	Analyze the findings from a qualitative study of undocumented Mexican mothers	Standpoint theory and intersectionality	20 individual interviews
Jones, 2009	Explore the relationship between HIV/AIDS and risk, vulnerability, and the rights of children in Trinidad and Tobago from the perspectives of professional workers	Data analysis based on feminist theory of intersectional	44 individual interviews
Cramer et al., 2009	Deconstruct the help-seeking and help-receiving behaviors of abused person of color with disabilities.	Intersectionality as a conceptual framework.	2 case examples
Mizrahi et al., 2007	Compare the perspectives of women in relation to their views about the impact of gender, race, class, and sexual orientation on their organizing and feminism.	Intersectionality as a conceptual framework	48 surveys
Jaramillo, 2010	Propose a typology whereby the intersectionality of gender and ethnic identity may be disaggregated along individualistic and collectivistic dimensions.	Intersectionality used to analyze data and develop a typology.	11 small group interviews
Hulko, 2009	Present an analysis of the everyday and context-contingent nature of oppression and privilege and, through doing so, further the understanding of intersectionality and interlocking oppressions among social work educators, students, and practitioners.	Dialectical and self-reflective intersectional analysis	2 narratives

Conceptualization of Intersectionality in /Social Work Research

The review reveals varied conceptualizations of intersectionality as a research methodology and/or theoretical framework. There was no evidence of McCall's (2005) methodological approaches to the study of intersectionality in any of the articles. However, three themes did emerge from the thematic synthesis: feminist intersectionality, intersectional analysis, and an intersectional approach to research.

The majority of the articles discussed intersectionality as rooted in feminist theory and four of the articles (Damont et al., 2008; Beck et al., 2001; Vakalahi et al., 2010; Belliveau, 2011) exclusively utilized *feminist intersectionality* or a synthesis of intersectional theory and critical feminist theory.

Feminist intersectionality focuses on the interaction of gender- here read women - with other diversities or identities. Knowledge is seen as "...intimately linked with the struggle against the oppression of different groups of women" (Damont et al., p. 129). The approach attributes women's oppression to the patriarchal system and views systems of oppression as intersecting with multiple forms of discrimination based on gender, race, sexual orientation class, religion, disability, national origin, and so forth. To understand fully a women's experience and, as importantly, to advocate for equality and equity, recognition of intersecting factors beyond a women's gender to include other identities is critical (Vakalahi, 2010). For example, Belliveau's (2011) research design and method was informed by feminist principles of social science inquiry. The theoretical framework of her study relied on feminist "standpoint" epistemology and an "intersectional lens" (based on intersectional theory) to identify the convergence of multiple social statuses of undocumented Mexican mothers. Here, intersectionality was used to highlight

qualitatively the experiences of mothers (read women) in multiple marginalized positions and to point toward policy solutions that were consonant with social work values and ethics.

In contrast to feminist intersectionality, *intersectional analysis* provides a framework within which to interpret qualitative data that is not necessarily gender specific. In one of the articles, intersectional analysis is used as a “lens” to analyze the study findings (Jones, 2009). A *thematic intersectional analysis* was conducted by Jones (2009) to examine the links between situational factors, marginalization, and risk. This analysis provided a layering of the data that resulted in the construction of a descriptive overview of the research topic. More specifically, intersectionality was employed to explore the ways in which social marginalization intersects with risk and increased vulnerability to HIV infection among children. Conceptually, intersectional analysis extended beyond social location or identity to include risk and vulnerability. This was the only article to report such an approach.

The remaining articles (Cramer & Plummer, 2009; Mizrahi & Lombe, 2006; Jaramillo, 2010; Hulko, 2008) discussed intersectionality as an approach to research. Three separate, but somewhat related notions emerged: (1) a conceptual framework, (2) an intersectional perspective, and (3) a paradigm.

Drawn from postmodern and feminist discourse, the intersectional conceptual framework is used to deconstruct, compare and disaggregate multiple identities to uncover the complexity of experiences (Denis, 2008; Cramer & Plummer, 2009). There is no intention to focus on gender (women) or to apply the framework exclusively to data analysis. Rather, intersectionality provides a framework to conduct and interpret the qualitative data. Cramer and Plummer (2009), for example, employed the “conceptual framework of intersectionality” to deconstruct why, how,

and from whom abused women of color with disabilities seek assistance (help-seeking behavior) and their experiences with service providers (p. 162).

In contrast to the use of intersectionality as a conceptual framework, Mizahi and Lombe (2006) utilized an *intersectional perspective* to compare a diverse group of women in relation to their views about the impact of gender, race, class, and sexual orientation on their organizing and feminism. Using the intersectional perspective, they were able to appreciate and analyze the complexity of identity and the interconnection between various components that form identity (e.g., gender, race, class, and sexuality), and how each identity may influence perception and definition of issues. In this study, intersectionality does not inform the research design; rather, the research findings are presented and discussed using an intersectional perspective.

In an attempt to clarify the distinction between the conceptual and operational features of intersectionality, Hulko (2008):

...sees the term *paradigm*, as in a cohesive set of theoretical concepts, methods of analysis, and belief system, when discussing both intersectionality and interlocking oppressions, and *lens* or *perspective* when referring only to a way of approaching social identities that embraces multiplicity and is neither additive nor reductive, as in an *intersectional perspective*. (p. 44)

Intersectionality "...should be no more than an analytical lens through which a researcher or theorist views the social world" (Hulko, 2008, p. 48). In contrast, social location is "...more easily used in research on processes whereby privilege and oppression are distributed in our social world" (Hulko, 2008, p. 48). Clarity in the conceptualization of intersectionality informs and supports the research presented in Hulko's article. In an effort, for example, to demonstrate the context-dependent nature of social locations, she presents three narratives in which the determination of the social locations of the participants are sociological destinations based on a paradigm of intersectionality. The argument is that social location is not a static and fixed

category and that assessment of the sociocultural context over time better reflects the socially constructed nature of reality. Moreover, social location may represent both privilege and oppression at different times depending on the sociocultural context.

Qualitative research methods in social work intersectional research

All of the reviewed articles utilize qualitative methods. A reason for this may be that qualitative methods are more compatible with the theoretical language and intent of intersectionality (Shields, 2008). Of the nine reviewed articles, four, (Jones, 2009; Belliveau, 2011; Mizrahi & Lombe, 2006; Damont et al., 2008) employ individual interviews as the method of inquiry to capture the complexity of multiple social locations or identities. In one of the studies, Damont and colleagues (2008) developed an interview instrument that captured all (or as many identified by participants) forms of oppression.

Narratives are used in two of the articles (Vakalahi, 2010; Hulko, 2008) to uncover the themes and categories as intersectional and relate them to the sociocultural context. This method appears to build on our understanding of intersecting and interlocking oppressions rather than identifying social locations.

Two articles (Beck et al., 2001; Jaramillo, 2010) used focus groups to uncover the experiences of a diverse population or to have the participants reflect on their own identity and their identity as members of a group (e.g., ethnic group). This method was able to capture within groups (or identity) differences and similarities – in this case, among women.

In the remaining article (Crammer & Plummer, 2009), two case examples were used to deconstruct behaviors by highlighting the participants' perceived experiences. The primary use

of this case method was to demonstrate the application of intersectionality as a framework to deconstruct behaviors among multi-marginalized individuals.

Social categories in social work intersectional research

The categories included in this review varied by type and number. In each of the articles, the application of intersectionality as a research methodology, framework, perspective or paradigm was used to examine oppression. Hulko's (2008) article is the only study to include privilege and to explore explicitly the notion that the sociocultural context in which an individual lives over time can determine, to a large extent, an individual's social location. A normative implication here is that a focus of research should be to "...tease out the dynamics of privilege and oppression in the lives of the people..." (Hulko, 2008, p.52).

Gender as a category of analysis is present in all of the studies. Eight articles focused only on women. The only article to include both male and female participants reported findings in terms of "children" with no distinction as to gender difference. Race and ethnicity categories were included in all of the articles. Similar to gender, when addressing race and ethnicity, researchers focused exclusively on marginalized groups (racial and ethnic minorities). Only one study (Mizrahi & Lombe, 2006) compared White women with women of color.

Five of the nine articles in this review included sexual orientation in intersectional research. However, the sexual orientation category was discussed only in terms of homosexual (e.g., lesbian) identity. There was no mention of or comparison to heterosexual identity. Class, one of the common categories discussed in the broader social science intersectional literature, was included in four of the articles presented in this review. This category was included in all of the studies that were conceptualized as feminist intersectionality. Disability, spirituality, medical

condition and immigration status were each included in at least one study in the presented review.

Discussion and Recommendations

The examination of intersectional research in social work journals is revelatory of the current state of the discipline. Though the review confirms the integration of intersectionality as a methodology and/or theoretical framework in social work research, the paucity of the literature - only nine articles published within the past decade - is problematic. This is especially troubling given the imperative of paradigm shift. Furthermore, the non-integration of the existing methodological approaches outlined by McCall in 2005 is surprising considering eight of the articles were published after 2005.

Among the articles reviewed, the concept of intersectionality as a methodology and/or as theoretical framework was applied differently. This limited the effective identification of an overarching theme or themes as well as an effective study comparison. It is, nonetheless, apparent that despite differing conceptualizations and applications, intersectionality offers a highly effective tool to examine the complexity of social locations and identities. The absence of step-by-step procedures or more directive guidelines leaves the definition and application of intersectional research ambiguous. For example, can a study be considered intersectional if an intersectional analysis, driven by intersectionality theory, examines social factors (e.g., poverty, low literacy, inadequate nutrition, etc.) during the data analysis phase only (e.g., Jones, 2009)? Based on the core assumptions of intersectional research, this inquiry meets the guidelines. Furthermore, what is the expectation regarding the inclusion of various categories? And how do we know if the complexity is captured fully by the chosen categories? For example, one study (Damont et al., 2008) captured all forms (as identified by participants) of oppression while

another (Jaramillo, 2010) only focused on two categories - gender and ethnicity- only. It is, of course, reasonable to assume that the selection of categories is informed by the research question. However, this judgment challenges the notion of what constitutes an intersectional research question. And social work research and practice, not surprisingly, as in the mainstream of the social sciences marked by both the absence of evidence and inconsistency in application.

Based on the expositions of this systematic review and a read of the broader social science literature, I offer four recommendations to inform intersectional social work research. First, intersectional research must be well grounded conceptually and be clear in its intent. As evidenced in this review, theoretical concepts that are associated with intersectional scholarship can be misapplied (Hulko, 2008). Norris (2010) maintains that it is important to distinguish between intersectional studies that are conceptualized through the lens of an intersectional framework or paradigm and those studies that include an intersectional data analysis. Therefore, a clear and explicit distinction between intersectionality and social location is necessary. For example, intersectionality is more theoretical in that it is an analytical lens through which research views the social world. Social location "... refers to the relative amount of privilege and oppression that individuals possess on the basis of specific identity constructs" (Norris, 2010, p. 48). It is imperative to acknowledge that each individual experiences various degrees of oppression and privilege based on his or her positioning along the different interlocking system/gradients of oppression (e.g., classism, sexism, ethnocentrism, and homophobia). These system/gradients are historically and culturally situated.

Second, in recognizing that intersecting identities and the systems and processes by which value is placed, social location can shift over time and place. Therefore, it is critical, to explore the sociocultural context of the social location when conducting intersectional research

(Hulko, 2008). This also allows for an examination of social locations as privilege and oppression depending on the context and/or time period. Even if not explicitly discussed in the research findings, the sociocultural context can situate the researcher to be knowledgeable about their own social locations and perhaps, provide additional insight when conducting their research and analyzing findings.

Third, for a study to use an intersectional approach, the minimum criteria as discussed by Murphy and colleagues (2009) must be met.

- (1) [A]t least two categories of oppression must be considered, (2) the data collected for the two or more categories must be considered and analyzed in a way that extends beyond establishing the demographics of the sample, and (3) position intersectionality must be a purposeful and central theme, as evidenced by its incorporation in multiple parts of the study (e.g., theory, methods, findings, implications/discussion, and curate reflection in the title). (p. 56)

Although these criteria aren't discipline specific, they have been developed to assist social work researchers in conducting research that can be recognized – in and outside the field - as intersectional (Murphy, 2009).

Fourth, because intersectionality is animated by an explicit imperative that moves “...beyond descriptive analyses toward eradicating inequalities, driven foremost by the pursuit of social justice,” there should be an alignment with research and social change (Weber, 2006). This recommendation, it is submitted, is fundamental to social work research. Social workers have an ethical responsibility to promote social justice and social change with and on behalf of clients (National Association Social Workers [NASW], 1996). Intersectionality offers a significant tool for understanding social injustice and for fashioning effective interventions on behalf of oppressed people. As a mechanism for social change, intersectionality singularly addresses social inequality, systems of domination, and unbalanced power relations through the

convergence of different types of discrimination – as points of intersection or overlap (Murphy et al., 2009). Intersectionality provides a framework to understand and assess the impact of these converging identities on opportunities and access.

The application of intersectionality in social work research is without a doubt in its infancy. As evidenced by this review, intersectionality is underutilized in the literature. In addition, there are few social work-specific guidelines for conducting intersectional research. This is the task that the field must undertake for the promise of intersectionality to be realized as an effective tool for addressing contemporary issues.

