

**‘This Survey Did Not Define it as Sexual Intercourse’:
Non-Heterosexual Women’s Participation in Fertility Research**

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Short abstract (150 words):

What can demographers learn from listening to the critical perspectives of non-heterosexual women participating in fertility research? We may not explicitly recruit sexual minority participants or ask questions about same-sex relationships, but information on these topics lies just beneath the surface. Motivated by the convergence of two prominent areas of inquiry—sustained attention to reproductive and sexual health as social problems on the one hand, and increasing articulated need for data on LGBT populations on the other—I leverage diverse data from the Relationship Dynamics and Social Life study (longitudinal surveys, participant comments/complaints records, and qualitative interviews) that together demonstrate the benefits of responsive mixed-methodological study design. I present four lessons revealed in my analysis, and argue non-heterosexual women in fertility research offer demographers ways to increase validity of their outcomes of interest, improve study design to reduce attrition and increase survey data quality, and make sense of anomalous or contradictory findings.

Background & Introduction:

Bisexuality, sexual fluidity, and same-sex romantic and sexual experiences are common among young women and increasingly of interest to sexuality scholars (Copen et al. 2016; Diamond 2008). However, collecting these types of data has historically been uncommon within demography (Black et al. 2000; Gates 2011). Notably, this is changing: new sources of data on non-heterosexuality are available (Laumann et al. 1994; Powell et al. 2012), prompting important conversations on how best to collect and analyze data on these topics (Badgett 2009; Westbrook & Saperstein 2015), strengthening the burgeoning demography of sexuality (Baumle 2013).

In this paper, I leverage the unique design of the Relationship Dynamics and Social Life (RDSL) study to draw together four sites of complementary data that together demonstrate the benefits of mixed methods and responsive study design. As a point of departure, I ask: what can demographers learn from listening to the perspectives and experiences of non-heterosexual women participating in a fertility survey? The findings outlined here contribute to three vibrant conversations happening in the social sciences: survey methodology, the politics of method, and the demography of sexuality. I argue that the inclusion of sexual minority women in fertility studies does not only illustrate disparities by sexual orientation or advance the burgeoning demography of (non-hetero)sexuality: these participants at the margins offer demographers ways to increase the validity of their outcomes of interest, improve study design to reduce attrition and increase survey data quality and accuracy (in line with best practices for studying minority populations, see Badgett 2009), and make sense of anomalous or contradictory findings (extending the literature on responsive mixed methods research on fertility, see Pearce 2002).

In the last 15 years, demography has witnessed a rapid increased attention to non-heterosexuality for reasons including: (1) dramatic shifts in public attitudes toward LGBT people, issues, and rights (Powell et al. 2012); (2) the availability of early estimates of the LGBT population, constructed through innovative yet imperfect measures, such as Census household rosters (Black et al. 2000; Baumle 2009); and (3) findings that LGBT people have significant health and socioeconomic disparities (Institute of Medicine 2011). Even more recently, there have been calls at the highest institutional levels to improve and advance the collection of data on LGBT populations, including: (1) grassroots campaigns to “queer the census” (National LGBTQ Task Force 2010) followed by congressional calls to add questions about sexual orientation to the Census (Grijalva 2016); mandates to include questions on sexual orientation and gender identity in electronic health records (Viveiros 2015); and the U.S. Department of Health and Human Services’ inclusion of LGBT health in their decennial Healthy People 2020 goals for the first time (USDHHS 2014b). The Healthy People goals have consistently highlighted family planning as a national priority (USDHHS 2014a). I offer two brief examples to illustrate the inextricability of these issues and groups of women: first, unintended pregnancy rates remain high (Kost & Maddow-Zimet 2016), and lesbian and bisexual teenagers at increased risk (Saewyc 2011); and second, there is demonstrated unmet need for affordable and accessible contraception (Finer et al. 2012), and sexual minority women are less likely to feel comfortable disclosing their health needs and histories to their doctors (St. Pierre 2012).

It is precisely this convergence in areas of inquiry—the sustained attention to reproductive and sexual health as social problems on the one hand, and the increasing availability and articulated need for data on LGBT populations on the other—that motivates this paper.

Research Questions:

How do non-heterosexual women experience their ongoing participation in a fertility study? How can their insights and critical engagement help researchers interpret the knowledge produced by the study, and shape future research to advance the demography of sexuality?

