

Measuring Sexual Identity: Epidemiological approaches from past to present

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Context

- There are competing ways of measuring sexual identity in research studies and common practice has changed over time
- Inconsistent use of measurement tools for sexual identity in epidemiology leads us to question the representativeness of current knowledge in Gay Men's Health
- We need more inclusive and specific data on Men who have Sex with Men (MSM)

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Questions

- Who get's counted and who left out in current epidemiological research focused on gay men's health?
- How have different understandings of sexuality influenced the change in measurement tools?
- What are the implications for gay men's health in re-conceptualizing the measurement of sexual identity?

Independent Components of Measuring Sexual Identity

1. Gender & Sex

- Social identification and the body

2. Psychological measurement of sexual orientation

- Dichotomous vs. complex categories of sexuality

3. Behaviour & Activity

- Risk behaviours
- Geography

Psychological vs. Behavioural

Psychological Definition

- Krafft-Ebing (1886): “the determining factor here is the demonstration of perverse **feelings for the same sex; not the proof of sexual acts with the same sex.** These two phenomena must not be confounded with each other”.

Behavioural Definition

- Stedman's Medical Dictionary (1982): “**sexual behavior**, including sexual congress, between individuals of the same sex, especially past puberty”.

Combined Definition

- A Descriptive Dictionary and Atlas of Sexology (1991): “the occurrence of sexual attraction, interest and genitally intimate activity between an individual and other members of the same gender”.
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Measurement Tools to Capture Sexuality & Activity

1. Dichotomous classifications
2. Kinsey scale
3. Klein scale
4. Shively & DeCecco scale

Dichotomous Classifications

- Ulrich (1860s) and Mayne (1908) outlined several hundred questions with dichotomous responses (yes/no) that roughly categorized people into *uranings* (homosexuals), *dionings* (heterosexuals) and *urano-dionings* (bisexuals)
 1. At what age did your sexual desire show itself distinctly?
 2. Did it direct itself at first most to the male or to the female sex? Or did it hesitate awhile between both?
 3. Is the instinct unvaryingly toward the male or female sex now?—or do you take pleasure (or would you experience it) with now a man, now a woman?
 4. Do you give way to it rather mentally or physically? Or are both in equal measure?
 5. Is the similsexual desire constant, periodic or irregularly felt?
 6. In dreams, do you have visions of sexual relations with men or women, the more frequently and ardently?

Kinsey Scale

- Kinsey et al. (1948) reported a bipolar scale allowing for a continuum between “exclusive heterosexuality” and “exclusive homosexuality”

- 0 **Exclusively heterosexual-** Individuals who make no physical contacts which result in erotic arousal or orgasm, and make no psychic responses to individuals of their own sex.
- 1 **Predominantly heterosexual/only incidentally homosexual-** Individuals which have only incidental homosexual contacts which have involved physical or psychic response, or incidental psychic response without physical contact.
- 2 **Predominantly heterosexual but more than incidentally homosexual-** Individuals who have more than incidental homosexual experience, and/or if they respond rather definitively to homosexual stimuli.
- 3 **Equally heterosexual and homosexual-** Individuals who are about equally homosexual and heterosexual in their overt experience and/or their psychic reactions.
- 4 **Predominantly homosexual but more than incidentally heterosexual-** Individuals who have more overt activity and/or psychic reactions in the homosexual, while still maintaining a fair amount of heterosexual activity and/or responding rather definitively to heterosexual contact.
- 5 **Predominantly homosexual/only incidentally heterosexual-** Individuals who are almost entirely homosexual in their overt activities and/or reactions.
- 6 **Exclusively homosexual -** Individuals who are exclusively homosexual, both in regard to their overt experience and in regard to their psychic reactions.

Klein Scale

- Klein et al. (1985) proposed the Klein Sexual Orientation Grid (KSOG), an assessment of seven dimensions

VARIABLE	PAST	PRESENT	IDEAL
A. Sexual Attraction			
B. Sexual Behavior			
C. Sexual Fantasies			
D. Emotional Preference			
E. Social Preference			
F. Self-Identification			
G. Heterosexual/ Homosexual Lifestyle			

3B - Scale to Measure Dimensions A, B, C, D and E of the Klein Sexual Orientation Grid

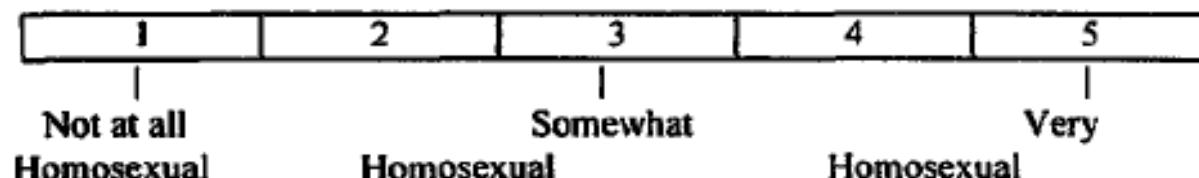
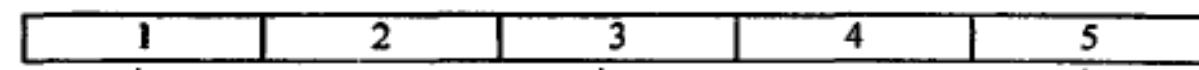
0	1	2	3	4	5	6
other sex only	other sex mostly	other sex somewhat	both sexes equally	same sex somewhat	same sex mostly	same sex only

3C - Scale to Measure Dimensions E and F of the Klein Sexual Orientation Grid

0	1	2	3	4	5	6
hetero- sexual only	hetero- sexual mostly	hetero- sexual more	hetero/ homo equally	homo- sexual more	homo- sexual mostly	homo- sexual only

Shively & DeCecco

- Shively & DeCecco (1977) proposed a five point scale where homosexuality and heterosexuality would be measured independently of one another
 - Proposed scales for both physical and affectional preference



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Summarizing Measurement Options for Sexuality

- An evolution from dichotomous measures of sexuality towards more sophisticated tools allows us to collect more detailed surveillance data on a given population
- Current survey tools should *independently* measure:
 - 1) Self-reported gender and social identity
 - 2) Sexual orientation
 - 3) Behavioural sexual activities

What does this mean for Gay Men's Health?

- Four implications for discussion:
 1. Possible abuse of surveillance with refined ability to represent a particular group of people.
 2. Is this scientifically or socially accurate and/or relevant for public health?
 3. Is this approach to social measurement possible?
 4. What are the legal and sociopolitical implications of this potential research data?

Acknowledgements

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