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Paper #2: Teen Pregnancy Involvement: Quantitative Intersectional Analysis of Gender, Race/Ethnicity, and Sexual Orientation

Introduction and Literature Review

Each year, close to 750,000 women aged 15–19 in the United States become pregnant and approximately 410,000 of those pregnancies end in birth (Kost & Carlin, 2010; CDC, 2011). Despite evidence of reaching record lows in teen pregnancy and birth rates in the United States, prevention remains a public health priority for several compelling reasons (Ventura, Mathews, Hamilton, Sutton, & Abma, 2010). Compared with other industrialized countries, the U.S. has teen birth rates as much as nine times higher (Ventura et al., 2011). Furthermore, pregnancy and birth rates among teenagers reveal major disparities among subgroups (Ventura et al., 2011). Racial, ethnic, socioeconomic and geographic disparities are among the most widely documented and thus, the focus of national pregnancy prevention initiatives and policies (Mathews, Sutton, Hamilton, & Ventura, 2010). Given the considerable amount of existing teen pregnancy research on heterosexual female youth, adolescents who self-identify as lesbian, gay, bisexual (LGB) or unsure of their sexual orientation are overlooked as an at-risk subgroup despite findings from a handful of studies revealing increased rates of pregnancy involvement compared to their heterosexual peers (Blake, Ledsky, Lehman, Goodenow, Sawyer, & Hack, 2001; Saewyc, 1999, 2004, 2008). Similarly, adolescent males have also been left out of the discussion of teen pregnancy and until recently, have been a secondary priority in teenage pregnancy prevention initiatives.

Disparities in pregnancy and birth rates among teens are most commonly explained by differences in race and ethnic origin (Mathews et al., 2010). It is estimated that 52 percent of Latina teens and 50 percent of African American teen girls will become pregnant at least once

before they turn twenty (Mathews et al., 2010). In comparison, only 19 percent of non-Hispanic White teen girls under the age of twenty will become pregnant (Mathews et al., 2010).

Even though birth rates between 1991 and 2009 decreased 50% among Black teens, 41% among White teens, and 33% among Hispanic teens (Ventura et al., 2011), birth rates among Black teens (59.0 per 1,000 females) and Hispanic teens (70.1 per 1,000 females) remain more than twice that of White teens (25.6 per 1,000 females) (Ventura et al., 2011). Similarly, teen fatherhood rates vary considerably by race. In 2006, the rate of black males aged 15–19 who became fathers (34 per 1,000) was more than twice that of whites (15 per 1,000) (Lohan, Cruise, O'Halloran, Alderdice, & Hyde, 2010).

Teen pregnancy rates have also been found to vary by sexual orientation. If teen pregnancy norms are thought to be exclusively heterosexual, one of the more unexpected findings would be the disparity in pregnancy rates among sexual-minority youth (i.e., those who self-identify as either lesbian, gay, bisexual or unsure of sexual orientation). Available data from a range of population-level school-based surveys show that both male and female in-school sexual-minority youth consistently report higher rates (2-7 times increased rates) of pregnancy involvement than their heterosexual peers (Blake et al 2001; Saewyc et al 1999, 2004, 2008).

Limitations of existing research

As discussed above, existing research on teen pregnancy has consistently overlooked groups such as males and sexual minorities. By focusing on “at-risk” (read heterosexual female) youth, this approach has rendered some groups invisible and thus, perpetuates social inequality. For example, little is known about teen pregnancy involvement rates among males because of a long-standing gender bias in academic and policy research on adolescent pregnancy (Lohan et al., 2010). One consequence of rendering the young male experience invisible in contributing to

the high teen pregnancy and birth rates is the heightened social policy and prevention burden on young women. Furthermore, when drawing on the concept of heterocentrism (i.e., the tendency to define the standard person as heterosexual), it is common for teen pregnancy and birth rates to be discussed only in relation to females and to be applicable only to heterosexuals. Furthermore, when researching birth rates among sexual-minority youth for this inquiry, there was no available data. Thus, sexual minority youth (both male and female) are overlooked as an “at-risk” group to be involved in a pregnancy because of the assumptions about who becomes or deserves to be pregnant.

Generally speaking, disparities in teen pregnancy and birth rates have been examined by social categories (e.g. race/ethnicity, demographic region and sexual orientation) as if they operate independently of one another, which has limited the generated knowledge of teen pregnancy. This categorical approach to research necessarily fails to fully recognize people with intersecting identities (e.g., teens who are both gay and African American). The approach of focusing on one identity at a time tends to place majority group status on other identities (e.g., focusing on the experiences of LGB persons who are White, African Americans who are heterosexual) (Brooks, 2009). Purdie-Vaughns and Eibach (2008) describe this as “intersectional invisibility” (p. 14). This plays out most among people with multiple subordinate-group identities who become socially invisible because they don’t fit the prototypes of their respective identity groups. Thus, sexual-minority youth who in fact are at greater risk for teen pregnancy than their heterosexual counterparts can still remain invisible in the discussion of teen pregnancy when race/ethnicity is the primary social category researched.

Intersectionality as a new methodological approach

In recognizing the multidimensional nature of social locations or identities and places, lived experiences, social forces, and overlapping systems of discrimination and subordination, an additive approach (i.e., for each socially marginalized status, there is an independent or “linear” contribution on teen pregnancy involvement) may fall short in uncovering the complex relationship between and among race/ethnicity, sexual orientation and gender in explaining the disparities in teen pregnancy involvement. By conceptualizing these social identities as additive this assumes that together they cumulatively add up to explain teen pregnancy involvement. In actuality, as Gestalt argued decades ago, “the whole is greater than the sum of its parts” and thus, an additive approach does not fully explain the complexity of teen pregnancy. This concept will be explored in the ensuing sections.

Originally coined by Crenshaw (1989), the term intersectionality refers to a directed inquiry into the ‘multidimensionality’ of the experiences of marginalized individuals (as cited in Nash, 2008, p. 2). Choo and Ferree discuss a “process-centered style” of intersectionality that is “...an *analytic interaction*: a non-additive process, a transformative interactivity of effects” (2010, p.131). Leslie McCall (2005), one of the first scholars to outline the methodological approaches of intersectionality, defines this as *intercategorical complexity*. A core element of this approach is comparative analysis and interaction seeking (i.e., assuming important interactions across contexts) to identify dimensions of variation in the intersections across categories (McCall, 2005). This approach focuses on “...the complexity of relationships among multiple groups within and across analytical categories and not on complexities within single social groups, single categories, or both” (McCall, 2005, p. 1786). By use of quantitative methods, the analysis of this approach is on the “...gamut of dimensions of multiple categories”

thus, allowing for a “...simultaneous and explicit examination” (Denis, 2008, p. 687).

Furthermore, Landry (2006) acknowledges that the focus of the approach is on the presence and simultaneity of categories of inequality. Here, simultaneity recognizes that “people experience race, class, gender, and sexuality differently depending upon their social location in the structures of race, class, gender, and sexuality” (Murphy, 2009, p. 11)

There is a growing body of literature within the health disciplines that has utilized quantitative intersectional approaches in health research (Kelly, 2009). According to Weber and Parra-Medina, “intersectional approaches ... provide a powerful alternative way of addressing questions about health disparities that traditional approaches have been unsuccessful in answering” (2003, p. 222). Scholars from both biomedical and social sciences have identified the challenges of biomedical science to examine the broader social and political causes of health disparities (Kelly, 2009). Researchers (Hankivsky, Reid, Cormier, Varcoe, Clark, Benoit and Brotman, 2010; Kinsner and Lewis, 2005; Kirkham, Baumbush, Schultz and Anderson, 2007) recognize the role of social and political power in creating the social injustice of health disparities, and advocate for innovative approaches to health research.

The purpose of this study is to employ intercategorical complexity, one of the methodological approaches to intersectionality, to quantitatively examine the uneven landscape of teen pregnancy involvement among public high school students in New York City (NYC). For this inquiry, this focus is on the intersections of gender, race/ethnicity, and sexual orientation. More specifically, this study addresses the following research question: Do the intersections of gender, race/ethnicity, and sexual orientation – that is, the particular locations along the structural and interlocked dimension of gender, race/ethnicity, and sexual orientation – significantly predict teen pregnancy involvement? In applying this approach, one goal is to

provoke future discussions about the utility of intersectionality to offer new questions about intersecting determinants and the role of innovative quantitative analysis to further our understanding of the complexity of teen pregnancy.

Methods

Design, sampling and participants

For this study, a secondary data analysis was conducted on the 2009 New York City Youth Risk Behavior Survey (NYC-YRBS) data. The weighted ($N=176,289$) survey data were used and therefore, can provide prevalence data for the city as a whole.

The NYC-YRBS is a self-administered, anonymous survey conducted in NYC public high schools in odd years by the Department of Health and Mental Hygiene (DOHMH) in collaboration with the NYC Department of Education (DOE) to monitor priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among NYC youth.

The NYC-YRBS employs a stratified, two-stage cluster sample designed to produce a representative sample of public high school students. In the first stage of sampling, schools are randomly selected with probability proportional to the schools' enrollment sizes. The schools are drawn from a list supplied by the DOE, which reports the most recent status of schools and student enrollment.

In the second sampling stage, classrooms falling within a designated period of the school day (e.g., second period) or a required class (e.g., English) were listed in a classroom-level sampling frame. English as a Second Language and special education classes are not eligible for inclusion in the sampling frame. Classes were then randomly selected from the sampling frame

for each school. In each selected classroom, all students completed the questionnaire, other than those students who choose to opt-out.

Measurement

Self-reported data from the NYC -YRBS are used in this analysis. The specific measures are described below.

Dependent variable: Teen pregnancy involvement was assessed using the NYC-YRBS survey question: “How many times have you been pregnant or gotten someone pregnant?” The responses (0 times, 1 time, 2 or more times, and not sure) were collapsed so that 0 = no pregnancy involvement and 1 = one or more pregnancies. “Not sure” responses were treated as no pregnancy involvement.

Independent variables: To identify disparities in teen pregnancy involvement, five non-interactive variables (gender, race/ethnicity, sexual orientation, age, and forced to have sexual intercourse) were assessed using NYC-YRBS questions: “What is your sex?” (0 = male; 1 = female), “What is your race? And “Are you Hispanic or Latino? (Dichotomous variables for White, African American/Black, Hispanic, Asian, and Other with White as the reference category), “What of the following best describe you? (0 = heterosexual or straight; 1 = sexual minority), “How old are you?” (years), “Have you ever been physically forced to have sexual intercourse when you did not want to? (0 = no; 1 = yes).

To test the predictive power of an intersectional approach, four interaction terms were created and added to the model. Three two-way interaction terms and one three-way interaction term (for each race/ethnicity) was comprised of all possible combinations of the three axes of inequalities by creating a set of dummy variables for each intersecting category. In this model

there are the following interactions: gender-race/ethnicity, gender-sexual orientation, race/ethnicity-sexual orientation, and gender-race/ethnicity-sexual orientation.

Data Analysis of Study Aims

The primary study aim of this paper is to examine the interaction of gender, race/ethnicity, and sexual orientation on teen pregnancy involvement among a weighted sample of 176,289 New York City public high school students aged 12 to 21. Considering the prior rationales for an intersectional approach, a number of hypotheses are presented below:

H₁: There will be a significant interactional effect between gender and sexual orientation on teen pregnancy involvement.

H₂: There will be a significant interactional effect between race/ethnicity and sexual orientation on teen pregnancy involvement.

H₃: There will be a significant interactional effect between race/ethnicity and gender on teen pregnancy involvement.

H₄: There will be a significant interactional effect between race/ethnicity, sexual orientation, and gender on teen pregnancy involvement.

For the preliminary analysis, bivariate statistics were used to calculate the relationship of each social category (sexual orientation, race/ethnicity, and gender) on teen pregnancy involvement. In the first model, the additive effect of sexual orientation, race/ethnicity, and gender on pregnancy involvement calculated the main effect of each inequality variable on teen pregnancy involvement before and after controlling for the others. I used dichotomous variables with disadvantaged groups as the focal category and non-disadvantaged groups as the reference category (e.g. male = 0; female = 1). These models represent the standard additive approach to

investigating health inequalities and reflect the departure point for further investigation of intersectionality.

The second set of models test the interactional effects of gender, race/ethnicity, and sexual orientation on teen pregnancy involvement. Logistic regressions were run and differences between them were tested for statistical significance. Following convention, results from these analyses were considered statistically significant if they exhibit p -values below 0.05.

Results

Sample Characteristics and Bivariate Descriptive Statistics

As shown in Table 1, six percent of respondents reported teen pregnancy involvement. A potential explanation for this number is that two-thirds of the respondents were between the ages of 15 and 17. This age group is slightly below the national average age of pregnant teens (between 18 and 19 years old). Slightly more than one-half of the participants identified as female. The majority of participants identified as Latino (34%) or African American (24%), heterosexual or straight (89%), and reported no forced sexual intercourse (93%).

The descriptive statistics in Tables 2 – 10 show the bivariate frequencies related to the three social identities (e.g., racial/ethnic identity, sexual orientation, and gender) among the weighted sample. Less than half of a percent (.4%) reported being involved in at least one pregnancy. In comparison, close to three percent (2.6%) of African American and three percent of Latino/a respondents reported being pregnancy involved. Based on national statistics (as shown above), these percentages appear to be low however, can be explained by the majority of students in this study being younger than the youth included in the national data. Additionally, there could be regional variation that might explain the lower rates among NYC youth. Despite the reported low rates, African American and Latino/a youth report pregnancy involvement more

than double that of White youth. This appears to be consistent with national teen pregnancy data. As shown in Table 6, close to two percent (1.8%) of self-identified sexual-minority students were involved in at least one or more pregnancies.

As shown in Table 8, gender differences among youth who reported being pregnancy involved were not distinctly different (3.1% of male respondents and 3.4% of female respondents reported pregnancy involvement). Noteworthy, there is no available national data indicating reported teen pregnancy involvement for males and females.