Study Design & Methods:

This is a mixed methods paper that leverages the diverse data available from the Relationship Dynamics and Social Life (RDSL) study. I draw on longitudinal survey data, one-time measures on a survey supplement, responses from open-ended survey items, records of comments and complaints from study participants, and qualitative interviews. These diverse data sources were added throughout the study period, complement each other, and together contribute a rich perspective on the sub-sample of non-heterosexual young women participating in a longitudinal fertility survey.

The RDSL study followed 992 young women, aged 18-19 at enrollment, residing in a racially and socioeconomically diverse Michigan county for 2.5 years, collecting short updates about their lives in weekly “journals” (approximately 50,000 total). Survey questions cover a wide range of topics, including relationships, sex, contraception, family, work, and school (measured through attitudes, intentions, behavior, and risk perception). RDSL’s major innovation is to collect dynamic, real-time (as opposed to retrospective) data to study the prevalence, causes, and consequences of unintended pregnancy (for further details, see Barber et al. 2011).

My interest and contribution focuses on the sub-population of study participants who identify as lesbian or bisexual, or who report same-sex relationships. As a fertility survey of all women, RDSL did not include questions on sexual orientation or partner sex (this has historically been standard practice but is changing; see above). Data on non-heterosexual RDSL participants was collected in creative ways, which are all fully described and analyzed in the full paper, and summarily presented below.

- (1) Open-ended responses to standard journal questions in the longitudinal study
- (2) Questions, comments, and complaints sent to the study team
- (3) Questions on (non-hetero)sexual identity, attraction, and behavior collected in a one-time supplemental survey halfway through the study period (for an analysis of non-heterosexual women’s relationships and contraceptive use, see Ela & Budnick 2017).
- (4) Qualitative interviews conducted with 35 RDSL participants identified as non-heterosexual based on their responses to the supplemental survey (for an analysis of non-heterosexual identity in this population, focusing on mothers, see Budnick 2016). In these interviews, I had participants fill out a selection of the most commonly repeating RDSL survey questions, and recorded our conversation about how they interpreted the question and came up with their response.

Preliminary Findings & Discussion:

My preliminary analysis of these diverse data reveals four key lessons:

(1) Fertility surveys may not intentionally recruit sexual minority participants or ask questions about same-sex relationships, but information on these topics lies within reach if researchers probe just beneath the surface. After sexual minority respondents made

themselves “visible” to the RDSL study team (see below), explicit efforts to learn more about this sub-group began by adding new questions to a supplemental survey on topics not covered in the ongoing longitudinal study (598 respondents completed this one-time survey, for a response rate of just under 60%). I wrote three questions demonstrating the prevalence of RDSL participants reporting a sexual identity other than straight (16%), any same-sex attraction (22%), or any same-sex romantic or sexual experiences (28%). The design of these survey questions and response options, and the resulting descriptive statistics, are described at length in the full paper and also in related previously published work (Budnick 2016; Ela & Budnick 2017).

(2) Sexual minority participants will make themselves “visible” to the researchers when given opportunities to do so. I found that participants will take advantage of open-ended survey items to disclose extra information or frustrations, which I argue (in the full paper) is one reason non-heterosexual women do not seem to have worse study participation (measured in number of completed journals, late journals, or early attrition). This insight draws on research in survey methodology demonstrating the importance of survey *mode* and the consequences of removing opportunities for personalization and interaction. In RDSL, this happened in three ways.

In calls and comments, some participants wrote unprompted to the study team and identified themselves as lesbian or bisexual, or clarified that their reported partner was a woman. As the project’s research technician, it was my responsibility to track and respond to a wide variety of questions, comments, and complaints. There were 29 women who contributed a total of 65 such remarks either while completing their weekly survey over the phone (logged as a call note) or in the open comment box at the end of every online survey. These women were contacting the study about how to answer a survey question, whether they should be in the study at all, or simply to make their opinions heard. For example (presented verbatim), the call log includes the following note: “*R is lesbian. and she wants to refer us some of her friends who arn’t gay to answer our questions ‘better than she can’*”, and one response to the open survey box read: “*Again [partner’s name] is a girl, we cant have sexual intercourse in the the way you guys described it. So, again can you tailor the question for ppl that includes other alternates than being with a man.*”