Sexual- minority status by race revealed some variation among groups. Again, it is difficult to compare to national levels because of the absence of data on sexual – minority youth. Among the weighted sample, a little over one percent (1.2%) of White students (reference group) self-identified as sexual-minority. In comparison, close to four percent (3.8%) of African American students, five percent of Latino/a students, less than one percent of Asian (.9%) and Other (.1%) students self-identified as sexual-minorities.

Table 1

Weighted Sample Characteristics (N= 176,289)

Variables	Categories	Frequency	%
<i>Pregnancy involvement</i>	No reported pregnancy	164,951	93.6
	Reported 1 or more pregnancies	11,338	6.4
<i>Gender</i>	Male	77,583	44
	Female	98,706	56
<i>Age</i>	≤ 12 to 14	47,909	27.2
	15-17	120,380	68.3
	≥18	8000	4.5
<i>Racial/ethnic identity</i>	White	27,432	15.6
	African American	57,679	23.7
	Latino/a	60,452	34.3
	Asian	29,184	16.6
	Other	1,542	.9
<i>Sexual orientation</i>	Heterosexual/straight	157,129	89.1
	Sexual-minority	19,160	10.9
<i>Experienced forced sex</i>	No	164,516	93.3
	Yes	11,773	6.7

Table 2

Descriptive Statistics of Race on Sexual Orientation (N= 176,289)

Racial/ethnic identity	Sexual Orientation	Frequency	%
<i>White</i>	Heterosexual	25,266	14.3
	Sexual-minority	2,138	1.2
<i>African American</i>	Heterosexual	51,307	29.1
	Sexual-minority	6,375	3.6
<i>Latino/a</i>	Heterosexual	51,721	29.3
	Sexual-minority	8,823	5.0
<i>Asian</i>	Heterosexual	27,561	15.6
	Sexual-minority	1,626	.9
<i>Other</i>	Heterosexual	1,325	.8
	Sexual-minority	219	.1

Table 3

Descriptive Statistics of Age on Sexual Orientation (N= 176,289)

Age	Sexual Orientation	Frequency	%
≤ 12 to 14	Heterosexual	43,869	24.9
	Sexual-minority	4,032	2.3
15-17	Heterosexual	106,590	60.4
	Sexual-minority	13,868	7.9
≥ 18	Heterosexual	6,722	3.8
	Sexual-minority	1,281	.7

Table 4

Descriptive Statistics of Age on Gender (N= 176,289)

Age	Gender	Frequency	%
≤ 12 to 14	Male	21,006	11.9
	Female	26,895	15.2
15-17	Male	52,677	29.9
	Female	67,781	38.4
≥ 18	Male	3,881	2.2
	Female	4,122	2.3

Table 5

Descriptive Statistics of Age on Pregnancy Involvement (N= 176,289)

Age	Pregnancy Involvement	Frequency	%
≤ 12 to 14	No pregnancies	46,407	26.3
	1 or more pregnancies	1,494	.8
15-17	No pregnancies	112,019	63.5
	1 or more pregnancies	8,439	4.8
≥ 18	No pregnancies	6,585	3.7
	1 or more pregnancies	1,418	.8

Table 6

Descriptive Statistics of Sexual Orientation on Pregnancy Involvement (N= 176,289)

Sexual Orientation	Pregnancy Involvement	Frequency	%
<i>Heterosexual</i>	No pregnancies	149,013	84.5
	1 or more pregnancies	8,168	4.6
<i>Sexual-minority</i>	No pregnancies	15,998	9.1
	1 or more pregnancies	3,183	1.8

Table 7

Descriptive Statistics of Gender on Sexual Orientation (N= 176,289)

Gender	Sexual Orientation	Frequency	%
<i>Male</i>	Heterosexual	71,996	40.8
	Sexual-minority	5,568	3.2
<i>Female</i>	Heterosexual	85,185	48.3
	Sexual-minority	13,613	7.7

Table 8

Descriptive Statistics of Gender on Pregnancy Involvement (N= 176,289)

Gender	Pregnancy Involvement	Frequency	%
<i>Male</i>	No pregnancies	71,602	40.6
	1 or more pregnancies	5,389	3.1
<i>Female</i>	No pregnancies	93,409	53.0
	1 or more pregnancies	5,962	3.4

Table 9

Descriptive Statistics of Race on Gender (N= 176,289)

Race	Gender	Frequency	%
<i>White</i>	Male	11,824	6.7
	Female	15,580	8.8
<i>African American</i>	Male	25,090	14.2
	Female	32,592	18.5
<i>Latino/a</i>	Male	26,247	14.9
	Female	34,298	19.4
<i>Asian</i>	Male	13,768	7.8
	Female	15,419	8.7
<i>Other</i>	Male	636	.8
	Female	908	.9

Table 10

Descriptive Statistics of Race on Pregnancy Involvement (N= 176,289)

Race	Gender	Frequency	%
<i>White</i>	No pregnancies	26,699	15.1
	1 or more pregnancies	705	.4
<i>African American</i>	No pregnancies	53,131	30.1
	1 or more pregnancies	4,551	2.6
<i>Latino/a</i>	No pregnancies	55,256	31.3
	1 or more pregnancies	5,288	3.0
<i>Asian</i>	No pregnancies	28,500	16.2
	1 or more pregnancies	687	.4
<i>Other</i>	No pregnancies	1,424	.8
	1 or more pregnancies	120	.1

Additive model

Table 11 describes the additive model predicting teen pregnancy involvement on the weighted sample when controlling for age and forced sexual intercourse. This model provides a first indication of whether gender, race/ethnicity, and sexual orientation have the potential to be relevant intersectionality axes of inequality (Hankivsky, 2011).

Table 11
Additive Model Predicting Teen Pregnancy Involvement

	Full additive model (Odds Ratio)	95% CI
<i>Gender</i>		
Male	1.000	----
Female	1.801 ^a	(1.728 – 1.874)
<i>Racial/ethnic identity</i>		
White	1.000	----
African American	2.893 ^a	(2.666 – 3.140)
Latino/a	3.057 ^a	(2.818 – 3.315)
Asian	0.901	(.809 – 1.003)
Other	2.714 ^a	(2.205 – 3.340)
<i>Sexual orientation</i>		
Heterosexual/straight	1.000	----
Sexual-minority	2.981 ^a	(2.843 – 3.126)

N= 176,289 in all models; age and experienced forced sexual intercourse controlled in all models; ^a *p* <.001.

In the additive model, female participants were more likely than males to report teen pregnancy involvement. When considering racial and ethnic identity categories, participants who identified as Latino were more likely (OR= 3.057) to report teen pregnancy involvement than White students. A potential mitigating effect was found among Asians, although not significant, who were less likely (OR=0.901) to report pregnancy involvement than White participants. Consistent with existing evidence, sexual-minority youth had odds of teen pregnancy

involvement that were approximately three times (OR = 2.981) as high as those who identified as heterosexual or straight.

With regard to the principal of simultaneity, these results suggest that gender, race/ethnicity, and sexual orientation are relevant intersectional axes of inequality because they are shown to significantly effect teen pregnancy involvement when compared to reference groups.

Table 12 shows the coefficients for the additive and intersectional models. After controlling for age and self – reported forced sexual intercourse, the inclusion of the interaction terms increased the effect of gender on teen pregnancy involvement. Among all other social categories (e.g., sexual orientation and race/ethnicity), the predictive effect decreased with the inclusion of the interaction terms. This brings into question the impact of the interaction terms on predicting teen pregnancy involvement.

When comparing the additive model to the interaction model, the effect of self-identifying as Asian became significant. In this model, all other social categories remained significant. In the interaction model, the three-way interactions had a statistically significant effect on teen pregnancy involvement. In comparison to the two-way interactions, the addition of another axis of inequality changed the direction of the effect.

Table 12
Coefficients for all Models

Variables	Additive Model	Interaction Model
Gender	.588 ^c (.547 – .628)	.741 ^c (.560 – .922)
Sexual orientation	1.092 ^c (1.045 – 1.140)	.511 ^b (.149 – .873)
African American	1.062 ^c (.981 – 1.144)	.997 ^c (.877 – 1.117)
Latino	1.117 ^c (1.036 – 1.199)	1.196 ^c (1.077 – 1.314)
Asian	-.105 (-.212 – .003)	-.207 ^b (-.364 – -.049)
Other	.998 ^c (.791 – 1.206)	.538 ^b (.156 – .920)
Gender by African American	_____	.206 ^a (.011 – .401)
Gender by Latino	_____	.135 (.058 – .329)
Gender by Asian	_____	.206 (.048 – .460)
Gender by Other	_____	1.110 ^c (.615 – 1.604)
Sexual orientation by gender	_____	1.281 ^c (.855 – 1.706)
Sexual orientation by African American	_____	.827 ^c (.447 – 1.206)
Sexual orientation by Latino	_____	.409 ^a (.031 – .788)
Sexual orientation by Asian	_____	1.068 ^c (.633-1.504)
Sexual orientation by Other	_____	1.467 ^c (.626 – 2.308)
Sexual orientation by gender by African American	_____	-1.370 ^c (-1.821 – -.919)
Sexual orientation by gender by Latino	_____	-1.393 ^c (-1.842 – -.944)
Sexual orientation by gender by Asian	_____	-1.373 ^c (-1.943 – -.803)
Sexual orientation by gender by Other	_____	-3.037 ^c (-4.074 – -1.999)

N= 176,289 in all models; age and experience forced sex controlled in all models,

^a p <.05, ^b p <.01, ^c p <.001

Interaction model

Table 13 describes the two-way interactions between gender, race/ethnicity, and sexual orientation. All interactions were statistically significant except for the interactions between gender and Latino and gender and Asian. Among the significant interactions, African American and Other (e.g., American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and multiple non-Hispanic) male and female youth were more likely than White male and female youth to report pregnancy involvement. African American males were over two and a half times (OR = 2.710) more likely to be involved in a pregnancy when compared with White males. Similarly, African American females reported pregnancy involvement slightly more than three times (OR = 3.330) that of White female youth. When looking at youth who identified as “Other,” females were five times more likely than their White peers to report teen pregnancy involvement.

Although some caution should be exercised regarding the strength of inference regarding the non-significant interaction terms since the main effect of gender on Latino and Asian was not significant, noteworthy is the interaction between gender and Asian youth. For both male (OR = 0.813) and female (OR = 0.999) Asian youth, the likelihood of pregnancy involvement was less than White male and female youth.

Significant interactions between gender and sexual orientation were also identified. Among male participants, those who identified as sexual-minority were almost two times (OR=1.667) more likely to report teen pregnancy involvement compared with heterosexual or straight participants. A similar pattern emerged among female sexual-minority youth in that they were six times more likely to report pregnancy involvement compared with heterosexual or straight females.

Table 13
Statistically Significant two-way Interactions Between Axes of Inequality

		Odds ratio
<i>Gender by race interactions</i>		
Male	White (ref)	1.000
	African American	2.710 ^a
	Latino	3.307
	Asian	0.813
	Other	1.713 ^c
Female	White (ref)	1.000
	African American	3.330 ^a
	Latina	3.785
	Asian	0.999
	Other	5.197 ^c
<i>Gender by sexual orientation interactions</i>		
Male	Heterosexual or Straight (ref)	1.000
	Sexual- minority	1.667 ^c
Female	Heterosexual or Straight (ref)	1.000
	Sexual- minority	6.001 ^c
<i>Race by sexual orientation interactions</i>		
White (ref)	Heterosexual or Straight (ref)	1.000
	Sexual- minority	1.667 ^c
African	Heterosexual or Straight (ref)	1.000
	Sexual- minority	3.811 ^c
Latino/a	Heterosexual or Straight (ref)	1.000
	Sexual- minority	2.509 ^a
Asian	Heterosexual or Straight (ref)	1.000
	Sexual- minority	4.850 ^c
Other	Heterosexual or Straight (ref)	1.000
	Sexual- minority	7.228 ^c

$N= 176,289$ in all models; age and experience forced sex controlled in all models, ^a $p <.05$, ^b $p <.01$, ^c $p <.001$

Discussion

Findings from this paper explore the utility of intersectionality by examining the interactions between gender, race/ethnicity, and sexual orientation on teen pregnancy involvement among a weighted sample ($N=176,289$) of New York City public high school students. The analysis described herein is unique by virtue of its consideration of intersections between all three key inequality axes (e.g., gender, race/ethnicity, and sexual orientation). When comparing the multiplicative or interaction model with the full additive model, the uneven landscape of teen pregnancy involvement began to emerge. The concept of the whole being greater than the sum of its parts is evidenced by the comparison of the additive and interactive models. For example, in the additive model, sexual-minorities, Latino, and African American youth were all approximately three times more likely to report teen pregnancy involvement compared to heterosexual and White youth. However, the intersection of race and sexual orientation in the multiplicative model revealed increased disparities within racial and ethnic groups. Among White students, sexual minorities reported increased (OR = 1.667) odds of pregnancy involvement compared to their heterosexual peers. Similarly, African – American sexual-minority students, when compared with their heterosexual counterparts, were almost four times more likely (OR = 3.811) to be involved in at least one pregnancy. Despite evidence in the additive model that Latino youth were more likely (OR = 3.057) to report pregnancy involvement (across all racial/ethnic categories) compared with White students, when looking at the intersection between sexual orientation and Latino, sexual-minority youth are 2.5 times more likely to report pregnancy involvement than heterosexual Latino youth. Here, the interaction

between sexual orientation and ethnicity may have a mitigating effect on teen pregnancy involvement.

Findings revealed that for Asians, the interactions might be differently nuanced than for the other racial/ethnic groups. In the additive model, although not significant, Asian students had a decreased likelihood (OR = 0.901) of teen pregnancy involvement compared with White students. However, the interaction of race and sexual orientation revealed an increased (OR = 4.850) likelihood of teen pregnancy involvement among Asian sexual-minorities compared to Asian heterosexuals.

Several important limitations in this study should be noted. First, the YRBS-NYC is the only population-based data source that includes questions about sexual orientation and teen pregnancy involvement. Therefore, the study is limited to the measurement of sexual orientation as described in the survey. Furthermore, the data is only applicable to NYC youth and can't be generalized to other geographic locations. However, other States conduct YRBS surveys in public high schools but do not always include sexual orientation questions.

Another limitation related to the data source is that the YRBS-NYC does not include questions about socioeconomic status (SES). Therefore, SES is left out of the analysis even though there is evidence of SES disparities in teen pregnancy rates and the use of SES as a primary social location of interest when conducting an intersectional analysis (Hankivsky, Reid, Cormier, Varcoe, Clark, Benoit, C., 2010; Landy, 2006). Related to this limitation is that the observed disparities between the identified social identities (gender, race/ethnicity, and sexual orientation) might be explained, to a certain extent, by differences in SES.

Acknowledging with Weber and Parra-Medina (2003) that intersectionality should consider the social construction of identities rooted in time and place, another limitation of the

survey data is that it cannot capture which relations of power operate in individual lives. Perhaps, other modes of investigation will also be needed to substantiate and explicate the results describes herein.

Implications

Despite these limitations, the findings have important implications. As evidenced by this study, the utility of an intersectional approach revealed new patterns of disparities in teen pregnancy involvement. The interactions explored in this study suggest that multiple social identities contribute to increased pregnancy involvement. Therefore, the whole is indeed greater than the sum of its parts. Thus, the implication for not recognizing the intersectional relationship between social locations and teen pregnancy involvement is that we fall short in addressing the *whole* issue. By treating multiple axes of inequality as discrete rather than intersected processes, researchers risk misunderstanding the nature and scope of social experiences and identities manifested in specific contexts (Veenstra, 2011). If this is true, research on teen pregnancy is incomplete, and some of it may even be misleading. Thus, implications for future research include employing intersectional approaches to further uncover the complexity of teen pregnancy involvement and therefore, broaden the definition of “at risk” to reflect the compounded forms of oppression that contributed to high rates of teen pregnancy involvement.

Another implication reflects the need for pregnancy prevention initiatives to adapt to the uneven landscape of teen pregnancy involvement. Currently in the United States, pregnancy prevention programs and interventions target behaviors in two areas: abstinence (including delaying the initiation of sex, returning to abstinence, and avoiding unwanted, unintended, and unprotected sex) and the correct and consistent use of effective contraception (Kirby, 2008). The

Centers for Disease Control and Prevention (CDC) focuses such efforts on Non-Hispanic black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race because of the need for greater public health efforts to improve the life trajectories of adolescents facing significant health disparities, as well as to have the greatest impact on overall U.S. teen birth rates (CDC, 2010; Kost et al., 2010; Kirby et al., 2006).

These approaches fall short in addressing “at-risk” populations as defined by the intersections of social locations identified in this study. First, Abstinence approaches do not meet the needs of lesbian, gay, bisexual and transgender youth because it promotes a mutually faithful monogamous relationship between a man and woman as the expected standard of human sexuality. Furthermore, heteronormative assumptions about teen pregnancy that aligns sexual identity and behavior do not include sexual-minorities in preventative messages and discussions. This is problematic because in this study each interaction that included sexual orientation revealed that sexual-minority youth were by far more likely to be involved in a pregnancy compared with heterosexual youth (even when considering race and gender differences). Thus, prevention efforts should move away from an abstinence approach to one that is more comprehensive. To support this shift, additional investigation is needed to further uncover the complexity of lived experiences of youth that resist the heteronormative assumptions about who (read heterosexual female youth) is involved in teen pregnancy. Furthermore, future research should investigate the factors that contribute to increase likelihood for sexual-minority youth to be involved in a pregnancy. To date, there has been no known study employed to examine these factors however, researchers (Saewyc, 2006) have hypothesized that heightened exposure to sexual stigma may influence youth to attempt to reclaim their sexuality by entering into parenthood or more socially acceptable (heteronormative) relationships.

Second, adolescents with two or more subordinate identities do not fit the prototypes of their constituent subordinate groups, and therefore, will experience intersectional invisibility in the current pregnancy prevention programs and interventions. As previously discussed, intersectional invisibility is the general failure to fully recognize people with intersecting identities as members of their constituent groups. Therefore, if prevention efforts are prioritizing Black, Latino, American Indian/Alaska Native, and socioeconomically disadvantaged youth there is a potential to render youth who don't fit the prototypes of these social identities as invisible. This is evidenced by the lack of prevention efforts targeted towards other race/ethnic groups, males, and sexual-minority youth. The study findings presented herein support the need for prevention programs and interventions to be adaptable to multiple and intersection groups of young people and that targeting a specific group or social location does not fully address youth who occupy multiple social locations and perhaps, are most "at risk."

In failing to provide comprehensive and diverse pregnancy prevention we are further putting young people at risk. Perhaps, the findings from this study can be used as a starting point to identify interactions that affect teen pregnancy involvement so that we broaden our definition of who is "at risk" and how we should challenge the ways in which we think about prevention.

Conclusion

From an intersectional perspective, each axis of inequality interacted significantly with at least one other. As evidenced, intersectionality theory and the application of quantitative intersectional approaches are suited for explicating inequalities in teen pregnancy involvement among NYC youth. The multiplicative possibilities described in this analysis beg for further investigation from an intersectional invisibility perspective to further uncover the complexity of

the lived experiences of youth that can further explain disparities in teen pregnancy involvement. Perhaps, the focus of such research should be on identifying the systems and mechanisms of oppression that impact teen pregnancy involvement. For example, what are the heteronormative assumptions underpinning the concept of teen pregnancy and how does that impact screening and/or prevention for pregnancy? What are the experiences with systematic, institutional, and interpersonal discrimination that play a role in sexual decision-making and prevention? Given the urgency to address teen pregnancy involvement in the US, it is paramount for future research to employ innovative approaches to challenge our conventional thinking to further uncover the complexity of teen pregnancy involvement.

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Paper #3: Perceptions of Teen Pregnancy Among Sexual Minority Female
Youth of Color: A Qualitative Intersectional Analysis

Introduction and Literature Review

Teen birth rates in the U.S. are as much as nine times higher than those in other industrialized countries (Ventura, Mathews, Halilton, Sutton, & Abma, 2010). Each year, close to 750,000 U.S. women aged 15–19 become pregnant; approximately 410,000 of these pregnancies end in birth (Kost & Carlin, 2010; Centers for Disease Control [CDC], 2011). These estimates highlight the prevalence of teen pregnancy. They do not, however, provide an accurate picture of the significant disparities that exist among populations; and it is just these disparities that inform national prevention initiatives.

Typically, disparities in teen pregnancy rates are defined by economic, geographic, race, and ethnic differences (Mathews, Sutton, Hamilton, & Ventura, 2010). However, in the few studies that have disaggregated data by sexual-minority status, one of the more unexpected findings, that is, if teen pregnancy is exclusively associated with heterosexuality, is that female adolescents who self-identify as lesbian, bisexual or unsure of their sexual orientation (i.e., sexual-minority), have *higher* rates of teen pregnancy involvement than their heterosexual counterparts (Blake, Ledsky, Lehman, Goodenow, Sawyer, & Hack, 2001; Saewyc, 1999, 2004, 2008).

There is consistent, though limited, evidence of higher pregnancy rates among sexual-minority female youth, provided by national large-scale population-based surveys administered in public high schools over the last few decades. Saewyc and colleagues (1999) found that lesbian and bisexual young women who participated in the 1987 Minnesota Adolescent Health Survey were twice as likely as their heterosexual peers to report having been pregnant (12.3% v.

6.1%). Of the lesbian or bisexual respondents who reported being pregnant, 24% reported multiple pregnancies. When looking at all of the sexually experienced female respondents, 44% of female youth who were unsure of their sexual orientation and 30% of bisexual or lesbian youth reported no use of contraceptives (compared to 23% of heterosexual youth). Among those who used any method, the use of ineffective methods (withdrawal or rhythm) was significantly more common among bisexual or lesbian youth compared with those who were unsure of their sexual orientation (12% and 9%, respectively). Frequency of intercourse, which affects the risk of pregnancy, also differed among groups. Bisexual or lesbian respondents were more likely to report engaging in intercourse daily or several times a week (22%) than were their heterosexual or unsure counterparts (15-17%).

Similarly, in the 1997 Vermont Youth Risk Behavior Survey, Reis and Saewyc (1999) found that same-sex, sexually active youth were seven times as likely to report having been pregnant or gotten someone pregnant two or more times (as cited in Saewyc, 2006, p. 109).

The conventional wisdom is that lesbian youth or female youth who report having same-sex partners are not at risk for teen pregnancy, i.e., that they do not engage in intercourse. This notion is based on two assumptions: (1) once an individual adopts a homosexual orientation, no further change occurs, and (2) people who identify as homosexual engage in exclusive same-sex sexual behavior. These assumptions are rooted in a heteronormative perspective that suggests an interdependent relationship and alignment of biological sex, sexuality, gender identity, and gender roles. Kitzinger (2005) describes heteronormativity as “the myriad ways in which heterosexuality is produced as a natural, unproblematic, and taken-for-granted phenomenon” (p. 478). Therefore, if heterosexuality is assumed to be the normal sexual orientation, sexual and marital relations (e.g., pregnancy) are only experienced and perhaps, desired between a man and

a woman. Furthermore, as Grace, Hill, Johnson, and Lewis (2004) argue, "... these dominant ideologies allow heterosexual men to maintain control by reinforcing binary structures that value heterosexual over homosexual and masculine over feminine, linking them together inextricably" (pp. 318–319).

These heteronormative assumptions notwithstanding, consistent evidence reveals a complex relationship among sexual orientation, sexual identity, sexual behavior, and/or gender of partner. Recent research suggests that the majority of adult lesbian and bisexual women in the U.S. have had heterosexual intercourse at some point in their lives (Bell & Wenberg, 1978; Diamant, et al., 2000; Johnson et al 1987; Saghir & Robins, 1980). In one study, Rust (1992) surveyed nearly 400 women who identified as either lesbian (76%) or bisexual (10%). She found that many women moved between the two sexual identities with frequent periods of doubt and questioning. Lesbians reported their first homosexual attraction around age 15 years, and they adopted their lesbian or bisexual identity by 22 years of age. These findings do not support the all-too-widely held perception that homosexual behavior is common among early adolescents and gradually diminishes with age (Rust, 1992). Rather, the opposite is true –that a gradual unfolding of sexual orientation occurs during adolescence and a homosexual orientation is identified in early adulthood.

In one of the first studies to examine sexual behaviors of lesbian, gay and bisexual youth in New York City, researchers (Rosario, Meyer-Bahlburg, Hunter & Gwadz, 1999) found that 61% of the female respondents had a history of penile –vaginal sex and a third reported having at least one male partner who was gay or bisexual.

In a more recent study of the dimensions of sexual identity and how it relates to the sex of partners among lesbian and bisexual female youth, researchers (Goodenow, Szalacha, Robin &

Westheimer, 2008) found that among females having current female partners ($n = 79$), 82% self-identified as heterosexual, 14% as lesbian or bisexual, and 4% as not sure of their sexual orientation. Among respondents who identified as having sex with both male and female partners ($n = 178$), 31% indicated they were heterosexual, 58% indicated they were lesbian or bisexual.

These statistics challenge conventional assumptions about teen sexuality and pregnancy. In an attempt to explain the disparity in pregnancy rates among sexual-minority youth, Saewyc and colleagues (2006) suggest that a number of teen pregnancy theories may be applicable. The dominant approach is that the increased rate of pregnancy found among lesbian and bisexual female youth is associated with sexual stigma and coping with trauma. The hypothesis is that heightened exposure to environments of harassment, homelessness, sexual abuse, and constant negative messages all reinforce society's stigma (Saewyc et al., 2006). In resistance to this stigma, LGB youth attempt to reclaim their sexuality by entering into parenthood and/or more socially accepted (heterosexual) relationships.

While this hypothesis is plausible, the complexities of the lived experiences of sexual-minority female youth are left out of the discussion and therefore, underreported in the literature. This absence is problematic because pregnancy risk among sexual-minority youth is exclusively linked to sexual orientation status. As discussed above, this treatment limits the analysis because sexual orientation does not dictate sexual behavior, sexual identity, gender roles, and/or the gender of a partner. Furthermore, the narrow focus on sexual orientation assumes that such orientation operates independently of other social identities or locations. To address these heteronormative assumptions and to broaden the definition of teen pregnancy, this study will examine the ways in which perceptions among sexual-minority female youth of color are

produced with and through vectors of social relations and divisions including sexual orientation, age, being in foster care, race, and gender identity and/or expression.

Intersectionality is a useful analytical tool to investigate the complexity of teen pregnancy among multi-marginalized female youth. The intracategorical approach, one of the three approaches to intersectionality, examines across categories and identities and focuses "... on particular social groups at neglected points of intersection" (McCall, 2005, p. 1782). Feminists of color first used this approach to expose the under-theorized experiences of doubly marginalized individuals (e.g. black women) (see Crenshaw, 1989). This approach assumes that categorical inequality (e.g., race, gender, sexual orientation, etc.) exists within society. It does not question however, the existence of social categories as such but criticizes seeing them as universal. Categories are used to define the subjects of analysis and to describe the "broader structural dynamics" that are present in the subject's life (McCall, 2005, p. 1780). The main objective is to analyze and appreciate the process by which the categories are "...produced, experienced, reproduced, and resisted in everyday life" (McCall, 2005, p. 1783).