RDSL does not ask partner’s sex, but does include an unambiguous specification of sex as heterosexual penetrative intercourse (“...when a man puts his penis in a woman’s vagina.”). In the qualitative interviews, I found that respondents did *not* report sex with same-sex partners as intercourse (I elaborate on this important finding below). However, 11 participants did not fit this pattern and consequently made themselves “visible” via their answer to an open-ended survey question on reasons for contraception non-use. Many RDSL women reported having heterosexual intercourse without contraception despite saying they did not want to become pregnant, thus looking “at risk” or inefficacious. When asked their reason for not using contraception, many respondents chose “other” (an open-ended question), 11 of whom said their reason was their sexual partner was a woman (“*Female partner*”, “*not in a heterosexual relationship*”, “*we are both girls, we don’t need birth control*”).

(3) These women are actively and critically engaging with their position as research subject, and see their participation as meaningful and helpful to others. (I illustrate these findings with excerpts from the qualitative interviews.) Participants are thinking carefully about why they were recruited and what their purpose in the research is, and express a lot of respect for the institution, the researchers, and the objectives of the project: “*Definitely as someone who’s*

enthusiastic about any form of research and trying to gain some insight about our species or whatever in this world I definitely appreciate it. Plus I feel like it's cool that they're trying to capture a little, teeny piece of our specific generation). Participants do not want to "ruin" the data, but they still can have "frustration" with what they perceive as "oversights" or blind spots: "It's going to screw up their survey, and I know if I were doing it, I would want an accurate survey so I'm like, ah, I'll just go through and answer the questions like I'm supposed to. Like in your situation, doing these surveys and stuff like that, I don't want a bunch of false answers. I want real, honest, true facts. And I'm getting paid to do it, so why am I going to go on there and lie and forge a bunch of answers?" Participants do not attribute oversight as intentional or exclusionary (that is, they felt their recruitment and inclusion was important) but are surprised that researchers at prestigious institutions would leave anything out: *"I mean I really was confused by it because I figured a study of young women from the University of Michigan – It seems like something they would've thought so I just really didn't know why they didn't."*

(4) Unambiguous definitions of sex are necessary and get the researchers what they intended. Non-heterosexual women bring their own understandings and experiences to their participation in research, which affects how they interpret the purpose of survey questions and how they will answer them. This is particularly relevant when the questions are about relationships and sex, which are always already murky topics. Consider the following excerpt from a qualitative interview, *"When I was taking this survey, absolutely [definitions were necessary.] It made me irritated because I called what I was experiencing with my girlfriend as sexual intercourse. But this survey did not define it as sexual intercourse. So at least it made it so that I couldn't throw off the results too much, I guess. Yep, I always said no [to the sexual intercourse question]."*

Survey questions need to include absolutely unambiguous language. In a comment on the Online College Social Life Survey, Ford & England (2010) found a small number of lesbian-identified women reporting "penetrative" sex with a female partner. They theorize these women may have been reporting penetrative sex with hands or toys, when the researchers' intent was to identify women who might get pregnant by having intercourse. Similarly, RDSL participants brought an open and interpretive perspective to survey questions about "sex" (that did not specify heterosexual intercourse by including a definition), even if they did not report their same-sex sexual experiences as "sexual intercourse." That respondents' engagement with survey questions on "sex" and "sexual intercourse" differs underscores the critical importance of language, definitions, and instructions.

These insights on how non-heterosexual women make meaning of survey questions on sex and relationships is in line with the large literature showing that what counts as "sex" changes across time, place, and population. My research demonstrates how interviewing sexual minority participants in a fertility survey can shed light on unanticipated individual interpretations that may or may not disrupt the aggregate survey findings. These insights may also shift how we understand responses to questions about risk and risk perception, making sense of cases of cognitive dissonance or inefficacy (e.g., lesbian participants who report unprotected sex with a female partner, but are inappropriately classified as "at risk" of unintended pregnancy). My interview findings also provide some context for unexpected outlier responses to questions on risk perception (e.g., a lesbian participant who reports a very low perceived risk of pregnancy or STI transmission), or why responses to any of these survey questions might change over time or across relationships.