This study applies an intracategorical approach to intersectionality, to qualitatively capture the interactions of social identities that contribute to perceptions about teen pregnancy among multi-marginalized female youth. The focus is on sexual-minority female youth of color because of the intersection of several points of neglect. The study asks: How do social identities work together to inform perceptions of teen pregnancy among sexual-minority female youth of color? Objectives of this inquiry include the enhancement of the understanding of teen pregnancy by challenging the heteronormative assumptions and the broadening of our definition of teen pregnancy. Findings from this study have implications for teachers, providers, parents, youth, and researchers in developing interventions, educational materials, support systems, and

safe spaces for sexual-minority youth. The negative corollary is that by failing to include this population in preventative initiatives and research agendas, we perpetuate heteronormative views and assumptions and leave a significant number of young women without relevant sexual health information that hinders their ability to protect themselves and their partners and affects their life course.

Method

The Study

A community- based qualitative investigation was conducted at a youth development organization serving over 11,000 young people in New York City ages 12 to 21. Having previously worked at this agency, I partnered with the organization to conduct semi-structured focus groups to explore: (1) teenage pregnancy, (2) reasons for engaging in sex with males, (3) romantic relationships, and (4) the significance of sexual and gender identity in making decisions about sex. The dual impetus for this inquiry was my work with young women over the past eight years and the opportunity to design and conduct a qualitative study during my doctoral studies.

Data Collection

Three focus groups ($n=24$) were conducted with African-American and Latina female youth aged 18 and 19 years old who self-identified as lesbian or bisexual – the inclusion group. Participants in the focus groups were considered eligible if they verbally reported being 18 years or older, self-identify as lesbian, bisexual or queer, self-identify as Latina, African-American, Biracial, or mixed-race. Focus group methodology was selected because it allows for in-depth probing and is particularly appropriate for understanding how people collectively interpret experiences. In addition, focus groups are widely used with adolescents because the method

acknowledges the participants as experts (Levine and Zimmerman, 1996). This is most important because the aim is to discover the youth's view of their world. Because of this, the focus group results are likely to have high face validity and can be useful in the development of conceptual models (Levine and Zimmerman, 1996).

In an effort to reduce selection bias so that several participants from identical networks would not be overrepresented in the focus groups a rolling sampling method was used to populate the focus groups with youth from different groups at the same site. A schedule based on observations of various site locations was developed to allow for an approach to different groups of young people for focus group recruitment. Participants were recruited via word of mouth and flyers. Interested youth were screened for eligibility requirements (as discussed above) by the facilitator and signed up to participate in one of the focus groups.

All three focus groups were 90 minutes long with 8 participants per group. Written informed consents were obtained from participants. No identifying information was collected from participants. The Columbia University IRB approved the study.

Data Analysis

Focus groups were digitally recorded, transcribed verbatim, and entered into ATLAS.ti. Data were analyzed using a “strategy of analysis” developed by Bilge (2009) to capture fully the intersections of social identities. In this analysis an inductive thematic analysis and a deductive template approach were applied. During the first level of analysis, I conducted line-by-line open-coding that developed categories of concepts, and themes emerging from the data. Axial coding was also used during the first level analysis to make connections between themes and categories that emerged from the open-coding. The second level of analysis – theory-orientated deductive

approach – included a reinterpretation of the data using a template that allowed for the identification of broader social categories (e.g., gender, class, race, ethnicity, sexual orientation, age, etc.) and their intersections.

Results

This study aims to capture the intersections of social identities that contribute to high rates of teen pregnancy among sexual-minority female youth of color. The broader social categories and their discrete and intersectional considerations identified during data analysis are reported below in Table 1.

Table 1

Social Categories and Considerations Related to Perceptions of Teen Pregnancy Among Sexual-Minority Female Youth of Color

Social category	Discrete consideration of social category	Intersectional considerations
Sexual orientation	<ul style="list-style-type: none"> - Aligns with sexual behavior (e.g., identification as lesbian and engaging in same-sex sexual behavior) - Self-identification vs. experimenting 	Age, foster care residence race, and gender expression/identity (see below for details)
Age	<ul style="list-style-type: none"> - Dictates self- identification or experimental phases 	<ul style="list-style-type: none"> - Self-identifying as lesbian as an older teen and having desires to create family vs. younger teens experimenting and being “at-risk” for pregnancy (intersection with sexual orientation) - Experimenting with sexuality because of age and living in foster care/group home “troubled teen” (intersection with foster care residency)
Foster care/group home residency	<ul style="list-style-type: none"> - Shapes life experiences (either lived in or known girls in foster care/group home) 	<ul style="list-style-type: none"> - Living in group home because of rejection from family (intersection with sexual orientation) - Growing up in foster care and perceptions about “troubled” teens (intersection with age)
Race	<ul style="list-style-type: none"> - Plays a role in perceptions about beauty of a baby 	<ul style="list-style-type: none"> - Considering race of sperm donor or when family planning with same-sex partner (intersection with sexual orientation)
Gender identity and expression	<ul style="list-style-type: none"> - Aligns with sexual behavior (e.g., lesbian who expresses masculinity wouldn’t engage in sexual behavior with males) 	<ul style="list-style-type: none"> - Questioning sexual orientation and ability/desire/right to have children (intersection with sexual orientation)

In mobilizing intersectionality during data analysis, the presented findings are articulated around sexual orientation. Sexual orientation emerged from the participants' experiences as the single most palpable form of self-identification. Following Bilge (2009), the focus of this analysis was on the "...most accessible axis of social division structured in dominance for the analysis" (p. 8). I thus, began with the question: How does sexual orientation inform the group's accounts?

During the first level analysis, various themes emerged focused on the definition of sexual orientation. The meaning of being a lesbian or bisexual and how this influences decisions about sex was the most reoccurring theme. The relationship between "knowing what you want" or self-identifying as lesbian or bisexual and engaging in the "right" sexual behavior (e.g., same-sex sex) was central to the discussions. Heteronormative assumptions about the interdependent relationship between sexual orientation and sexual behavior also were present. The expressed "disrespect" to the gay community when their peers who identified as lesbian engaged in sexual acts with males reinforced this set of assumptions. This behavior was characterized as "rude" because it wasn't consistent with the manifest sexual orientation. The quotes below highlight the conflict between "not knowing what you want" and the perceived consequences.

Participant 1: That's why I say some people who are like 17 and 18 are still experimenting who they are so that's why I say everybody is different. Some people are still experimenting and some people know what they want. So like at the end of the day you can't really judge anybody for what they want. Some people claim they are lesbian but they are really bisexual [*based on sexual behavior*].

Participant 2: When it comes to how you can tell if someone is a lesbian – I think it's rude if you sleep with guys. It's rude to women who aren't attracted to guys what so ever.

Participant 3: Most people say that if you are a lesbian you should act like it [*females only*] because it disrespects the gay flag. You need to figure out what you want.

The feelings of “disrespect” became apparent when the young women talked about the challenges of being a lesbian. Many of the participants said that being “out” is a choice that is hard and something that shouldn’t be taken lightly. One girl explained: “Being a lesbian is a big decision it’s not like some easy thing... Being in a same-sex relationship isn’t an easy thing because people are going to look at you funny and you’re always going to think [*consequence of experiencing sexual stigma from family*] about being in a group home.”

The topic of foster care or living in a group home was discussed in all of the focus groups because many of the participants had either been in a group home themselves or had known someone close to them who was in a group home. Participants talked about experiencing rejection from family or growing up in a community that did not support or “respect” them because of their decision to be a lesbian or bisexual. Additionally, participants talked about growing up in foster care because their mothers were not able to take care of them.

Focus group participants also thought it was important to differentiate between lesbians who had only been with girls and girls who had become a lesbian after being with boys. One participant pointed out, there are “non-influenced lesbians or a girl who is only with girls – not a girl who was hurt by a guy and became gay.” For some, there was an expressed pride in being a “real” lesbian and having only sexual experiences with females. This perception also influenced the ways in which the young women discussed teen pregnancy within the gay community.

When looking at sexual orientation and teen pregnancy, the expressed “right” and/or desire to have a baby was also compounded by what it meant to be a lesbian or bisexual.

Participants made a distinction between knowing (e.g., self-identifying as lesbian) and experimenting (sexual behavior).

Participant 4: I don't know how to explain it...everybody has the right to have a baby but it just confuses me when you are a lesbian and you are suppose to be with a woman and when you have a baby with a guy it's like did you have the baby because you knew that you couldn't do that with your partner.

Participant 5: People have different ideas – some people feel like they are ready to get pregnant and they know who they are [*lesbian or bisexual*]. Other people are still experimenting and get pregnant.

Participant 6: Some girls may want to be pregnant and they know who they are [*lesbian*] and they want something to be a part of them – people are different. Like I had this experience with one girl who had sex with one guy and after he left her she said she wanted to be gay.

Participant 7: I have a lot of friends who push strollers [*mothers*] who are bisexual but a lesbian girl could also have sex with their best friend [*male*] and maybe just tried it [*sex*] – just to see what it feels like.

Overall, the meaning of being a lesbian or bisexual and the relationship between sexual orientation and sexual behavior overwhelmingly dominated the focus group discussions because many of the young women differed in their perceptions and experiences. There was, however, a consensus in all the groups that young women should “figure out what they want.” And, there was a goal – self- identification. “Experimenting” was considered part of a transition phase or something that happened during young adolescence when a girl “didn't know what she wanted.” Teen pregnancy was considered when discussing young women who self-identified as lesbian or bisexual who knew what they wanted and girls who were experimenting or unsure of their sexual orientation.

Intersectional considerations related to perceptions about teen pregnancy

Intersectionality posits that social locations (e.g., sexual orientation) are related to other power relations that are interlocking (race, gender, socioeconomic status, etc.). To capture the relevant categories, I used a theoretical template to identify other power relations that intersected with sexual orientation. I asked two questions during this phase of analysis: How does sexual orientation interact with other social locations in the accounts of the young women in the focus group? Which dimensions of their experiences were interacting with sexual orientation? I identified a number of intersecting social categories or locations: age, race, gender expression/identity, and foster care residence. For this analysis, I focus on the intersections as they relate to perceptions about teen pregnancy.

The interaction between age and sexual orientation was explored in multiple contexts. There were, for example, dialogues about younger girls becoming “gay” after having “bad experiences” with boys and/or becoming pregnant. The discussion below highlights the significance of age and pregnancy among sexual-minority female youth of color:

Participant 8: I see a lot of really young girls who think that they are lesbians – like 12 years old and I really feel strongly that they are not [*lesbians*]. I mean, personally, I think every girl when she’s 12—and she has a sexual experience with a guy – like the first time she sees a penis, she would be like “I’m a lesbian...”

Participant 9: I really can’t say you can’t say you are gay at a young age because I had sex with my sister in the group home when I was nine years old and I knew I was gay.

Participant 8: I’m just saying it takes a long time to realize your sexual identities...girls around 13, 14, 15 sometimes are curious and are experimenting...some girls turn gay because guys keep asking them for sex...

Participant 10: I find a lot of young girls will have kids with guys and they will get a negative feeling towards guys and then they are like, “I’m gay! I want to be with girls now because guys are not worth nothing” – like not paying child

support and treating them [*young girls*] badly. I think a lot of girls become gay after the fact [*pregnancy*].

When participants were asked about teen pregnancy among girls in their own age group (18 and 19 years old) there was a different response and context in which they perceived pregnancy. The discussion moved away from conceptualizing teen pregnancy as being a risk for younger females and, instead, was perceived as a life event that was intended and related to a same-sex partnership. In this case, being in a same-sex partnership interacted with age and sexual orientation to inform perceptions about teen pregnancy. Here, pregnancy is part of building a family.

Participant 11: There is females [*lesbian adolescent peers*] who have babies. Like if they want to have a baby they go to the doctor to make their kid. They can take their egg out and put it in their partner.

Participant 12: Yeah but, a teenage girl like 16 years old -- she is having sex not going to no sperm bank and it's like she is suppose to be a lesbian so you think that if she sexually identifies as this [*lesbian*] how would she have a kid.

Participant 13: Me and my girlfriend would go to the hospital and get sperm and put my egg into her and it would be like she would be having my baby – like we would be connecting having a baby together. She has two options to get pregnant by a male or to go to the hospital. We would go to the hospital.

The intersection of sexual orientation and relationship status also impacted perceptions related to teen pregnancy. For example, if pregnancy occurred outside of a relationship, there was a sense of betrayal and questioning of sexual orientation.

Participant 14: If a girl did it behind her back [*got pregnant without their partner knowing*] it's not considered her [*partner's*] kid. It's not like they are trying to have a family together.

Participant 12: Maybe that girl is really bisexual and that's why she was with the dude.

Participant 15: Some lesbians will have sex with a guy just to see.

Participant 12: Then they aren't lesbian[s].

Participant 15: but what if you felt like it was a mistake [*being with a guy*].

Participant 12: If you call yourself a full lesbian how do you make a mistake, you are a lesbian.

Participant 16: If I ever do it with a guy I have to be very careful because what if I get pregnant and the guy wants to see the baby. How will I have [*be in a relationship with*] my female? Girls don't like knowing that I was with a dude. Some girls don't want to be with bisexuals. They are going to look at you like how did this happen.

Participants also discussed perceptions about becoming pregnant that were not shaped by a desire to have a family. One participant explained: "My friend said she wanted to have a kid. You know, someone to love her back...being a lesbian she did it by herself. She kinda somewhat planned it with this older guy who was light skinned because she wanted a pretty baby." In this account, the importance of having a "pretty" baby intersects with race in that the concept of beauty was radicalized. Other participant accounts included discussions of the ability of lesbians to "choose" the male or "sperm donor" and the importance of making the right choice to determine the baby's skin color and hair quality.

Other perceptions about having a baby focused on the stereotype of the "troubled" teen girl. As discussed in the prior account, having a child to receive or to love was identified as a universal reason for any (straight, lesbian or bisexual) teenage girl to have a baby. Girls who had "a hard life" were seen as being the most vulnerable. Here "hard life" was associated with being in foster care, not having a "good home," being on the street, and/or not being in school. Participants explained that the additional stress of being "gay" adds to the desire to want to have a child at a young age because life is harder because of sexual orientation status. Again, the

discussion of living in a group home was highlighted as a further stressor impacting many lesbian and bisexual youth.

In addition, there were accounts of girls who were involved in other behaviors that place youth “at risk” for pregnancy.

Participant 12: One female she was prostituting and she got pregnant and she was in a relationship with a female but would always go back to her man I guess that he was pimping her and she was getting some type of something from him – my guess it was money but also sex and that’s is how she got pregnant.

Sexual orientation also intersected with gender in the accounts of the young women who participated in the focus groups. Gender expression or the way in which an individual expresses or “performs” their gender (e.g., femininity and masculinity) shaped perceptions about teen pregnancy among sexual-minority female youth of color. The term “AG” (i.e., aggressive) was used to discuss girls (e.g., usually lesbian identified) who “looked boyish.” Heteronormative assumptions about teen pregnancy were applied when discussing girls who expressed their gender identity in ways that did not match with their biological sex. Participants questioned if “AGs” could engage in sex and if they wanted to have children because of their gender expression (masculine).

Participant 17: I was in a group home and there was this AG and she had a son and I asked her “you are suppose to be a AG why do you have a son?” She said in her past she had a lot of difficulties.

Participant 18: ...How did you get that child? Like my cousin she is a “AG.” I was like how did you get that baby? She is actually married to a girl. I think she picked a dude and they are still friends today. I don’t know if she had sex with him or if they did it the other way. It’s contradictory because how do you call yourself a full lesbian and don’t get dick and you have a baby. It’s confusing to me.

Participant 20: My aunt is a lesbian and she is a AG and she got a kid – it’s like that right there – so maybe if I didn’t have that experience with her I would

maybe think they [*pregnant teen girls*] are straight but now I know it doesn't mean anything.

Discussion and Conclusion

Overall, perceptions about teen pregnancy are largely produced by heteronormative assumptions. Findings revealed an interdependent relationship between sexual orientation and sexual behavior. Young women “at risk” for pregnancy were perceived as not “knowing what they want” or “confused” about their sexual orientation and, therefore, engaged in intercourse with males. This included bisexual and lesbian females who had previous or current sexual experiences with males. In contrast, “true” lesbians (those sure of what they wanted and not experimenting) were not seen as “at risk” for pregnancy because they only engaged in sexual behavior with women. Rather, pregnancy was conceptualized as a desire to build a family with their same-sex partner. There was a clear distinction between teen pregnancy risk and teen pregnancy desire. Perceptions about who is at risk for teen pregnancy were influenced by the stereotype of the “troubled” teen. The young women in the groups believed any girl (e.g., straight, lesbian or bisexual) who had a hard life was at risk for pregnancy. Moreover, self-identification as a sexual-minority increased the chances of having a harder life – experiencing sexual stigma from family and being forced to live in a group home.

Heteronormative assumptions about gender and sexual identity also shaped perception about the “type” of lesbian who was expected to have a baby. Masculine identified lesbians or “AGs” were perceived as having only female sexual partners who were feminine; “AGs” were frequently not perceived as having, nor expected to have children – except for participant who had known an “AG” who was a mother. Many girls questioned how an “AG” got pregnant or had sex with a male. There was an assumption that an aggressive presenting female wouldn't desire

or want to be with a male. On one occasion, a participant identified this as “gay.” The sexual orientation of an “AG” was not in question because there was a perception that she was a lesbian and only engaged in same-sex behavior based of her gender identity and expression.

The intersectional considerations of the mutually constructive relationships among social identities add complexity to the lived experiences of sexual-minority female youth of color. Age, race, group home, and gender were all identified in the focus groups. The breadth of the participants’ experiences and their perceptions interacted with sexual orientation and thus, the heteronormative assumptions underpinning teen pregnancy. The intersection of these social identities portrays an alternative perspective about teen pregnancy that moves from risk to desire.

There are many limitations of this study. One limitation was the inability to differentiate responses on the basis of participants’ multiple social identities. Unless a participant explicitly referred to another identity, it was not possible to differentiate experiences beyond the focus group population. These parameters necessarily limit the generalizability of findings to other samples of sexual-minority female youth of color and youth who live outside of New York City. Furthermore, it was challenging to identify other race intersections because participants did not discuss race outside of the context of the skin color and features of a baby. In addition, socioeconomic status was not explicitly discussed during the focus group and thus, challenging to identify in the data analysis.

The findings are also limited to the perceptions about teen pregnancy of sexual-minority female youth who did not identify as mothers. To fully investigate the complexity of teen pregnancy among this cohort, future research should conduct focus groups with sexual-minority teen mothers and fathers. A challenge of such research will be the difficulty in recruiting participants given the absence of programs targeting this population. Previous studies of teen

pregnancy among sexual-minority female youth have examined quantitatively the prevalence rate as it compares to heterosexual female youth. Hypotheses to explain the increased pregnancy rates among sexual-minority youth are based on existing teen pregnancy theories and research linking sexual risk behavior and sexual stigma. Sexual-minority youth of color have been left out of the discussion of pregnancy risk because of the reported low sample sizes. Based on the previous treatment of teen pregnancy among sexual-minority female youth of color, the complexity of the lived experiences have been understudied and, therefore, under theorized.

A better understanding of the complexity of teen pregnancy and how sexual orientation and other social identities interact to inform perceptions of teen pregnancy risk factors and desires to have a child in a same-sex partnership will inform the development, implementation, and evaluation of pregnancy prevention intervention and health promotion initiatives.

Researchers, practitioners, and policy makers should consider comprehensive interventions that consider intersectional social identities. Furthermore, there should be an effort to challenge the boundaries of (hetero)sexuality by destabilizing some of the ways in which gender hierarchies and social institutions and practices uphold heterosexuality, and to understand sexuality as only one layer in our complex and intersecting identities (Yep, 2003).

Overall, this study attempts to highlight the complex system of intersectional identities among sexual-minority female youth of color as it relates to perceptions about teen pregnancy. The findings can not only inform pregnancy prevention initiatives and programs but also challenge the heteronormative assumptions about teen pregnancy that often leave sexual-minority female youth of color out of prevention efforts. Furthermore, challenging the heteronormative assumptions that align sexual orientation, sexual behavior, sexual identity, and sex of a partner will benefit all youth, not just sexual- minorities. Therefore, I argue for

comprehensive teen pregnancy efforts that disassemble sexual orientation, sexual behavior, sexual identity, and the biological sex of partners, to be applicable all youth. Perhaps, this will challenge the "...fundamental assumption that sexual-minority and heterosexual youths are more different than they are alike" (Diamond, 2003, p. 491). Historically, research has focused on the "uniqueness" of sexual minority youth with little investigation into whether something other than sexual orientation is at play (Savin-Williams, 2001, p. 6). This treatment has been applied to teen pregnancy in the past. However, the proven utility of intersectionality for future research provides an approach that not only recognizes the complexity of lived experiences but also challenges the normative social structures that reinforce differences among youth.

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Dissertation Conclusion and Implications

There is mounting evidence that intersectionality is a promising alternative approach to the examination of the nature and consequences of systems of social inequality (Murphy et al., 2009; Jani et al., 2011; Crenshaw, 1991; Collins, 1993; Weber, 2006; Hankivsky, 2011).

Conceptualized in various ways - as a theoretical perspective and guiding paradigm, a methodology, and a mechanism for social change - intersectionality is multidisciplinary and multifaceted (McCall, 2005). It has informed and guided social science research and structured clinical health services and public health initiatives (Hankivsky, 2011). This having been noted, and while intersectionality has become the multidisciplinary 'gold standard' by which both identity and oppression are analyzed (Nash, 2008), the "...lack of practical tools and step-by-step methodological guidelines for conducting intersectional research" has hindered the widespread application of this approach (Murphy et al., 2009, p.49).

Although social work researchers have argued for a paradigm shift, intersectionality remains relatively absent in social work research, policy, and practice (Murphy et al., 2009). In this series of three papers, this dissertation first investigates the current applications of intersectionality as a methodology and/or theoretical perspective or framework in social work research. By use of qualitative and quantitative intersectional approaches, the second objective of this dissertation is to provide examples of the utility of intersectional approaches by examining the complexity of pregnancy involvement among New York City (NYC) youth.

The first paper takes a wide angle lens of intersectionality in social work to illustrate the current state of the profession. The presented systematic research literature review provides a thematic synthesis of the application of intersectionality in the field of social work, identifying the (1) conceptualizations of intersectionality, (2) research methods used, and (3) social

categories examined. Based on these expositions and a read of the broader social science intersectionality literature, recommendations to further advance intersectional research in social work are discussed.

As an example of the utility of intersectional approaches, the second paper quantitatively examines the interactions of gender, race/ethnicity, and sexual orientation in relation to teen pregnancy involvement among a weighted sample ($N= 176,289$) of NYC public high school students aged 12 to 21. To explore the utility of qualitative intersectional approaches, the third paper endeavors to capture the interactions of social locations that contribute to perceptions about teen pregnancy among 24 sexual-minority female youth of color who participated in focus groups at a community-based organization in New York City.

The findings from these three papers are summarized below and are followed by a discussion of their policy, practice and research implications.

Current application of intersectionality in social work research

The examination of intersectional research in social work journals provides some evidence of the current state of the discipline. The review confirms that intersectionality as a methodology and/or theoretical framework is being used in social work research. However, the identification of *only* nine articles published within the past decade is noteworthy. Further, the lack of integration of the existing methodological approaches defined by McCall (2005) is surprising considering eight of the nine articles were published after 2005.

Among the articles reviewed, variation in the concept of intersectionality as a methodology and/or theoretical framework limited the identification of overarching themes. This notwithstanding, intersectionality proved to be an effective qualitative methodology and research paradigm or perspective to examine the complexity of social locations and identities, despite the

absence of step-by-step or more directive methodological guidelines which resulted in inconsistent definitions and applications of intersectionality. Many questions go unanswered. For example, can Jones' study (2009) be considered intersectional where an intersectional analysis, driven by intersectionality theory, examines social factors (e.g., poverty, low literacy, inadequate nutrition, etc.) during data analysis only? Based on primary assumptions regarding intersectional research, this study fits within the guidelines. However, the other eight studies in the review didn't include social factors in the analysis and there was no evidence to support the inclusion of such factors – suggesting there is no methodological guideline outlining the treatment of social factors. What, then, is the expectation regarding the inclusion of various categories? And, how do we know if the complexity of circumstance is ever captured fully by the chosen categories? One study (Damone et al., 2008) reviewed captured all forms (as identified by participants) of oppression while another study (Jaramillo, 2010) focused only on two categories (e.g., gender and ethnicity). While, of course, the selection of categories is informed by the research question, the apparent elasticity of intersectionality, challenges the notion of what can be labeled an intersectional research question and what is, in actuality, an intersectional study.

Clearly, the use of intersectionality in social work research is in its infancy. As evidenced by the review, intersectionality is underutilized in the literature which reflects, no doubt, its underutilization on the ground. Contributing to this, of course, is the paucity of social work specific guidelines for conducting intersectional research. Irrespective of these challenges, intersectionality is particularly well suited for social work because it is animated by an explicit imperative that moves "...beyond descriptive analyses toward eradicating inequalities, driven foremost by the pursuit of social justice" (Weber, 2006).

Uneven landscape of teen pregnancy involvement in New York City

By treating multiple axes of inequality as discrete rather than intersected processes, researchers are in danger of misunderstanding the nature and scope of social experiences and identities manifested in specific contexts (Veenstra, 2011). If this assessment is accurate, research on teen pregnancy involvement is incomplete, and, perhaps, misleading.

The analysis presented in the second paper is unique by virtue of its consideration of intersections between all three key inequality axes (e.g., gender, race/ethnicity, and sexual orientation). To examine the utility of intersectionality, quantitative additive (e.g., for each socially marginalized status, there is an independent or “linear” contribution on teen pregnancy involvement) and multiplicative (e.g., interactions of axes of inequality) model were compared to explain the disparities in teen pregnancy involvement among a representative sample of public high school students. When comparing the multiplicative or interaction model to the full additive model, the uneven landscape of teen pregnancy involvement began to emerge. In the additive model, for example, sexual-minorities, Latino, and African American youth were each approximately three times more likely to report teen pregnancy involvement compared with heterosexual and White youth. However, the intersection of race and sexual orientation in the multiplicative model revealed different patterns in the disparities in pregnancy involvement within racial and ethnic groups. Among White students, sexual-minorities reported increased (OR = 1.667) odds of pregnancy involvement compared with their heterosexual peers. African – American, sexual-minority students, were also more likely (OR = 3.811) than their heterosexual peers to be involved in at least one pregnancy.