References:

- Badgett, M. V. Lee. 2009. "Best Practices for Asking Questions about Sexual Orientation on Surveys." Los Angeles, CA: Williams Institute.
- Barber, Jennifer S., Yasamin Kusunoki, and Heather Gatny. 2011. "Design and implementation of an online weekly journal to study unintended pregnancies." *Vienna Yearbook of Population Research* 9: 327–34.
- Baumle, Amanda K. 2009. *Same-Sex Partners: The Demography of Sexual Orientation*. Albany: State University of New York Press.
- Baumle, Amanda K. (Ed.). (2013). *International Handbook on the Demography of Sexuality* (Vol. 5). Springer.
- Black, Dan, Gary Gates, Seth Sanders, and Lowell Taylor. 2000. "Demographics of the Gay and Lesbian Population in the United States: Evidence from Available Systematic Data Sources." *Demography* 37 (2): 139–154.
- Budnick, Jamie. 2016. "'Straight Girls Kissing'? Understanding Same-Gender Sexuality beyond the Elite College Campus." *Gender & Society* 30 (5): 745–68.
- Copen, Casey, Anjani Chandra, and Isaedmarie Fabo-Vezquez. 2016. "Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18–44 in the United States: Data From the 2011–2013 National Survey of Family Growth." 88. National Health Statistics Reports.
- Diamond, Lisa M. 2008. *Sexual Fluidity: Understanding Women's Love and Desire*. Cambridge, MA: Harvard UP.
- Ela, Elizabeth J., and Jamie Budnick. 2017. "Non-Heterosexuality, Relationships, and Young Women's Contraceptive Behavior." *Demography* 54 (3): 887–909.
- Finer, Lawrence B., Jenna Jerman, and Megan L. Kavanaugh. 2012. "Changes in Use of Long-Acting Contraceptive Methods in the United States, 2007–2009." *Fertility and Sterility* 98 (4): 893–97.
- Ford, Jessie, and Paula England. 2015. "Women's Queer Sexuality in College." *Contexts*.
<http://contexts.org/blog/womens-queer-sexuality-in-college/>.
- Gates, Gary J. 2011. "LGBT Identity: A Demographer's Perspective." *Loyola Law Review* 45: 693–713.
- Grijalva, Raul. 2016. *LGBT Data Inclusion Act [H.R.5373]*, introduced: 114th Congress, House of Representatives.
- Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. National Academy of Sciences.
<http://iom.nationalacademies.org/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>.
- Kost, Kathryn, and Isaac Maddow-Zimet. 2016. "U.S. Teenage Pregnancies, Births and Abortions, 2011: National Trends by Age, Race and Ethnicity." Guttmacher Institute. <https://www.guttmacher.org/report/us-teen-pregnancy-trends-2011>.
- Laumann, Edward, John Gagnon, Robert Michael, and Stuart Michaels. 1994. *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago, IL: University of Chicago Press.
- National LGBTQ Task Force. 2010. "We're Queering the Census Big Time!" *National LGBTQ Task Force*. April 1.
<http://www.thetaskforce.org/were-queering-the-census-big-time/>.
- Pearce, Lisa D. 2002. "Integrating Survey and Ethnographic Methods for Systematic Anomalous Case Analysis." *Sociological Methodology* 32 (1): 103–32.
- Powell, Brian, Catherine Blozendahl, Claudia Geist, and Lala Carr Steelman. 2012. *Counted Out: Same-Sex Relations and Americans' Definitions of Family*. Reprint edition. New York: Russell Sage Foundation.
- Saewyc, Elizabeth. 2011. "Research on Adolescent Sexual Orientation: Development, Health Disparities, Stigma, and Resilience." *Journal of Research on Adolescence* 21 (1): 256–72.
- St. Pierre, Melissa. 2012. "Under What Conditions Do Lesbians Disclose Their Sexual Orientation to Primary Healthcare Providers? A Review of the Literature." *Journal of Lesbian Studies* 16 (2): 199–219.
- U.S. Department of Health and Human Services (USDHHS). (2014a). Healthy People 2020: Goals for family planning. Washington, DC: Office of Disease Prevention and Health Promotion.
<http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>
- U.S. Department of Health and Human Services (USDHHS). (2014b). Healthy People 2020: Goals for lesbian, gay, bisexual, and transgender health. Washington, DC: Office of Disease Prevention and Health Promotion.
<http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- Viveiros, Christopher. 2015. "Press Release on Sexual Orientation and Gender Identity in Electronic Health Records." The Fenway Institute.
- Westbrook, Laurel, and Aliya Saperstein. 2015. "New Categories Are Not Enough: Rethinking the Measurement of Sex and Gender in Social Surveys." *Gender & Society* 29 (4): 534–560.