Despite evidence in the additive model that Latino youth were more likely (OR = 3.057) than White students to report pregnancy involvement (across all racial/ethnic categories), the

intersection (multiplicative model) between sexual orientation and Latino revealed that sexual-minority youth are 2.5 times more likely as compared to heterosexual youth to be pregnancy involved. This suggests that for Latino youth, sexual orientation might have a different effect (reduction) on teen pregnancy involvement when looking at race or ethnicity by itself.

One of the more unexpected findings in the second paper, that is, based on existing evidence that prioritizes teen pregnancy prevention efforts towards African-American and Latino youth relates to Asian students. In the additive model, although not significant, Asian students had a smaller likelihood (OR = 0.901) of teen pregnancy involvement than did White students. However, the significant interaction of race (Asian) and sexual orientation revealed an increased (OR = 4.850) likelihood of teen pregnancy involvement among Asian sexual-minorities when compared with Asian heterosexuals.

Alternative perspective on teen pregnancy “risk” among multi-marginalized youth

To capture qualitatively the interactions of social identities that contribute to perceptions about teen pregnancy among multi-marginalized youth, the third paper focuses on sexual-minority female youth of color because of the intersection of several points of neglect. The paper examines the ways in which perceptions are produced with and through vectors of social relations and divisions.

The intersectional considerations of the mutually constructive relationships among social identities added complexity to the lived experiences of sexual-minority female youth of color. Age, race, group home, and gender were all identified in the focus groups. The breadth of the participants’ experiences and their perceptions interacted with sexual orientation and thus, the heteronormative assumptions underpinning teen pregnancy. The identified intersections of their

social identities portrayed an alternative perspective about teen pregnancy that moved from risk to desire.

Intersectionality not only recognized the complexity of lived experiences and the interaction of social locations among youth, but challenged the normative social structures that reinforce differences among youth by broadening the definition of teen pregnancy to include multi-marginalized female youth.

Study Implications for Policy and Practice

The practice and policy implications of the study findings take into account several limitations as discussed in each paper. These include the lack of intersectional guidelines that shape measurement, analysis and interpretation, the small sample size and nonrandom sampling of focus groups, and the failure to include socioeconomic status in the quantitative inquiry. Notwithstanding these limitations, the findings of this inquiry may inform policy and practice in several ways.

The findings presented in the second and third papers suggest that sexual-minority youth are involved in pregnancies and make heteronormative assumptions about who should become pregnant and about the alignment of sexual identity and sexual behavior. By failing to include sexual-minorities (both male and female) in preventative initiatives and policies, heteronormative views and assumptions that leave a significant number of youth without relevant sexual health information are perpetuated and the policies that would assist them in protecting themselves and their partners go undeveloped. Health professionals should not a priori, assume patients are heterosexual. Prescriptively, they should be encouraged to demonstrate awareness of and sensitivity to a patient's relational contexts, and acknowledge the participation of a patient's partner(s). Procedurally, for example, the alteration of forms in clinics and family planning

services so that the gender of partner is neutral rather than male (e.g., ‘Do you have a partner? If so, what is their gender?’) This would be a simple, initial step.

To benefit all youth, including those with multiple social locations, pregnancy preventative initiatives should be comprehensive and adaptable. This will allow for the inclusion of invisible (See Purdie-Vaughns and Eibach, 2008 for details on intersectional invisibility) youth who don’t fit the prototype of who (read female and heterosexual) becomes pregnant or is involved in a pregnancy and identified as the target or priority population. Thus, youth who experience compounded forms of oppression can be included in prevention efforts.

Even the term and definition of “teen pregnancy” should be assessed. “Teen pregnancy involvement” is an alternative that includes both male and female youth and recognizes that all those involved in a pregnancy are not, necessarily, biologically connected to or participants in the sexual activity that resulted in the particular pregnancy (e.g., same-sex partners desiring a child). Furthermore, the stigma (e.g., Black and Latina female youth) associated with teen pregnancy can perhaps be challenged if there is a change in the definition and shift in our thinking about who becomes pregnant.

Practice implications related to the findings of this dissertation challenge practitioners to embrace a comprehensive and holistic approach to the experiences of youth who are pregnancy involved. Social relations and identities must be conceptualized, not individually in terms of race or sexual orientation or gender or age, but rather by their interactive effects. Social workers must appreciate these complexities by “shifting their focus from a linear, either/or, one-dimensional paradigm to a dynamic, contextual, multilevel, both/and approach” (Murphy, 2011, p. 41). Furthermore, social workers at youth-focused agencies should not only evaluate their own expressions of power and privilege but should also ask questions about what the agency is doing

on a consistent basis that might contribute to the structuring of unequal outcomes (See Heron, 2005). Has the agency, for example, done anything to challenge the heteronormative assumptions underpinning who is considered “at risk” for teen pregnancy? How has the agency addressed compounded form of oppression in their agency and programs?

Study Implications for Future Research

This study has contributed to intersectional research by: (1) presenting a systematic review of intersectional research in social work, (2) identifying recommendations to further the application of intersectionality in social work research, (3) employing both qualitative and quantitative intersectional approaches, (4) using a representative sample of New York City youth to uncover the complexity of teen pregnancy involvement, and (5) identifying new intersections of social locations and identities among sexual-minority female youth of color. While acknowledging methodological improvements, the study reveals several methodological gaps in the growing body of research on the application of intersectionality.

Although McCall has presented a methodological framework, intersectionality methodology has come under scrutiny from its early articulation (Davis, 2008). Discussion continues as to whether intersectionality should be “...limited to understanding individual experiences, to theorizing identity, or whether it should be taken as a property of social structures and cultural discourses” (Davis, 2008, p. 68).

Although intersectionality argues against additive approaches, Nash (2008) claims that intersectionality, indeed, replicates the very approach it critiques. For example, when examining the work of Crenshaw, Nash (2008) notes that “...black women’s identities are constituted exclusively by race and gender” (p. 7) and, therefore, that Crenshaw treats race and gender as an “aggregate” category within a “trans-historical constant” that “...marks all black women in

similar ways” (p. 7). Nash (2008) opines that this limitation prevents researchers from capturing the diversity of the “actual experiences of women of color” (p. 9). Thus, implications for future research include the enhancement of the diversity of the lived experience of people by considering multiple (more than two) categories of oppression. As evidenced in the qualitative paper, the intersectional “strategy of analysis” developed by Bilge (2009) that aims to fully capture the intersections of social identities provided guidelines as to how to analyze qualitative data as intersectional.

Nash (2008) also argues that the use of various qualitative methods (e.g. narratives, poetry and standpoint epistemology) commonly used in intersectionality research is inadequate in light of the methodological orientation. These methods “ultimately romanticize and idealize positions of social subordination and reinstall conceptions that black women’s bodies are sites of ‘strength’ and ‘transcendence’ rather than complex spaces of multiple meanings” (p.8). Future research should consider employing a range of qualitative, quantitative and mixed-method approaches to ensure a rich unfolding of multiple meanings and contexts rooted in time and place. Presented herein, the quantitative intersectional approaches provided an overview of the disparities that exist among youth. However, such an approach fell short in being able to substantiate and explicate the findings beyond the identified interactions. Therefore, additional investigation is needed to determine the association between an intersectional research questions and methods.

Other methodological challenge of intersectionality, as discussed by Bowleg (2008) relate to measuring intersectionality, analyzing intersectional data and interpreting intersectional data.

Bowleg (2008) acknowledges that measuring intersectionality presents a challenge when inquiring about experiences that are “intersecting, independent, and mutually constitutive, without resorting to an additive approach” (p.314). She points out that this is problematic because intersectionality rejects the notion that an individual’s experience is “separate, independent, and summative” (p. 315).

Measuring intersectionality is directly related to the questions asked during inquiry. Bowleg recognizes that “when an additive question is asked an additive answer is what will be received ...providing little explanation of the experience of individuals” (p. 314). As an alternative to demographic variables that are commonly used in an additive approach, future research should focus on quantitative and qualitative questions to focus on meaningful constructs such as stress, prejudice, and discrimination. These questions should be intersectional in design; “... that is, they ought to tap the interdependence and mutuality of identities rather than imply” independence and a hierarchy (Bowleg, 2008, p. 316). For example, instead of posing questions that force subjects to reflect on experiences within separate identities (race, sex/gender and sexual orientation), Bowleg recommends asking participants to talk about their day – to – day experiences, thus allowing participants to identify intersections as they unfolds in their lives. Although qualitative methods can accommodate this design, “...the positivist paradigm that undergirds much (but not all) quantitative research appears to be orthogonal to the complexities of intersectionality” (Bowleg, 2008, p. 317). Thus, an intentional consideration to employ intersectional research is critical so that the complexity between social categories can be explored.

Handling intersectionality data, particularly when the data is more implicit than explicit, is also noted as a methodological challenge. For example, if a respondent doesn’t articulate his or

her experience as intersectionality, data analysis becomes a difficult task. Therefore, rather than viewing personal narratives from an individualistic framework, a better approach would be “...overlaying historical and contemporary social contexts with personal accounts” (Bowleg, 2009, p. 318). In other words, broaden the analytic scope beyond the data gathered.

Intersectionality researchers, regardless of whether they are using qualitative or quantitative methods, are responsible for interpreting their data within the context of sociohistorical and structural inequalities. This presents challenges because often, upon finding a dependent variable that varies among different groups (e.g. race, class or gender), investigators attribute the difference to group membership. Such findings are reported even though there are no measurements of meaningful constructs relevant to the group identity that may, in fact, explain the finding (e.g., discrimination, stereotypes, prejudice, social distancing, gender role norms, etc.).

As an alternative, Bowleg advocates the interpretation of data through the prism of intersectionality, so as to provide meaning from the observed data and to locate the findings “...within a larger sociological context of structural inequality that may not be explicit or directly observable” (p. 319). The project, here, is to replace one-dimensional explanatory constructs by providing an overarching lens focused on meaningful constructs that measure experiences based on the intersections.

Despite these methodological challenges, Davis (2008) argues, “...the success of intersectionality can be explained by the paradox that its so-called weaknesses are what have allowed it to become so successful in the first place” (p. 77). As a concept, intersectionality is admittedly ambiguous and open-ended. However, as this dissertation elucidates, intersectionality is extraordinarily well suited to pose and to answer complex questions about the uneven

landscape of teen pregnancy involvement among NYC youth and to provide a context for the formulation and implementation of constructive social policy.

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Appendix A: Focus Groups

Participation in the focus group will be voluntary and recruitment will cease when adequate enrollment has been obtained. All focus groups will be led by the same trained facilitator, and are expected to take about 1.5 to 2 hours of participants' time. All focus groups will be recorded, transcribed, coded, and analyzed as described in this document.

The proposed focus groups will have two types of participants:

Type of participant 1: self-identified bisexual and unsure of their sexual orientation female youth ages 18 – 21 (2 focus group)

Type of participant 2: self-identified lesbian youth ages 18 – 21 (2 focus groups)

Site Selection

All focus group will be conducted at The Door. The Door's mission is to empower young people to reach their potential by providing comprehensive youth development services in a diverse and caring environment. Since 1972, The Door has practiced a holistic and human approach to helping each individual member dismantle the complex barriers that often stand in the way of success. Each year The Door serves more than 11,000 young people from all over New York City, aged 12-21, with a wide range of services including health care, GED and English language classes, tutoring and homework help, college preparation and computer classes, career development and training, job placement, legal services, arts, daily meals, sports and recreational activities all under one roof.

This site was selected because of the following criteria: (1) largest organization dedicated to serving youth 12 to 21; (2) work with hard – to – reach youth populations; and (3) provide a safe and supportive environment for lesbian, gay, bisexual, transgender, and questioning youth.

Sampling Method and Focus Group Scheduling

In an effort to reduce selection bias (e.g., so that several participants from identical networks will not be overrepresented in the focus groups) a rolling sampling method will be used to populate the focus groups at the same site. A schedule based on observations will be created indicating various locations within the agency during multiple times and days where different groups of young can be approach and recruited. Enrollment will continue and focus groups will be conducted until the site has achieved 32 focus group participants or until the three month focus group period has ended.

The expected time period for the focus group procedures can be flexible depending upon the specific needs of the site. However, the aim is to conduct 4 focus groups in a 3 month time period. The agency staff has suggested conducting half of the focus groups during the weekdays and the other half during the weekends.

Recruitment

Each young person will be approached at the community agency. The facilitator will give the young person a project information card or flyer with basic information regarding the study. Potential participants will be given information about the general nature of the focus group. If the participant indicates interest, willingness, and potential eligibility (e.g., age and sexual identification), the facilitator will obtain consent to be screened, conduct a brief screening interview to determine eligibility and willingness to participate.

To insure privacy and confidentiality, all screening will take place in a more secluded area nearby. In all cases, no study questions will be asked until a potential participant responds affirmatively to the question “Do you feel comfortable talking about sensitive or personal

information in this location?” Furthermore, the potential participant will be reminded that she can and should request that screening questions should be stopped if she feels uncomfortable.

Enrollment and Informed Consent

Participants arriving on time for the focus group will be consented as a group. A facilitator will review the consent, by reading it aloud with the entire group and answer any questions. Those arriving late to the focus group will not be able to participate in the focus group. Depending on eligibility, they will have the opportunity to attend the next available focus group.

Risk to Participants

Enrollment in a focus group involves minimal risk to participants. The voluntary informed consent form and process make clear all of the potential risks of study participation.

Participants may become uncomfortable about privacy and confidentiality while participating in a group setting. Participants will be informed that participation is voluntary and they are not required to disclose their self-identified sexual orientation. However, all participants will know that they are here to discuss topics related to sexual minority female youth. In addition, there is a risk that a participant could disclose the information about group members to people outside the group. Focus group facilitator has received training that stresses the importance of confidentiality, including certification as trained in protecting human participants in research, as well as detection and handling of psychological distress.

The groups established ground rules are used to establish respect, worldviews, and confidentiality in the groups. In addition, participants sign a pledge that they will not disclose to people outside the group personal information about other group members. Participants are informed that they can adopt pseudonyms as an extra step to ensure that their anonymity and

confidentiality will be preserved. At the beginning of each focus group, participants are reminded that it is essential to respect the privacy of other members of the group and not to disclose other group members' personal information outside the group meeting.

Participants may feel some discomfort divulging personal information in the group session, especially initially. Because of the personal nature of what may be disclosed, the issue of confidentiality will be stressed. If feelings of discomfort arise, the trained facilitator will respond in a supportive way to help them to resolve these feelings. Participants experiencing significant distress or requesting services will be assisted immediately and referred to the appropriate supportive services.

Participants will be informed that, according to the law, staff must report some illegal behaviors to state or local authorities. These laws are complex and vary by state; see consent forms for specific laws by site. In general, however, staff must report: (1) if a person indicates that she intends to harm herself or others; (2) an elder or dependent person is being physically or sexually abused; and (3) someone under age 18 is being physically or sexually abused by a participant who is a guardian/caregiver. By virtue of the study population, it is anticipated that some of the subjects may disclose past or current engagement in lawbreaking activity (e.g., sex trading, selling drugs, theft, etc). Research staff will ensure to inform participants of the limits of confidentiality at the start of each interview group. Research staff will not release any information about participants to anyone unless there is a possibility of "imminent harm to self or others" and/or, through group or individual discussions it becomes clear that a child is in danger or is experiencing physical abuse or neglect.

Handling Suicidal and Homicidal Respondents

Confidentiality cannot be maintained if a participant is homicidal or demonstrates intent on seriously injuring another person. Similarly, a respondent may indicate that she is considering hurting herself. Interviewers will be trained to handle either situation in the event it occurs, and these procedures will be described in the informed consent forms and reviewed with all participants during consent procedures.

Reporting Child Abuse/Neglect

By law, the privilege of confidentiality does not extend to information about the sexual or physical abuse or neglect of a child. If a participant makes statements from her personal knowledge agency staff will be contacted.

Participation Benefits

Few direct benefits to participants are anticipated in this stage of the research. The only direct benefit to participants is the provided meal. Participants may feel good about themselves as a result of helping researchers address issues related sexual minority female youth and sexual health. Participants may gain a growing awareness of some of the risks in engaging in unprotected sexual behavior.

Data Collection Methods

All focus groups and interviews will be audio-recorded using digital recorders for transcription and analysis—providing very detailed, high fidelity reproduction of the interview. The facilitator will always have extra batteries, and when possible, an extra digital recorder on hand. Facilitator will test the recorder prior to the beginning of each focus group or interview. In addition, the facilitator will record the date and code (focus groups) at the beginning of the digital file. The digital recordings will be transferred to a computer and labeled using a focus group number and date on the same day as the interview. Once the computer-stored copy of the

focus group/interview is verified as audible and uncorrupted, the digital recorder will be erased. The audio files will be saved on a password-protected, access-limited computer and any physical copies of the file (e.g. burned onto compact disc for transcription) will be kept in a locked, limited-access storage location like a file cabinet when not in use. Any potentially identifying information (signed consent forms, staff lists of focus group participants, etc.) will be kept in a separate locked, limited-access storage location from the audio files.

Focus Group Guidelines

When participants arrive for the focus group, they will be greeted by the facilitator, reintroduced to the study and asked to provide written informed consent. Facilitator will review ground rules with input from participants. Prior to the start of the focus group, there will also be an emphasize on the importance and limits of confidentiality, explain the potential risks and benefits of participating in the focus group and remind the participants that the focus group will be recorded and that they may choose to discontinue participation in the study at any time.

The facilitator will provide food for all participants. Once participants become settled, they will be provided with table tents, on which they may also choose to write their first name, pseudonym or nickname. Participants will be informed that during the focus group, the facilitator will refer to them by what is written on the table tent.

Only when informed consent has been obtained, the focus group facilitator will turn on the recorder. The facilitator will begin the discussion using the script and questions provided in the focus group protocol.

The focus group will consist of 3 sections: (1) framing the discussion, (2) asking open-ended questions, and probes as needed, for each domain, and (3) closing. During the focus group, focus group facilitator will allow themes to emerge naturally within the context of each domain.

Facilitators will probe for clarification of key points from participants where appropriate, while simultaneously respecting participants' boundaries. For example, after asking the initial domain questions listed in the focus group protocol, the facilitator will listen for responses that address the broader domain. Then, as needed, the facilitator may use probe questions to deepen the participants' responses. The facilitator may stop the focus group at anytime, or request that certain participants leave if she feels that the participant is being disruptive or if safety is being compromised.

After the focus group has been completed, study staff will thank the participants for their time and answer any questions as needed. At the conclusion of the focus group, the focus group facilitator should turn off the recorder and complete their notes on the session to prepare for transcript review.

Focus Group Procedure

Introductory Presentation

“Thank you for deciding to participate in this focus group. The purpose of this focus group is to better understand your thoughts and/or experiences about teen pregnancy. The information gathered from this focus group will be used to develop a survey for other youth.”

“For this focus group, we are interested in your thoughts, opinions, and experiences in your own words.” And perhaps “other thoughts you may have based on your experiences of other young women like yourself”

“As a reminder, the information that you share in this focus group will be kept confidential. This

means that we will make sure that all information you provide is not used in a way that identifies you. This is important because we want you to feel comfortable sharing ideas, thoughts, information, and your feelings about this project. You have already completed a Consent Form, but we would like to bring up a few points. This focus group will be digital audio recorded. The digital audio recording will be used to make a written transcript of the interview. The digital audio recording and transcripts will be labeled with a Focus Group ID number only. Your name or any of the identifying information about yourself will not be associated with your responses.”

“Before we begin this group, let’s talk about the ways in which we will work together. In order to do this, let’s agree upon some ground rules so that everyone knows how we will relate to each other in this group.”

[The facilitator will use a large piece of paper, flip chart, or white board to write out the contributions of group members. The group leader will work with the focus group to elicit group expectations]. “For example, we should all agree upon confidentiality.”

“Before we begin the focus group, I think it would be helpful if we agree upon a universal word to encompass lesbian, bisexual, questioning or unsure of sexual orientation. Do you have any ideas? Some examples maybe: same gender loving, sexual minority, or queer. Do you have any questions or concerns before we get started?” [Facilitator waits and assesses readiness then instructs to start the recorder and begins by stating for the tape the date and topic of the focus group]

Questions (questioning route)

Opening questions for participant 1

1. Tell us your age and what you enjoy doing the most?

Introductory questions for participant 1

2. How are young women who identify as bisexual/questioning expressing their sexuality?
3. [Transition question if male hasn't been mentioned by participants] What about their sexuality with males?
4. What are the differences, if any, between expressing your sexuality with males and females?
5. To what extent do you think pregnancy is an issue for you or same gender loving youth your age?
6. On the paper in front of you, jot down your reasons why same gender loving youth your age might get pregnant (either unintentional or intentional)? In a moment we will share these with each other but before we do so, place your pieces of paper in a hat and I will redistribute them – do not put your names on it. [When youth are sharing write down items on newsprint – do not duplicate items. Each young person will have the opportunity to select a number one reason]. Which item do you consider to be the single most important on the list?
 - 4a. Why do you feel this way?
7. What role does having a romantic or sexual relationship with another woman play in everything that we have talked about today?
8. What role does gender identity (feminine and masculine) play in everything that we have talked about today?

Ending questions for participant 1

In a few minutes, we will be closing our focus group. But, I would like to ask you a few more questions.

Do you think that pregnancy is an issue that should be discussed within the LGBTQ community?

Is there anything else that you would like to say that we haven't talked about?

I would like to thank you for sharing some of your experiences during this focus group. As a heads up, you will have the opportunity to come back and hear about common themes discussed during all (32 participants) of the focus groups.

Questions (questioning route)

Opening questions for participant 2

1. Tell us your age and what you enjoy doing the most?

Introductory questions for participant 2

2. How are young women who identify as lesbian expressing their sexuality?
3. [Transition question if male hasn't been mentioned by participants] What about their sexuality with males?
4. What are the differences, if any, between expressing your sexuality with males and females?
5. To what extent do you think pregnancy is an issue for you or lesbian identified youth your age?
6. On the paper in front of you, jot down your reasons why same gender loving or lesbian youth your age might get pregnant (either unintentional or intentional)? In a moment we will share these with each other but before we do so, place your pieces of paper in a hat and I will redistribute them at random– do not put your names on it. [When youth are

sharing write down items on newsprint – do not duplicate items. Each young person will have the opportunity to select a number one reason]. Which item do you consider to be the single most important on the list?

4a. Why do you feel this way?

7. What role does having a romantic or sexual relationship with another women play in everything that we have talked about today?
8. What role does gender identity (feminine and masculine) play in everything that we have talked about today?

Ending questions for participant 1

In a few minutes, we will be closing our focus group. But, I would like to ask you a few more questions.

Do you think that pregnancy is an issue that should be discussed within the LGBTQ community?

Is there anything else that you would like to say that we haven't talked about

I would like to thank you for sharing some of your experiences during this focus group. As a heads up, you will have the opportunity to come back and hear about common themes discussed during all (32 participants) of the focus groups.

Columbia University Morningside Consent Form

Attached to Protocol: IRB-AAAE9696

Principal Investigator: Jacqueline Burnette
(jdb5)

IRB Protocol Title: Sexual Decision Making Among Sexual Minority Female Adolescents

Consent Number: CF-AAAF8199

Participation Duration: 1.5 - 2 hr

Anticipated Number of Subjects: 32

Contact

<u>Contact</u>	<u>Title</u>	<u>Contact Type</u>	<u>Numbers</u>
Leona Hess	Project Director	Principal Investigator	Telephone: (212)851-2102

Research Purpose

The purpose of this study is to explore the sexual decisions made by lesbians, female bisexuals, and female youth who are unsure of their sexual orientation.

Information on Research

If you agree to be in the study, you will participate in a focus group that will last for 1.5 to 2 hours. The group will have up to 8 female youth ages 16-18 years old. The facilitator will also be female. The facilitator will ask the group questions about sexual expression, pregnancy, and reasons for having sex with males and females among female youth who self-identify as lesbian, bisexual or unsure of their sexual orientation. Some questions might be: "How do young women like yourselves express their sexuality?" "Do you think pregnancy is an issue for you or other same gender loving female youth your age?"

Many of the issues discussed are private or sensitive. Focus group participants may not be out about things like sexual orientation, sexual partners, and their feelings about sexuality. It is important not to talk about information shared in the group. It is also important not to share who is participating in this focus group. All group members will sign a confidentiality agreement. This agreement will say that they agree to not talk about private focus group information outside of the group.

The focus group session will be audiotaped. This will be for research purposes only. Only research staff will review the tapes. The tapes will be locked in a file cabinet at Columbia University. The tapes will be destroyed at the end of the study. You have the right to ask for any portion of the tape where you are talking to be erased. No one will question you about this. In addition, you may refuse to participate or withdraw at any time.

Risks

Sensitive and/or personal information may come up in the focus group. This may lead some people to feel embarrassed, uncomfortable, or anxious. If you need help with these feelings, please let the facilitator know so she can help. Even with the agreement where everyone in the focus group signs a form that says that they agree to not talk about private information outside of the group, someone may discuss your information. There may be other risks which are unknown at this time.

Benefits

You may or may not directly benefit from being in this study. We hope you gain more awareness of sexual decision making among your peers.

Alternative Procedures

The alternative to participating in this study is simply not to participate.

Confidentiality

We will do our best to keep your records as private as possible. We cannot guarantee total privacy. By signing this consent form, you give us permission to allow certain people to see your records:

- * The study staff;
- * Columbia University; and
- * Columbia University Institutional Review Boards ("IRBs"). These boards review the study to make sure you are protected. They follow guidelines that are set up by the Federal Government to protect research participants.

The above individuals and agencies may keep the study records forever. The results written about or presented will not reveal your identity.

No detailed information about you will be given to anyone else unless you give us written permission. We will give out information about you without your permission only for two reasons. One is if you need help, like in a medical emergency. The other time is if it is required by law.

Research Related Injuries

If you need treatment because you are hurt while in the study, you will be financially responsible for care. Neither Leona Hess nor Columbia University will pay for any care you need. If you are hurt or think that you are treated unfairly, you can contact the following people:

Leona Hess at (212) 851-2102
Columbia University's Institutional Review Board at (212) 851-7041

Compensation

In return for your time and information, you will receive a meal during the focus group.

Additional Costs _____
 There will be no costs to you as a result of your participation in this study.

Voluntary Participation _____
 You come to this study of your own free will. Being in this study does not mean you give up any legal claims or rights. If you decide you do not want to be in the study any more, you can leave at any time. We ask that you tell the facilitator if you decide you want to leave.

If you may decide you do not want to be in the study this will not affect any other services you are receiving at this time.

Additional Information _____
Statement of Consent

I talked about this study with Leona Hess or someone on the study staff. All my questions were answered. I know that being in this study is up to me. I know I can leave the study at any time. My leaving will not affect my care. I have read and I understand this consent form. I agree to be in the study. I understand that I will still have all my legal rights when I sign this form.

Signature

Study Participant

Print Name _____ Signature _____ Date _____

Assent

Print Name _____ Signature _____ Date _____

Person Obtaining Consent

Print Name _____ Signature _____ Date _____